

SWAMPSCOTT PUBLIC SCHOOLS



January 1, 2018

The Swampscott Public School System is preparing for your child's entrance into kindergarten as part of the Class of 2031. In preparation for this exciting step, we ask that you participate in the kindergarten registration process. Children who are eligible for kindergarten must reach five (5) years of age before September 1, 2018. Please familiarize yourself with the enclosed registration and kindergarten information. Please refer to the enclosed registration documentation and the procedures that are outlined in the following pages.

The enclosed registration documents must be returned in person on one of the following dates to Student Services located at the Swampscott Middle School on 207 Forest Avenue:

- **March 13, 2018 between 7:30 AM and 11:30 AM**
- **March 15, 2018 between 7:30 AM and 11:30 AM**
- **March 20, 2018 between 1:00 PM and 4:00 PM**

Only complete packets will be forwarded to the elementary school principals for school assignment. Students who send in late packets or incomplete packets including families who move into the district, will be assigned to the school with the lowest enrollment; not necessarily the school in closest proximity.

We encourage you to participate in the aforementioned registration process even if you are currently undecided whether your child will enroll in the fall of 2018 or not.

Please note: The Swampscott Public Schools does not accept parent requests for school placement. The current policy, adopted by the School Committee in 2006, establishes floating attendance patterns for each of the three elementary schools. Students are assigned based on sibling preference, physical proximity to school, and special programming need. The core values that drive our assignment policy are maintaining effective class size across all three elementary schools.

Sincerely,

Martha Raymond, MA.Ed., B.C.B.A.
Director of Student Services

IF YOU DO NOT PLAN TO ENROLL YOUR CHILD FOR ANY REASON OR YOU HAVE ANY QUESTIONS, PLEASE CONTACT MARTHA RAYMOND AT THE FOLLOWING EMAIL: Raymond@swampscott.k12.ma.us



Checklist for Families of New Students

STUDENT NAME: _____

- ☐ 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 Official Use Only

Documentation Received:

Secretary: _____
Director of Student Support Services (if required) _____
Superintendent: _____

School Assigned:

Grade: _____
Date: _____



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"> o 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><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><i>Many companies will give you a letter if you do not have a bill/work order.</i></p>	<p>Swampscott address on:</p> <p>Valid Mass. driver's license</p> <p>Current vehicle registration</p> <p>Valid Massachusetts photo identification card</p> <p>Valid passport</p> <p>Dated within past year:</p> <p>W-2 form</p> <p>Excise (vehicle) tax bill</p> <p>Property tax bill</p> <p>Dated within the past 60 days:</p> <p>Payroll stub</p> <p>Bank or credit card statement</p>

***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



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 _____
☐ Does your child wear hearing aids? ☐ Does your child have a known hearing loss?

- ☐ Hearing concerns?
- ☐ 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: _____



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 _____



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 _____	F <input type="checkbox"/> M <input type="checkbox"/> Gender
Country of Birth _____	Date of Birth (mm/dd/yyyy) _____	Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____	
School Information			
_____ / _____ /20 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		_____ / _____ /20 Today's Date: (mm/dd/yyyy)	



Анкета по определению языка домашнего общения

В соответствии с правилами Департамента начального и среднего образования штата Массачусетс все школы обязаны определить языки (язык) домашнего общения всех учащихся с тем, чтобы установить особые потребности, связанные с владением языком. Эта информация имеет важное значение для того, чтобы школы могли предоставлять эффективные инструкции всем учащимся. Если английский язык не является языком домашнего общения, Школьный округ обязан провести дополнительную оценку потребностей Вашего ребенка. Просим вас помочь нам в выполнении этого важного требования и ответить на указанные ниже вопросы. Благодарим за Вашу помощь.

Информация об учащемся			
Имя	Отчество	Фамилия	Муж. <input type="checkbox"/> Жен. <input type="checkbox"/> Пол
Страна, в которой родился	Дата рождения (мм/дд/гггг)	Дата первого зачисления в КАКУЮ-ЛИБО школу США (мм/дд/гггг)	
Информация о школе			
Дата начала занятий в новой школе (мм/дд/гггг)	Название предыдущей школы и населенного пункта		В данный момент учится в указанном классе
Вопросы для родителей/ опекунов			
Какой язык является родным языком (языками) каждого из родителей/опекунов? (обведите кружком один вариант) _____ (мать/отец/опекун) _____ (мать/отец/опекун)	На каком языке (языках) вы говорите со своим ребенком? (включите родственников – бабушку, дедушку, дядю, тетю и т.д., а также лиц, которые предоставляют услуги по уходу) _____ редко/ иногда/часто/всегда _____ редко/ иногда/часто/всегда		
На каком языке впервые научился говорить (начал понимать) ваш ребенок?	Какой язык вы чаще всего используете в общении с вашим ребенком?		
Какими еще языками владеет ваш ребенок? (обведите кружком все варианты) _____ умеет говорить/читать/писать _____ умеет говорить/читать/писать	Какие языки использует ваш ребенок? (обведите кружком один вариант) _____ редко/ иногда/часто/всегда _____ редко/ иногда/часто/всегда		
Нужна ли вам письменная информация, предоставляемая школой, на вашем родном языке? Да <input type="checkbox"/> Нет <input type="checkbox"/>	Нужен ли вам переводчик во время встреч родителей с учителями? Да <input type="checkbox"/> Нет <input type="checkbox"/>		
Подпись родителя/ опекуна: X	_____ /_____/20 Сегодняшняя дата: (мм/дд/гггг)		

Russian



Encuesta del idioma hablado en el hogar

Los reglamentos del Departamento de Educación Primaria y Secundaria de Massachusetts exigen que *todas* las escuelas determinen los idiomas que se hablan en los hogares de los estudiantes para así identificar sus necesidades específicas relacionadas con el idioma. Esta información es esencial para que las escuelas puedan proveer instrucción que todos los estudiantes puedan aprovechar. Si en su hogar se habla otro idioma que no sea inglés, se requiere que el Distrito evalúe a su hijo más a fondo. Ayúdenos a cumplir con este importante requisito respondiendo a las siguientes preguntas. Gracias por su ayuda.

Información del estudiante			
Nombre _____	Segundo nombre _____	Apellido _____	F <input type="checkbox"/> M <input type="checkbox"/> Sexo
País de nacimiento _____	Fecha de nacimiento (mm/dd/aaaa) _____	Fecha de matriculación inicial en CUALQUIER escuela de EE.UU. (mm/dd/aaaa) _____	
Información de la escuela			
_____ / _____ /20 _____ Fecha de comienzo en la escuela nueva (mm/dd/aaaa) Nombre de la escuela y ciudad anterior Grado actual			
Preguntas para los padres/encargados			
¿Cuál es el idioma natal del padre/la madre/los encargados? (encierre en un círculo) _____ (madre / padre / encargado) _____ (madre / padre / encargado)		¿Qué idioma(s) se habla(n) con su hijo? (incluya parientes - <i>abuelos, tíos, tías, etc.</i> - y encargados del cuidado) _____ infrecuentemente / algunas veces / frecuentemente / siempre _____ infrecuentemente / algunas veces / frecuentemente / siempre	
¿Cuál fue el primer idioma que entendió y habló su hijo?		¿Qué idioma usa usted principalmente con su hijo?	
¿Qué otros idiomas sabe su hijo? (encierre en un círculo todo lo que corresponda) _____ habla / lee / escribe _____ habla / lee / escribe		¿Qué idiomas usa su hijo? (encierre uno en un círculo) _____ infrecuentemente / algunas veces / frecuentemente / siempre _____ infrecuentemente / algunas veces / frecuentemente / siempre	
¿Requerirá usted la información impresa de la escuela en su idioma natal? Sí <input type="checkbox"/> No <input type="checkbox"/>		¿Requerirá usted un intérprete/traductor en reuniones de padres y maestros? Sí <input type="checkbox"/> No <input type="checkbox"/>	
Firma del padre/la madre/encargado: X		_____ / _____ /20 Fecha de hoy: (mm/dd/aaaa)	

Spanish



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:	SASI
----------------------	-------------	-------------



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 schoolwork, 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.

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).



Student Information Media Release

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 _____



Preschool Information Sheet

Has your child attended nursery school/preschool? _____

Dates of Attendance: _____

Name of School _____

Address: _____

Telephone: _____

Release of Information: As part of our work in affecting smooth transitions from preschool/nursery school to kindergarten, the Swampscott School staff may wish to speak to your child's preschool/nursery school staff. Please sign below to give Swampscott permission to provide information to and/or obtain information from the preschool/nursery school about your child. Thank you.

Date: _____

Child's Name: _____

Parent Signature: _____



Certification of Dental Care

To: Family Dentist/Parents
From: Swampscott Elementary School Nurses
Re: Proof of Dental Care

The Swampscott Public School System requires that proof of appropriate dental care has been provided to each child entering kindergarten.

Name of Child: _____
(Last) (First) (Middle)

Date of Birth: _____

To be completed by dentist:

I certify that this child has been seen for routine or other dental care.

Dentist's signature _____

Address _____

Telephone _____

Date _____



Preschool Questionnaire

Child's Name _____ **Date of Birth** _____
Preschool/Nursery School _____
Individual Completing Report _____
****Parent Signature** _____

To Parent:

Please give this form to your child's preschool teacher to assist in planning for your child's transition into kindergarten. The preschool program will return the questionnaire directly to the Swampscott Public Schools. Please sign this form that allows the preschool to share this information with the Swampscott Public Schools.

To Preschool Staff:

The information in this questionnaire will assist the Swampscott Public Schools in the transition process into kindergarten. We ask that you respond to the statements below regarding the child. Thank you in advance for your time.

Please return this questionnaire to:

Martha Raymond/Integrated Preschool
207 Forest Avenue
Swampscott, MA 01907

	Always		Sometimes		Never	Comments
Behavioral Development						
1. Uses free time constructively	1	2	3	4	5	N/A
2. When given a choice of activities, can make a selection and follow through	1	2	3	4	5	N/A
3. Can stay on task for (circle correct number) for 5, 10, 15, 20 minutes	1	2	3	4	5	N/A
4. Works well independently	1	2	3	4	5	N/A
5. Accepts and follows class rules	1	2	3	4	5	N/A
6. Makes smooth transitions from one routine to another	1	2	3	4	5	N/A
7. Seeks and accepts adult attention in appropriate ways	1	2	3	4	5	N/A
8. Cooperates with other children most of the time	1	2	3	4	5	N/A
9. Handles conflict appropriately	1	2	3	4	5	N/A

10. Respects the rights/property of others 1 2 3 4 5 N/A

11. Approaches new situations and tasks positively 1 2 3 4 5 N/A

12. Generally feels positively about him/herself 1 2 3 4 5 N/A

13. Follows though on bathroom needs 1 2 3 4 5 N/A

Always Sometimes Never Comments

Language Development

1. Makes verbal requests for assistance 1 2 3 4 5 N/A

2. Joins group discussions 1 2 3 4 5 N/A

3. Expresses emotions verbally 1 2 3 4 5 N/A

4. Follows (please circle) 1,2,3 step directions in a group setting 1 2 3 4 5 N/A

5. Can verbally recall events in a story 1 2 3 4 5 N/A

6. Uses names of familiar objects in the environment 1 2 3 4 5 N/A

Motor Development

1. Climbs and descends stairs 1 2 3 4 5 N/A

2. Has established hand dominance 1 2 3 4 5 N/A

3. Comment on use of scissors _____

4. Comment on pencil grip _____

5. Draws recognizable pictures 1 2 3 4 5 N/A

General Comments

1. Favorite activities during the school day

2. Comment on Social Interaction:
Peers _____

Separates from Parent _____

General health and appearance _____

Transitions _____

Effective Behavioral Strategies (if applicable) _____

Additional Remarks



Kindergarten Parent Questionnaire- Addendum

Student Name _____

How does your child adapt to new situations?

Please describe special interests or talents your child has.

What are your child's favorite activities?

Does your child have any unusual fears?

Has anything happened in your child's life that may have an unusually positive or negative influence on him or her?

Describe your child's preschool experience.

How has reading and literature been introduced to your child?

What are your child's favorite television programs? How often does he/she watch TV?

Has your child been evaluated in any of the following areas? If so, please indicate where, who conducted the evaluation, and the results.

- speech and language
- fine motor
- gross motor
- developmental and cognitive skills
- medical/health

Are there any areas of concern that you want the screening team to be aware of? Please describe.

Do you feel your child has special needs that require extra attention in school?

Would you like an individual conference with a staff member to discuss your child?