



SWAMPSCOTT PUBLIC SCHOOLS

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Welcome to the Swampscott Public Schools,

We know that you have placed a great deal of thought in selecting a school system for your child(ren). As such, we take our responsibility for their education very seriously. In the Swampscott Public Schools, we are proud to offer a rigorous program of studies; further we are equally as proud of the student performance results that we have achieved.

In order to enroll in the Swampscott Public Schools you must meet all of the requirements as outlined in the documents that are enclosed in this packet. The first, and most important, is your proof of residency in the Town of Swampscott. Please review our Enrollment and Proof of Residency form and ensure that you provide the proper documentation to meet our criteria in each of the three columns. In addition, you must complete the enrollment packet which includes the submission of an up-to-date health record (including immunizations), a Registration Information Sheet, and a copy of your child (ren)'s birth certificate. Once all the prerequisites have been met and approved by the Superintendent of Schools, your child(ren) will be enrolled in the Swampscott Public Schools. Please know this process does not happen overnight and it could take upwards of a week before your child can begin school, based on your ability to successfully submit all of the required documentation.

In terms of elementary school assignments, the Swampscott Public Schools' policy changed in 2006; we no longer have "neighborhood schools", rather we assign students based on our "floating attendance pattern" that is based on program, sibling preference, and school proximity. Please note, class size dictates placement and our goal is to equalize class size across all three elementary schools at levels that are educationally sound.

Sincerely,

Pamela R. H. Angelakis, M.A., M.Ed.
Superintendent of Schools

Enc.
/mbc

The Swampscott Public Schools does not discriminate or tolerate harassment against students, parents/guardians, employees or the general public. No person shall be excluded from or discriminated against in admission to the Swampscott Public Schools, or in obtaining the advantages, privileges and courses of study of the Swampscott Public Schools on grounds of race, color, religious creed, national origin, sex, gender identity, sexual orientation, age, genetic information, ancestry, children, marital or civic union status, veteran status or membership in the armed services, receiving of public assistance, homeless, or handicap.



SWAMPSCOTT PUBLIC SCHOOLS
 Procedures for
ENROLLMENT AND PROOF OF RESIDENCY

The Swampscott Public Schools' Policy JF and JHD outline standard admission/exemption from school. Under MGL, Chapter 76, Section 5, every person shall have a right to attend the public schools of the town where he actually resides, subject to the following section. No school committee is required to enroll a person who does not actually reside in the town unless said enrollment is authorized by law or by the school committee. Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly-attended public schools. No person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, gender identity, religion, national origin or sexual orientation. Both the School Committee policy and MGL guide our procedures for enrollment and residency verification.

Before any student is enrolled in the Swampscott Public Schools, the student's parent or legal guardian* must prove actual residence in the Town of Swampscott. Families whose primary residence is outside of Swampscott are not eligible to attend the Swampscott Public Schools. (This policy does not apply to the METCO program.) Residency means the domicile where a child spends the majority of his/her time – sleeping, eating and living.

Required for enrollment are a copy of the **student's birth certificate, an up-to-date health record**, including immunizations, and **effective February 1, 2007**, all applicants must submit at least **three proofs of residency**.

The documents must be pre-printed with the name and address of the student's parent or guardian*. When registering a student for kindergarten, the Executive Director of Student Support services will confirm residency. When entering the Swampscott Public Schools at any other grade level, the three residency documents must be presented to the building principal. These documents also will be required for any **change of address**.

All applicants must submit at least one document from <u>each</u> of the following columns:		
Column A	Column B	Column C
<ul style="list-style-type: none"> • Copy of Deed AND record of most recent mortgage payment <ul style="list-style-type: none"> ○ http://salemdeeds.com • Copy of Lease AND record of most recent payment • Legal affidavit from landlord affirming tenancy AND record of most recent payment 	<p style="text-align: center;"><i>A utility bill or work order dated within the past 60 days, including:</i></p> <ul style="list-style-type: none"> • Gas Bill • Oil Bill • Electric Bill • Cable Bill • Water Bill <p style="text-align: center;"><i>Many companies will give you a letter if you do not have a bill/work order.</i></p>	<p>Swampscott address on:</p> <ul style="list-style-type: none"> Valid Mass. driver's license Current vehicle registration Valid Massachusetts photo identification card Valid passport <p>Dated within past year:</p> <ul style="list-style-type: none"> W-2 form Excise (vehicle) tax bill Property tax bill <p>Dated within the past 60 days:</p> <ul style="list-style-type: none"> Payroll stub Bank or credit card statement

***Legal guardianship requires additional documentation from a court or agency.**
 The SPS residency policy does not apply to homeless students.(McKinney-Vento Act)
Report residency fraud! You will remain anonymous – call 781-596-8800 Ext. 370
 created: February 2007, Updated 11/2007, 9/2008, 11/2009, 12/2014, 3/2015



Swampscott Public Schools Health Requirements for New Students

Dear Parent / Guardian,

Welcome to Swampscott Public Schools. Part of the admission process includes providing updated health/medical information. This will include the following:

1. Proof of Required immunizations is **MANDATORY before entry** to any school.
2. Copy of recent (current year) physical exam is **MANDATORY** for new students within 30 days of entry.

Required Immunizations

The Massachusetts Department of Public Health requires that all children be properly immunized against varicella (chicken pox), measles, mumps, rubella (MMR), polio, diphtheria, tetanus, pertussis, and hepatitis B before entrance into school. Exemptions from immunizations are allowed under Commonwealth of Massachusetts Law for either religious or medical reasons, both of which require documentation. Unimmunized/susceptible individuals will be excluded from school in the event of an outbreak of any vaccine preventable disease.

Massachusetts School Immunization Requirements*

	Preschool	Kindergarten	Grades 1-6	Grades 7-12
Hepatitis B	3 doses	3 doses	3 doses	3 doses
DTaP/DPT/DT/Td/Tdap	≥ 4 doses DTaP/DPT	5 doses DTaP/DPT	≥ 4 doses DTaP/DPT or ≥ 3 doses Td	4 doses DTaP/DPT, or ≥ 3 doses Td plus 1 dose Tdap required gr.7-9
Polio	≥ 3 doses	4 doses	≥ 3 doses	≥ 3 doses
Hib	1 to 4 doses	N/A	N/A	N/A
MMR	1 dose	2 doses Measles, 1Mumps, 1Rubella	2 doses Measles, 1Mumps, 1Rubella	2 doses Measles, 1Mumps, 1Rubella
Varicella	1 dose	2 doses required for kindergarten	2 doses required grade 1-2	2 doses required grade 7 -9

*New Requirements highlighted**

Special Health Concerns: Please contact your child's school nurse if your child has any health/medical issues which might impact them at school. Example: asthma, allergies, seizures, concussions.

Medications: All medication to be dispensed to the student during the school day requires a doctor's order and written parent/guardian permission, including over-the-counter medications. Prescription medications must be sent to school in the current prescription container and over-the-counter medications must be labeled with the child's name and be sent in the original container.

Students are not allowed to carry medications in school, with the exception of students who have been cleared by the school nurse to carry their inhaler or Epi-pen.

For further information please contact:

MaryBeth O'Malley, RN e-mail: omalley@swampscott.k12.ma.us
School Nurse Leader



**SCHOOL NURSE
HEALTH INFORMATION
2017-2018**

In order to provide a safe and healthy environment for your child this confidential information will be accessible to: School Nurse, applicable school staff & emergency medical personnel.

Name: _____ Birthdate: _____ Sex: M/ F _____
Last First MI

School: _____ Grade: _____ Date: _____

SERIOUS HEALTH CONDITIONS (check appropriate box below)

If your child has a serious medical condition, *it is vital that you discuss this with your School Nurse immediately.* Massachusetts General Laws, chapter 30A, section 8 and chapter 112, section 80B requires medication and/or treatment orders, medications and health care plan to be in place PRIOR to the start of school.

- My child **does not** have any serious health conditions that will affect him/her at school.
- My child has the following serious health condition(s) – Check boxes below:
 - Allergy (life threatening – requires an epinephrine prescription such as Epinephrine Auto Injector).
 Allergens: _____ Date of last reaction: _____
 - Asthma – Will your child require a rescue inhaler (such as Albuterol) at school? _____ Yes or no?
 - Cardiac diagnosis: _____
 Restrictions: _____
 - Diabetes (Date of diagnosis: _____) Type 1 Type 2
 Insulin Pump Insulin Pen Insulin via syringe
 - Seizure Disorder (Date of diagnosis: _____) (Date of last seizure: _____)
 Type: _____ Rescue Medication: _____ Yes or no?

OTHER HEALTH CONDITIONS (check appropriate box below):

- My child **does not** have any other health conditions that will affect him/her at school.
 (If this box is checked, no further information is necessary. Please complete/sign/date* the bottom and return to school office).
- History of a Concussion (diagnosed by a licensed health care provider) - Date of concussion _____
- Hearing concerns? Does your child wear hearing aids? Does your child have a known hearing loss?
- Vision concerns? Glasses Contacts
- ADD/ADHD Autism Bleeding/Clotting problems Depression Kidney Disease Other _____

Is there any medical or emotional condition that the school should be aware of?

Is there any family situation (example: military deployment, separation, recent death) that the school should be aware of?

MEDICATIONS: Prescription, supplements, over-the-counter (eye drops, ointments, etc):

Medication(s) your child is currently receiving: _____

Does your child require medication at school on a regular or as needed basis? Yes No

*I give permission to the School Nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs.
 I give permission to the School Nurse to exchange information with my child's health care providers for the purpose of referral, diagnosis, and treatment.*

Parent/Guardian, please print _____

*Signature (Parent/Guardian): _____ Date: _____

July 2017

SWAMPSCOTT PUBLIC SCHOOLS
School Health Services

MEDICAL EMERGENCY INFORMATION

Student _____ Birth Date _____
Last First Middle
Address _____ Drug Allergy _____
Street Address Apt# City Zip Code

Parent/Guardian

Name: _____
Last First Relationship
Home Phone #: _____
Work Phone #: _____
Cell Phone #: _____
Email Address: _____
Address if different from student: _____

Parent/Guardian

Name: _____
Last First Relationship
Home Phone #: _____
Work Phone #: _____
Cell Phone #: _____
Email Address: _____
Address if different from student: _____

Do you have medical insurance?
 Private Public (E.g. MA Health, Children's Medical Security) No Insurance
Name of Insurance Provider: _____
(Please contact the school nurse if you need assistance applying for medical insurance)

Student's Doctor/Pediatrician

Name Phone Number

Dental Care Provider

Name Phone Number

In case of severe emergency and I cannot be reached, I give my permission to North Shore Medical Center to render treatment to the above named student. (Ambulance takes emergency cases to North Shore Medical Center only.)

Parent/Guardian Signature: _____ **Date** _____

Permission to treat with Over-The-Counter Medications

I give permission to the school nurse to administer the following medications to my child according to the established protocols. All medication doses are given according to your child's age and weight as directed by the standing orders and the medication label. The School Nurse will attempt to contact a parent/guardian of Students in Pre School and/or Elementary School prior to administration. I have crossed off any products I do not wish my child to receive.

****Check off each that apply:**

- Acetaminophen**- fever over 100/mild to moderate pain/headache relief
- Ibuprofen** fever over 100/mild to moderate pain/headache relief
- Calcium Antacid** for relief of acid indigestion or upset stomach
- Cough Drops** – menthol or other non-medicated for cough or general /throat irritation
- Diphenhydramine**-mild allergic reaction/hives to unknown allergen
- Bacitracin ointment**- for cuts, scrapes, etc.
- Calamine Lotion**- for relief of itchiness from poison ivy, oak or sumac, and insect bites
- Hydrocortisone Cream 1%** for relief of itching related to minor skin Irritations

Parent/Guardian Signature: _____ **Date** _____

SWAMPSCOTT PUBLIC SCHOOLS REGISTRATION FORM

ALL FIELDS MUST BE COMPLETED. IF SOMETHING DOES NOT APPLY TO YOU PLEASE ENTER "NO" OR "N/A"

STUDENT INFORMATION

GRADE ENTERING: _____

STUDENT NAME: _____
LAST NAME FIRST NAME MIDDLE NAME

STREET: _____

CITY: _____ STATE: _____ ZIP: _____ PRIMARY PHONE (required): _____

GENDER: MALE FEMALE NON-BINARY STUDENT BIRTHDATE: _____
MM-DD-YYYY

PLACE OF BIRTH (city): _____ COUNTRY OF ORIGIN (where child was born): _____

Previous School Attended (please list most recent first):

1) _____
SCHOOL ADDRESS STATE/ZIP

2) _____
SCHOOL ADDRESS STATE/ZIP

FIRST TIME IN A MASSACHUSETTS SCHOOL: Yes No

RACE/ETHNICITY (choose one): Hispanic Not Hispanic

CHOOSE ALL THAT APPLY MUST CHOOSE AT LEAST ONE:

White/Caucasian Black/African American Asian Native American Native Hawaiian/Pacific Islander

INDIVIDUAL EDUCATION PLAN (IEP) DOES THE STUDENT CURRENTLY RECEIVE SERVICES ON AN IEP? YES NO

504 ACCOMODATION PLAN DOES THE STUDENT CURRENTLY RECEIVE SERVICES ON A 504? YES NO

ELL SERVICES IN PAST? YES NO ELL SERVICES NEEDED? YES NO

DOES THE CHILD'S FAMILY HAVE A MILITARY AFFILIATION?

NO, NOT A MEMBER OF A MILITARY FAMILY YES, CHILD OF ACTIVE DUTY MEMBER

YES, CHILD OF MEMBERS OR VETERANS WHO ARE MEDICALLY DISCHARGED OR RETIRED FOR 1 YEAR

YES, CHILD OF MEMBER WHO DIED ON ACTIVE DUTY

GUARDIAN STATUS: (see attached) YES NO STATE WARD STATUS: (see attached) YES NO

CUSTODIAL AGREEMENT in place Yes No

If yes, please provide a copy of the custodial agreement to the Guidance Office of your student's school.



Date Received: _____ Year of Graduation: _____

SIBLINGS – LIST ONLY THOSE THAT LIVE AT THE SAME ADDRESS AND ATTEND SWAMPSCOTT PUBLIC SCHOOLS

SIBLING FULL NAME: _____ GRADE: _____ SCHOOL: _____

SIBLING FULL NAME: _____ GRADE: _____ SCHOOL: _____

SIBLING FULL NAME: _____ GRADE: _____ SCHOOL: _____

PARENT/GUARDIAN CONTACT INFORMATION

CONTACT 1 - (PARENT/GUARDIAN)

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PRIMARY PHONE: _____ PHONE 2: _____

EMAIL ADDRESS: _____ RELATIONSHIP TO STUDENT: _____

CONTACT 2 - (PARENT/GUARDIAN)

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PRIMARY PHONE: _____ PHONE 2: _____

EMAIL ADDRESS: _____ RELATIONSHIP TO STUDENT: _____

EMERGENCY CONTACT INFORMATION - CONTACT MUST BE SOMEONE OTHER THAN A PARENT/GUARDIAN

NAME: _____ PRIMARY PHONE: _____

PHONE 2: _____ RELATIONSHIP TO STUDENT: _____

FEDERAL INFORMATION (IF APPLICABLE)

Low Income Status: The student is eligible for free or reduced lunch, or receives Transitional Aid to Families, or is eligible for Food Stamps

Title I Participation: An indication of the type of Title I Services being received at the specified time of reporting.

Migrant Status: An indication of whether an individual or a parent/guardian accompanying an individual maintains primary employment in one or more agricultural or fishing activities on a season or other temporary basis and establishes a temporary residence for the purposes of such employment.

Immigration Status: An indication of whether a student is eligible for the Emergency Immigrant Education Program is, the student must not, have been in any State (any of the 50 States, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the Virgin Islands, the Northern Mariana Islands, or the territory of the Pacific Islands) and not having 3 full academic years of school in any state.



Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information		
First Name _____ _____	Middle Name _____ _____	Last Name _____ _____
Gender F <input type="checkbox"/> M <input type="checkbox"/>		
Country of Birth _____	Date of Birth (mm/dd/yyyy) ____/____/____	Date first enrolled in ANY U.S. school (mm/dd/yyyy) ____/____/____
School Information		
Start Date in New School (mm/dd/yyyy) ____/____/____	Name of Former School and Town _____	Current Grade _____
Questions for Parents/Guardians		
What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian)	Which language(s) are spoken with your child? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always	
What language did your child first understand and speak? _____	Which language do you use most with your child? _____	
Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always	
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/>	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>	
Parent/Guardian Signature: X	____/____/____ Today's Date: (mm/dd/yyyy)	



STUDENT NAME: _____

SWAMPSCOTT PUBLIC SCHOOLS
CHECKLIST FOR FAMILIES OF
NEW STUDENTS

- Registration Information Sheet
- Home Language Survey
- Residency Proof documents
 - Mortgage/Lease document
 - Payment Receipt
 - Utility Bill with new address
 - License with new address
- Copy of Birth Certificate
- Copy of Medical Records – including immunizations
- School Nurse Health Information & Medical Emergency Information
- Request for Release of Records
- Student's most recent Report Card
- One-time Consent to Access Mass Health Benefits
- Student Information Media Release Procedure

If Applicable:

- Copy of Individual Education Plan
- Legal documents proving custody
- Legal documents proving custodianship
- Military Family Criteria Form

If you have questions, please contact:

Donna McHugh dmchugh@swampscott.k12.ma.us 781-586-8800 x384

FOR OFFICE USE ONLY

Documentation Received:

Secretary: _____

Director of Student Support Services (if required): _____

Superintendent: _____

School Assigned:

Grade: _____

Date: _____



Massachusetts Parental Notice with One-Time Consent to Allow the School District To Access MassHealth (Medicaid) Benefits

SWAMPSCOTT PUBLIC SCHOOLS (District Code 02910000)

Dear Parent/Guardian:

The purpose of this letter is to ask your permission to bill MassHealth for the cost of special education services that the district provides your child under the IEP that we developed with you. If you agree, MassHealth will reimburse the cost of services that they cover, such as therapy services as well as the cost of time spent by providers of such services to participate in Team meetings. We cannot send records and information about your child and your child's IEP services to MassHealth to ask for reimbursement without your consent and without first notifying you of the following:

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the special education services to which your child is entitled;
2. The school district cannot require you to pay anything towards the cost of your child's special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can bill MassHealth. The school district can agree to pay the co-pay or deductible if any such cost is expected.
3. If the school district receives your consent:
 - a. Your consent will not decrease your child's available lifetime coverage or other MassHealth benefit; nor will it in any way limit your own family's use of MassHealth benefits outside of school.
 - b. Your consent does not affect your child's special education services or IEP rights in any way.
 - c. Your consent will not lead to any changes in your child's MassHealth rights; and
 - d. Your consent will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.
4. If you consent, you have the right to change your mind and withdraw your consent at any time.
5. If you withdraw your consent, or refuse to agree to allow the school district to share your child's records and information with MassHealth for the purpose of billing the cost of his/her IEP services, the school district will continue to be responsible for providing your child the special education services in his/her IEP at no cost to you.

I have read the notice and understand it. I have had my questions, if any, answered. I agree to give my consent to the school district to share records and information concerning my child and his/her IEP services as necessary to bill MassHealth to obtain federal reimbursement for the cost of the IEP services that MassHealth covers.

Parent/Guardian Signature: _____ Date _____

Student Name:	DOB:	SASID:
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STUDENT INFORMATION MEDIA RELEASE PROCEDURE

Swampscott Public Schools (SPS) celebrates the accomplishments of students, faculty and staff through a variety of print, audio, and online media. There are occasions when the Swampscott Public School District and District Schools (the "District") desire to document and or release information concerning a student and/or that student's school work, activities, and/or academic and athletic achievements. The purpose of the Student Information Media Release Form is to request your permission, in advance, to allow information about your son/daughter and/or your son's/daughter's school work and/or school activities and events, and/or academic and athletic achievements to be released.

The documentation of this information could be through text, photographs, audio, video, film, slide, or any other electronic and printed formats currently developed, (known as "Recordings").

The release of this information could be through the District's Internet Websites, Social Media Channels, Government and Educational Access Cable TV and Web Channels and/or a District-initiated media event.

Such information may include some or all of the following:

- a photograph or video recording of your son/daughter,
- his/her first and last name,
- age, grade level, teacher, coach's or sponsor's name,
- the name of the school your child attends,
- information about your son/daughter's school work, activities and/or achievements
- examples of your son/daughter's school work, activities and/or achievements

Parent-signed Media Release Forms are not required for:

- Photographing or videotaping anonymous students engaged in normal classroom/school activities.
- Photographing, videotaping or interviewing students at events that are open to the public, such as athletic events, fine arts performances, graduation ceremonies, and similar events and activities
- "Crowd", "background" or "group" images where any students that appear in such images are not otherwise identified
- Media coverage that is not District-initiated

Student grades, home addresses, and personal telephone numbers will not be released through the District's Internet Website, Social Media Channels, Educational Access Channels and/or a district-initiated media event.

(see reverse side)

Student Registration Packet 2017 – Page 11

STUDENT INFORMATION MEDIA RELEASE

I have read the Swampscott Public School’s Student Information Media Release Procedure and I authorize the Swampscott Public Schools and or my son/daughter’s school to record, film, photograph, audio record, video record my child’s name, image, likeness, spoken words, student work, performance and movement, in any form (hereinafter collectively referred to as “Works”), and to display, publish, distribute or exhibit these Works or any part thereof for the purpose of and in connection with any material that may be created by the Swampscott Public Schools and/or any specific Swampscott Public School for the Swampscott Public Schools and/or and specific Swampscott Public School, including, without limitation, for posting on the Swampscott Public School’s and/or any specific Swampscott Public School’s website and social media sites, and any website that has been approved by the Swampscott Public School’s Information Technology Department and/or for broadcasting on television including Swampscott Educational Access (SEA) and/or displaying, publishing, distributing or exhibiting such information at community or school-based events (such as, posting within a classroom, in a school hallway, in school projects, school newsletters, at a school open house or a public exhibition of student work or announcement of a student’s scholarship, awards, honors and/or post-high school plans or as part of classroom instruction).

I understand and agree that use of such Recordings will be without any compensation to the student or the student’s parent or guardian.

I understand and agree that the Swampscott Public School District and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.

I understand and agree that the Swampscott Public School District and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.

I hereby release and hold harmless the Swampscott Public School District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney’s fees, brought by the student and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

Student Name _____ School _____ D.O.B. _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

June 2017

Hello Swampscott Public School Faculty and Staff,

Swampscott Educational Access Television, aka SHS-TV, aka the Cable Club, has upgraded its distribution methods for videos created by and for the Swampscott Public School community.

Swampscott Educational Access YouTube Channel

All school district and specific school-related events (concerts, ceremonies, etc.), school committee meetings, cross-discipline class projects, sporting events, town events filmed by students, client work filmed by students exist on this channel.

<https://www.youtube.com/channel/UCHYVJjJvjsFas9f9TXXwX6Q>

(If 100 people subscribe to this, we get a custom URL...)

Swampscott High School YouTube Channel

All student-created videos appear on this channel, including content from classes and independent projects. It sometimes includes content that would be considered PG-13, as we do not show that content on the cable channel. This channel is curated and scheduled by the students.

https://www.youtube.com/channel/UCyfJf5-O_Cgk1KBfOAKZM-A

(16 more subscribers and we get a custom URL!)

Scheduled Cablecast content on TV and livestreamed on the web

You no longer need to be in front of a TV to watch our regularly scheduled programming on Verizon and Comcast, including School Committee meetings. Log on to our channel on the web and watch wherever you are. With the livestream, as with the channel, specific content is only available when it is scheduled on the channel.

<http://seacablecastlive.com> - Click the green WATCH button to watch the livestream

Video On Demand (VOD)

All programs that have been on cable that have been approved for Video on Demand can be searched for and played directly from the Cablecast website.

<http://seacablecastlive.com> - Click on any video to watch, or use the search bar to find a specific video.

Requests for videos - If there is a piece of content that you need in some format other than online, please let me know.

Put something on the Channel - Teachers, if you have something from your classes or work with other staff/faculty that you think would be good for one of these channels, please contact me.

Finally, if you have any questions, thoughts or suggestions regarding any of our production and distribution my students and I are interested in hearing from you.

Enjoy!

Joe Douillette
Cable TV Coordinator/Media Arts Instructor
Swampscott High School