

**MILTON PUBLIC SCHOOLS  
MILTON, MASSACHUSETTS  
NEW STUDENT REGISTRATION PACKET PRE SCHOOL  
Revised January 2017**

**STUDENT INFORMATION**

**Name** (Full legal name as shown on birth certificate)

\_\_\_\_\_

(Last)                                      (First)                                      (Middle)

**Date of Birth**       **Gender**  Male  Female  Non-Binary

Month      Day      Year

**Place of Birth** \_\_\_\_\_ (City/State/Country)      \_\_\_\_\_ (Program)      \_\_\_\_\_ (Session)

**Student's Current Address**

Street # & Name \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Soc Sec # \_\_\_\_\_ (optional)

Is the student on an **Individual Educational Plan**\*?  Yes  No  
*\*If yes, please enclose a copy of the IEP*

Is the student **homeless** as defined by the McKinney-Vento Homeless Education Assistance Act?  
Yes  No

**Race/Ethnicity**

Is this student Hispanic or Latino? (choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

**Relationship to student**

Parent  Guardian   
Foster Parent  Non-Parent

What is the student's race? (choose one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

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**MILTON PUBLIC SCHOOLS  
MILTON, MASSACHUSETTS**

**PARENT/GUARDIAN INFORMATION**

**Parent/Guardian #1**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Occupation/Place of Employment (with address) \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to student \_\_\_\_\_  
(M or F) (Month/Day/Year)

Address Street # and Name \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

**Parent/Guardian #2**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Occupation/Place of Employment (with address) \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to student \_\_\_\_\_  
(M or F) (Month/Day/Year)

Address Street # and Name \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

**ADDITIONAL HOUSEHOLD MEMBERS (List ALL)**

Name	Relationship to student	Age	Attend MPS?	Name of School

*Use the back of this form for additional members*

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**EMERGENCY CONTACT SECTION**

Names of others who will assume responsibility/transportation for the student in the event of an emergency when a parent/guardian cannot be reached. **PLEASE FILL OUT EACH SECTION.**

Please list 3	Person #1	Person #2	Person #3
Name			
Home Ph #			
Work Ph #			
Cell Ph #			
Address			
Relationship to student			

**PREVIOUS PRE SCHOOL INFORMATION***(if applicable)*

Previously Attended School \_\_\_\_\_

School Address \_\_\_\_\_

School Telephone # \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

Student Address while attending previous school:

Street # and name \_\_\_\_\_

Town/city \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_

**MILTON PUBLIC SCHOOLS  
MILTON, MASSACHUSETTS  
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.

<b>Student Information</b>		
First Name _____	Middle Name _____	Last Name _____
		Gender F <input type="checkbox"/> M <input type="checkbox"/> Non-Binary <input type="checkbox"/>
Country of Birth _____	Date of Birth (mm/dd/yyyy) _____	Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____
<b>School Information</b>		
Start Date in New School (mm/dd/yyyy) _____ / _____ /20_____	Name of Former School and Town _____	Current Grade _____
<b>Questions for Parents/Guardians</b>		
<b>What is the native language(s) of each parent/guardian? (circle one)</b>  _____ (mother / father / guardian)  _____ (mother / father / guardian)	<b>Which language(s) are spoken with your child?</b> (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers)  _____ seldom / sometimes / often / always  _____ seldom / sometimes / often / always	
<b>What language did your child first understand and speak?</b>	<b>Which language do you use most with your child?</b>	
<b>Which other languages does your child know? (circle all that apply)</b>  _____ speak / read / write  _____ speak / read / write	<b>Which languages does your child use? (circle one)</b>  _____ seldom / sometimes / often / always  _____ seldom / sometimes / often / always	
<b>Will you require written information from school in your native language?</b> Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Will you require an interpreter/translator at Parent-Teacher meetings?</b> Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>Parent/Guardian Signature:</b>  <b>X</b>	_____ / _____ /20_____ <b>Today's Date:</b> (mm/dd/yyyy)	

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**MILTON PUBLIC SCHOOLS  
MILTON, MASSACHUSETTS**

**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"/> Non-Binary <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)	¿Qué idioma(s) se habla(n) con su hijo? (incluya parientes - <i>abuelos, tíos, tías, etc.</i> - y encargados del cuidado)	
_____ (madre / padre / encargado)	_____ infrecuentemente / algunas veces / frecuentemente / siempre	
_____ (madre / padre / encargado)	_____ 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)	¿Qué idiomas usa su hijo? (encierre uno en un círculo)	
_____ habla / lee / escribe	_____ infrecuentemente / algunas veces / frecuentemente / siempre	
_____ habla / lee / escribe	_____ infrecuentemente / algunas veces / frecuentemente / siempre	
¿Requerirá usted la información impresa de la escuela en su idioma natal?	¿Requerirá usted un intérprete/traductor en reuniones de padres y maestros?	
Sí <input type="checkbox"/> No <input type="checkbox"/>	Sí <input type="checkbox"/> No <input type="checkbox"/>	
Firma del padre/la madre/encargado:	_____ / _____ /20	
<b>X</b>	Fecha de hoy: (mm/dd/aaaa)	

Spanish/Sondaj pou Lang nan Lakay

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## MILTON PUBLIC SCHOOLS MILTON, MASSACHUSETTS

Lalwa pou Massachusetts Department of Elementary and Secondary Education di tout lekòl dwe detèmine lang yo pale nan chak lakay elev pou idantifye lang la patikilye ki pale la. Enfòmasyon sa ase nesesè pou lekòl yo founi enstrikson korèk pou tout elev. Si yon lang ki pa angle ap pale nan lakay la, Distrik la dwe fè tes ti moun an plis. Tanpri ede nou obeyi lalwa sa a avek ou repons a kesyon yo an ba. Mèsi pou ed ou.

<b>Enfòmasyon Elev</b>			
Prenom _____	Nom Mitan _____ / _____ / _____	Nom Fanmi _____ / _____ / _____	F <input type="checkbox"/> M <input type="checkbox"/> Non-Binary <input type="checkbox"/> Gason oswa fi
Peyi de Nesans _____	Dat de Nesans (mm/dd/yyyy) _____	Dat Enrole nan NENPÒT lekòl ETAS UNI (mm/dd/yyyy) _____	
<b>Enfòmasyon Lekòl</b>			
_____ / _____ /20 _____	Dat li komanse nan Lekòl Nouvo (mm/dd/yyyy)	Nom pou Lekol la e Vil anvann sa _____	Klas Kouran _____
<b>Kesyon yo pou Paron/Gadyen</b>			
Ki lang oswa lang yo natif la pou chak paron/gadyen? (fè yon sèk otou youn) _____ (maman / papa / gadyen) _____ (maman / papa / gadyen)	Ki lang oswa lang yo ou pale avek ti moun ou? (enkli fanmi –gran moun, tonton yo, tant yo, e plis – epi moun kap bay ed) _____ pa souvan / kèk fwa / souvan / tout tan _____ pa souvan / kèk fwa / souvan / tout tan		
Ki lang ti moun konpran e pale premye?	Ki lang ou pale plis avek ti moun ou?		
Ki lòt lang ti moun ou kone? (fè youn sèk otou tout li kone) _____ pale / li / ekri _____ pale / li / ekri	Ki lang yo ti moun ou itilize ? (fè youn sèk otou tout li kone) _____ pa souvan / kèk fwa / souvan / tout tan _____ pa souvan / kèk fwa / souvan / tout tan		
Eska w va beswen enfòmasyon ki ekri nan lang ou pa lekòl la? Wi <input type="checkbox"/> Non <input type="checkbox"/>	Eska ou va beswen yon traduktè a rendevou Paron- Pwofesè? Wi <input type="checkbox"/> Non <input type="checkbox"/>		
Siyati Paron/Gadyen: <b>X</b>	_____ / _____ /20 _____ Dat Jòdi a: (mm/dd/yyyy)		

Haitian

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**MILTON PUBLIC SCHOOLS  
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**家庭语言调查**

马萨诸塞州小学与中学教育服务部规程要求所有学校鉴别每个学生在家常说的语言，以确定其具体的语言需要。为使各个学校为所有学生提供有意义的教学，提供这些信息至关重要。如果在家里说非英语的语言，则学区必须对孩子做进一步的评估。请回答下列问题以帮助我们达到此重要要求。感谢您的协助。

学生信息		
名 _____	中间名 _____	姓 _____ 女 <input type="checkbox"/> 男 <input type="checkbox"/> Non-Binary <input type="checkbox"/>
出生国家 _____	出生日期 (月/日/年) _____	首次就读任何美国学校的日期 (月/日/年) _____
学校信息		
_____ / _____ /20	_____	_____
新学校开始日期 (月/日/年)	先前学校与镇区名称	当前年级
家长/监护人的问题		
每位家长/监护人的母语是什么？（圈选一个）  _____ (家长/父亲/监护人) _____ (家长/父亲/监护人)	与您的孩子交谈用哪种语言？ （包括亲属- 祖父母、叔叔、阿姨等等 - 以及照顾者） _____ 很少/有时/经常/总是 _____ 很少/有时/经常/总是	
您的孩子首先理解和说哪种语言？	您与孩子之间使用最多的语言是什么？	
您的孩子还懂其他哪种语言？（圈选所有适用项）： _____ 说/读/写 _____ 说/读/写	您的孩子使用哪种语言？（圈选一个） _____ 很少/有时/经常/总是 _____ 很少/有时/经常/总是	
您想要从学校索取以您母语提供的书面资料吗？ 是 <input type="checkbox"/> 否 <input type="checkbox"/>	在家长教师会议中您需要口译员/翻译吗？ 是 <input type="checkbox"/> 否 <input type="checkbox"/>	
家长/监护人签字： <b>X</b>	_____ / _____ /20 今天的日期： (月/日/年)	

Simplified Chinese

MILTON PUBLIC SCHOOLS  
MILTON, MASSACHUSETTS

*Parent/Guardian Registration Checklist*

Use this checklist to make sure you bring the original copies of the following to your parent registration appointment:

<b>Please provide original/up to date documentation of the items listed below.</b>		
<b>Student Original Birth Certificate</b> <input type="checkbox"/> Received <input type="checkbox"/> Not Received	<b>Parent/Guardian Photo ID</b> <input type="checkbox"/> Received <input type="checkbox"/> Not Received	<b>Health/Immunization Forms w/ Recent Physical Examination (must be up to date)</b> <input type="checkbox"/> Received <input type="checkbox"/> Not Received
<b>Photo/Video Release Form (in this packet)</b> <input type="checkbox"/> Received <input type="checkbox"/> Not Received		

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**MILTON PUBLIC SCHOOLS  
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**\*You must be residing in Milton, MA at the time of registration.**

Student name and address: \_\_\_\_\_

**Residency & Re-establishing Residency Documentation Checklist**

**Documents required from all 3 columns below. Please follow instructions accordingly.**

Complete <input type="checkbox"/>	Complete <input type="checkbox"/>	Complete <input type="checkbox"/>
<b>Group A Requirement</b> Provide 3 documents from one of the <u>boxes</u> below.	<b>Group B Requirement</b> Provide 3 documents from the <u>column</u> below.	<b>Group C Requirement</b> Provide 3 documents from the <u>column</u> below.
<i>Homeowners Only</i>	<i>*Entire bill is required</i>	
<input type="checkbox"/> Copy of Deed <input type="checkbox"/> Most recent mortgage payment <input type="checkbox"/> Affidavit of Residency (following page) <p style="text-align: center;"><b>OR</b></p>	<input type="checkbox"/> Cable/Satellite TV bill* dated within the past 60 days <hr/> <input type="checkbox"/> Internet bill dated within the past 60 days	<input type="checkbox"/> Valid government-issued photo with current address (printed on the front)
<input type="checkbox"/> Property tax bill <input type="checkbox"/> Most recent tax bill payment <input type="checkbox"/> Affidavit of Residency (following page) <p style="text-align: center;"><b>OR</b></p>	<input type="checkbox"/> Electric bill* dated within the past 60 days	<input type="checkbox"/> W-2 form that shows the current address dated within the past year
<input type="checkbox"/> Copy of Settlement Statement <input type="checkbox"/> Most recent mortgage payment <input type="checkbox"/> Affidavit of Residency (following page)	<input type="checkbox"/> Gas bill* dated within the past 60 days	<input type="checkbox"/> Payroll stub that shows the current address dated within the past 60 days
<i>Renters Only</i> Provide 3 documents from one of the <u>boxes</u> below.	<input type="checkbox"/> Oil bill* dated within the past 60 days	<input type="checkbox"/> Bank statement that shows the current address dated within the past 60 days
<input type="checkbox"/> Copy of your up-to-date lease signed and dated by both landlord and tenant  <input type="checkbox"/> Signed and <b>Notarized</b> Landlord Living Agreement  <input type="checkbox"/> Affidavit of Residency (following page) <p style="text-align: center;"><b>OR</b></p>	<input type="checkbox"/> Water bill dated within the past 60 days	<input type="checkbox"/> Excise Tax Bill that shows the current address.  <hr/> <input type="checkbox"/> Homeowners or Renters Insurance policy that shows the current address.  <hr/> <input type="checkbox"/> Auto Insurance  <hr/> <input type="checkbox"/> Car Registration
<input type="checkbox"/> Most Recent Rent Payment (cancelled check)  <input type="checkbox"/> Signed and <b>Notarized</b> Landlord living agreement  <input type="checkbox"/> Affidavit of Residency (following page)		<p style="text-align: center;"><b>PLEASE RETURN DOCUMENTS TO:</b></p> <p style="text-align: center;"><b>Residency Office</b></p> <p style="text-align: center;"><b>DOCUMENTS DUE:</b></p> <hr/>

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**MILTON PUBLIC SCHOOLS  
MILTON, MASSACHUSETTS  
Affidavit of Residency**

I/we, the parent(s) or legal guardian(s) of

\_\_\_\_\_, hereby certify as follows:

(Print student's full name)

1. I/we wish to enroll the above named student in the Milton Public Schools. I/we understand that pursuant to Massachusetts law and Milton School Committee Policy, students who do not actually reside in the Town of Milton may not attend the Milton Public Schools.
2. I/we acknowledge that I am/we are required to notify the above student's school, in writing, of any change in said student's address within five (5) calendar days of such change of address.
3. I/we understand that, absent other information to the contrary, this affidavit will be relied upon by the Milton Public Schools for the purpose of determining the above student's eligibility to attend the Milton Public Schools on the basis of residency. If said student is enrolled in the Milton Public Schools upon the information contained this affidavit and it is subsequently determined that the student does not actually reside in Milton, I/we understand that the student's enrollment in the Milton Public Schools will be promptly terminated and I/we will be jointly and severally liable to the Milton Public Schools for the student's tuition for the full academic year(s).
4. I/we further certify that I am/we are the parent(s) or legal guardian(s) of the above student.
5. I/we understand that the Milton Public School system reserves the right to investigate a prospective or current student's residency at any time. This investigation may include resubmission of documents and/or a home visit by a school or police official.
6. I/we understand that if I am unable to supply the requested residency documents I/we will be placed in a "Unique/Referral" status and will be subject to alternative documentation, investigation via home visit, and potentially a one on one meeting with the Assistant Superintendent.
7. Chapter 76, Section 5 of the Massachusetts General Laws provides:

"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 religion, national origin or sexual orientation."

Signed under the pains and penalties of perjury on this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_:

\_\_\_\_\_  
Parent/Guardian #1

\_\_\_\_\_  
Parent/Guardian #2

**MILTON PUBLIC SCHOOLS  
MILTON, MASSACHUSETTS  
REGISTRATION/LANDLORD LIVING AGREEMENT**

To: The Milton Public Schools

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Landlord Phone #: \_\_\_\_\_

I hereby certify and swear under oath that I am the legal owner/renter of the property at:

\_\_\_\_\_.

I also certify and swear that (name of parents/guardians): \_\_\_\_\_

\_\_\_\_\_ and their children (list all)

(names): \_\_\_\_\_

are my tenants and live at the above address.

**I agree that if the Milton Public Schools investigate and find these statements to be false, that I may be responsible for repayment of any tuition or educational costs due the Milton Public Schools for the education of the above referenced children.**

**I agree that if the tenants listed above move out of the dwelling listed above, that I will notify the Milton Public Schools of this change of residence.**

**Signed under the pains and penalties of perjury:**

\_\_\_\_\_  
(Owner Signature)

\_\_\_\_\_  
(Renter Signature)

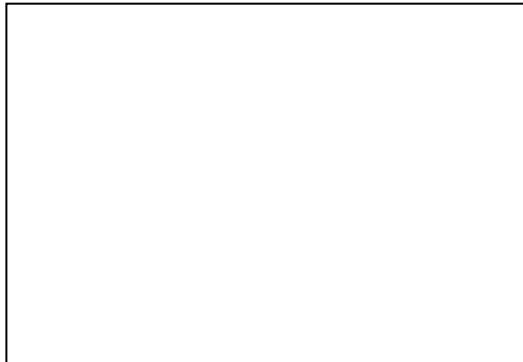
**By signing this form the Landlord acknowledges that all number of tenants and bedrooms are in compliance with the MA State Building Code and/or Town of Milton Building Code.**

\_\_\_\_\_  
(Print owner's name)

\_\_\_\_\_  
(Print renter's name)

\_\_\_\_\_  
(Date)

Notary Public  
stamp/signature  
**(must be raised)**



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**MILTON PUBLIC SCHOOLS  
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**PHOTOGRAPH POLICY**

Video/photographs of Milton Public Schools' students may be taken by staff for in celebration of the efforts and enthusiasm during Milton Public Schools related events/special programs, The photographs are often displayed in the classrooms, on the corridor bulletin boards, as part of individual projects, local newspaper publications and/or video programming that is displayed for school wide events. If you **do not** want photos of videos of your child to be used for such purposes, please indicate your preference by signing the appropriate option below.

\_\_\_\_\_ I give permission for pictures/videos to be taken of my child as long as it is directly related to the education of my child, celebrating the efforts of my child, and/or promotion of the Milton Public Schools. I understand that my child's photograph will be taken at his/her kindergarten screening appointment and attached to his/her registration application.

\_\_\_\_\_ I **DO NOT** want pictures or video taken of my child. I do not want my child's photograph to be taken at his/her kindergarten screening appointment.

Student's Name: \_\_\_\_\_  
(Please Print)

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

MILTON PUBLIC SCHOOLS  
MILTON, MASSACHUSETTS

# IMMUNIZATION RECORDS, STUDENT PHYSICAL, AND OTHER PERTINENT HEALTH RECORDS

Massachusetts state law requires all kindergarten/newly enrolled students present a doctor's certification of immunizations and physical exam before entrance to school. When registering your child for school, please bring a copy of your child's most recent physical exam and documentation of the following required immunizations:

Five (5) doses of DTAP Vaccine unless the fourth dose was given after the fourth birthday.

Four (4) doses of Polio Vaccine, unless the third dose was given after the fourth birthday.

Three (3) doses of Hepatitis B Vaccine.

Two (2) doses of Measles, Mumps, Rubella (MMR) Vaccine.

Two (2) dose of Varicella Vaccine or a reliable history of chickenpox documented by the child's physician.

In addition:

Date of a Lead Screening is also required prior to entrance into kindergarten

Date and results of a vision screening (stereopsis) done within 12 months prior to entry into kindergarten.

Children who do not meet the minimum immunization requirements for school entry will be excluded from school until they are brought up to date with their immunizations. PLEASE obtain your child's most recent immunization records from your health care provider to bring to your child's registration appointment for his/her permanent health record. If needed we can identify what is missing and make a plan for compliance prior to starting

**\*\*\*PLEASE BRING THESE FORMS WITH YOU WHEN YOU SUBMIT THIS REGISTRATION PACKET.**

**MILTON PUBLIC SCHOOLS  
MILTON, MASSACHUSETTS**

FOR INCOMING PRE-K & KINDERGARTEN STUDENTS ONLY

**VISION SCREENING**

*Physicians and other Health care Providers*

As of July 15, 2004 Chapter 181, requires that:

*"Upon entering kindergarten or within 30 days of the start of the school year, the parent or guardian of each child shall present to school health personnel certification that the child within the previous 12 months has passed a vision screening conducted by personnel approved by the department of public health and trained in vision screening techniques to be developed by the department of public health in consultation with the department of education...For children who fail to pass the vision screening and for children diagnosed with neurodevelopmental delay, proof of a comprehensive eye examination performed by a licensed optometrist or ophthalmologist chosen by the child's parent or guardian indicating any pertinent diagnosis, treatment, prognosis, recommendation and evidence of follow-up treatment, if necessary, shall be provided. "*

*Thus, it is now mandated in Massachusetts that:*

- All preschoolers have a vision screening done within 12 months prior to their entry into Kindergarten.
- All children with neurodevelopmental delay, and all children who fail the vision screening, be referred for a comprehensive eye examination by an ophthalmologist or optometrist.

As you know, Massachusetts General Law, Chapter 71, section 57 requires that each student have a physical examination at certain intervals. After completion, the Massachusetts Health Care Provider's Examination Form must be shared with the school to become part of the student's school health record. During the past year, the Massachusetts Department of Public Health has collaborated closely with school physicians, pediatricians and nurses to update the existing form. The goal of this process was to identify information needed by the school to protect the health and safety of the student and to meet certain legal requirements. Another goal was to create a single-page document for ease of implementation. The form may be found at MDPH's website located at ([http://www.mass.gov/dph/fch/schoolhealth/health\\_record.htm](http://www.mass.gov/dph/fch/schoolhealth/health_record.htm)) and it includes a place to record the results of a vision screening.

The Milton Public School system does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, gender identity, transgender status, gender transitioning, age, national origin (ancestry), disability, pregnancy/parenting status, marital status, sexual orientation, homelessness, or military status, in any of its programs, activities or operations. These include, but are not limited to, admissions, equal access to programs and activities, hiring and firing of staff, provision of and access to programs and services, as well as selection of volunteers, vendors and employers recruiting at the Milton Public Schools. We are committed to providing an inclusive and welcoming environment for all members of our staff, students, volunteers, subcontractors, and vendors. The following person has been designated to handle inquiries regarding the non-discrimination policies: Asst. Superintendent for Curriculum & Human Resources, 617-696-4812

**MILTON PUBLIC SCHOOLS  
MILTON, MASSACHUSETTS**

Student ID # \_\_\_\_\_  
Home Room \_\_\_\_\_

**STUDENT HEALTH AND EMERGENCY INFORMATION FORM**

*Please complete the following information. Contact the school nurse if assistance is needed to complete the form.*

Student's Name \_\_\_\_\_  
Last Name Middle

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Grade \_\_\_\_\_ Gender \_\_\_\_\_ D.O.B \_\_\_\_\_ Primary Language \_\_\_\_\_

Name/Grade of sisters/brothers in school building \_\_\_\_\_

Does your child have health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Subscriber Name: \_\_\_\_\_

*If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse for more information about these programs. All communications will be confidential.*

In case of emergency, the school will attempt to contact the parent/guardian before calling a student's primary care provider (physician). Your child will be transported by ambulance to an emergency care facility if necessary.

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

Prenatal history: Was pregnancy, labor, and delivery normal? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_

Growth and Development: Has your child completed the developmental milestones on time? (i.e. sitting, walking, toilet training)  
Yes \_\_\_\_\_ No \_\_\_\_\_. If no, please explain \_\_\_\_\_

Please list all of the medication that your child takes.

Has your child ever been in the hospital? No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, please explain \_\_\_\_\_

Is your child on a special diet? No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, please explain \_\_\_\_\_

*continued on the next page...*

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**MILTON PUBLIC SCHOOLS  
MILTON, MASSACHUSETTS**

**STUDENT HEALTH AND EMERGENCY INFORMATION FORM**

Will your child attend an extended-day program during the year? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain if your child has been evaluated for special needs. \_\_\_\_\_

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Please check all that applies to your child:

Heart Condition       Diabetes       Asthma       Seizure Disorder

ADD/ADHD       Migraines       Depression       Kidney Disease

Blood Disorder       Bed Wetting       Lead Poisoning

Other (Specify) \_\_\_\_\_

Allergies (food, insects, medication, environment) (Specify) \_\_\_\_\_

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Hearing problems (Specify)    Left ear \_\_\_\_\_    Right ear \_\_\_\_\_    Hearing Aids \_\_\_\_\_

Vision Problems (Specify) Wears Eyeglasses \_\_\_\_\_      Contact Lenses \_\_\_\_\_

*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 exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment.*

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*Signature of Parent/Guardian*

*Date*