MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS

Packet 2 of 3
Please return this packet at your parent registration appointment.

To: Parent(s)/Guardian(s) of Incoming Kindergarten Students
Fr: Mary C. Gormley, Superintendent of Schools
Dt: January 2015
Re: Kindergarten Registration

Enclosed with this memo is your child's Kindergarten Registration Packet. Your registration appointment is listed on the **label** on the outside of this envelope.

Please bring the **completed packet** to your registration appointment.

Registration appointments will be held at the Milton High School Library, 25 Gile Rd. Please park and enter at the Field House Entrance, which is located at the rear of the building.

The registration will last approximately 30-45 minutes. You will meet with various clerical staff to go over your registration packet.

If you have any questions, you may call 617-696-4470 x5510.

Thank you, and welcome to the Milton Public Schools.

Translations available in English
Tradiksyon disponib nan kreyòl ayisyen (Haitian Creole)
Traducciones disponibles en español (Spanish)
翻译简体中文版 (Chinese Simplified)

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MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS

NEW STUDENT REGISTRATION PACKET KINDERGARTEN

Revised January 2015

STUDENT INFORMATION

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

_____
(Last) (First) (Middle)

Date of Birth ☐☐ ☐☐ ☐☐ **Gender** ☐ Male ☐ Female
Month Day Year

Place of Birth_____ **Grade**_____
(City/State/Country)

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

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

Relationship to student

Parent ☐ Guardian ☐

Foster Parent ☐ Non-Parent ☐

For Office Use Only		
Received By: _____ Date Received: _____	ELL: Y N IEP: Y N Hmls: Y N	Assigned to: Co ☐ Cu ☐ Gl ☐ Tu ☐ MHS ☐ FDK ☐ HDK ☐ SPED ☐ Other ☐ _____

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MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

Name _____
(Last) (First) (Middle)

Occupation _____ Gender _____
(M or F)

Date of Birth _____ Relationship to student _____
(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 _____ Gender _____
(M or F)

Date of Birth _____ Relationship to student _____
(Month/Day/Year)

Address
Street # and Name _____

City/Town _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____

Cell phone _____ Email _____

ADDITIONAL HOUSEHOLD MEMBERS

Name	Relationship to student	Age	Attend MPS?	School
Use the back of this form for additional members				

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MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS

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			

TRANSFER STUDENT INFORMATION

Please fill out the following information only if the student is transferring into the Milton Public Schools.

School Name Previously Attended _____

School Address _____

School Telephone # _____Dates of Attendance _____

Student Address while attending previous school:

Street # and name _____

Town/city _____ State _____ Zip Code _____

Telephone # _____

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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.

Student Information

_____ F ☐ M ☐

First Name **Middle Name** **Last Name** **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 -*grandparents, uncles, aunts,etc.* - 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** ☐ **N** ☐	**Will you require an interpreter/translator at Parent-Teacher meetings?** **Y** ☐ **N** ☐
Parent/Guardian Signature: **X**	____/____/20____ **Today's Date:** (mm/dd/yyyy)

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

_____ F ☐ M ☐

Nombre **Segundo nombre** **Apellido** **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 -*abuelos, tíos, tías, etc.* - y encargados del cuidado) _____ infrecuentemente / algunas veces /

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_____ (madre / padre / encargado) _____ (madre / padre / encargado)	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** ☐ **No** ☐	**¿Requerirá usted un intérprete/traductor en reuniones de padres y maestros?** **Sí** ☐ **No** ☐
Firma del padre/la madre/encargado: **X**	____/____/**20**____ **Fecha de hoy:** (mm/dd/aaaa)

Spanish/**Sondaj pou Lang nan Lakay**

Lalwa pou Massachusetts Department of Elemantary and Secondary Education di *tout* lekol dwe determine lang yo pale nan chak lakay elev pou idantifiye lang la patikilye ki pale la. Enfòmasyon sa ase nesesè pou lekòl yo founi enstkrikson 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.

Enfòmasyon Elev

_____ **F** ☐ **M** ☐

Prenom | **Nom Mitan** | **Nom Fanmi** | **Gason oswa fi**

_____ ____/____/____ ____/____/____

Peyi de Nesans | **Dat de Nesans** (mm/dd/yyyy) | **Dat Enrole nan NENPÒT lekòl ETAS UNI** (mm/dd/yyyy)

Enfòmasyon Lekòl

____/____/**20**____ _____ _____

Dat li komanse nan Lekòl Nouvo (mm/dd/yyyy) | **Nom pou Lekol la e Vil anvann sa** | **Klas Kouran**

Kesyon yo pou Paron/Gadyen

Ki lang oswa lang yo natif la pou chak paron/gadyen? (fè yon sèrk 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 sèrk otou tout li kone) _____ pale / li / ekri _____ pale / li / ekri	**Ki lang yo ti moun ou itilize ? (fè youn sèrk 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** ☐ **Non** ☐	**Eska ou va beswen yon traduktè a rendevou Paron- Pwofesè?** **Wi** ☐ **Non** ☐
Siyati Paron/Gadyen: **X**	____/____/**20**____ **Dat Jòdi a:** (mm/dd/yyyy)

Haitian

MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS
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	性别 女 ☐ 男 ☐
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

新学校开始日期 (月/日/年)	先前学校与镇区名称	当前年级
/ /20		

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** ☐ **否** ☐	**在家长教师会议中您需要口译员/翻译吗？** **是** ☐ **否** ☐
家长/监护人签字： **X**	/ /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:

Please provide original/up to date copies of the items listed below.		
Student Birth Certificate ☐ Received ☐ Not Received	**Parent/Guardian Photo ID** ☐ Received ☐ Not Received	**Health/Immunization Forms w/ Recent Physical Examination** ☐ Received ☐ Not Received
Photo/Video Release Form ☐ Received ☐ Not Received	**Kindergarten Choice Form (Packet #2)** ☐ Received ☐ Not Received	**Financial Information for Reduced Fee (Packet #2)** ☐ Received ☐ Not Received ☐ N/A

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MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS

Student name and address:

_____

Residency & Re-establishing Residency Documentation Checklist

Complete ☐	Complete ☐	Complete ☐
Group A Requirement **Complete all items in 1 box**	**Group B Requirement** **2 Proofs**	**Group C Requirement** **1 Proof**
Homeowners Only		
☐ Copy of Deed ☐ Most recent mortgage payment ☐ Signed Affidavit of Residency **OR**	☐ Cable/Satellite TV bill *dated within the past 60 days*	☐ Valid government-issued photo with current address
☐ Property tax bill ☐ Most recent tax bill payment ☐ Signed Affidavit of Residency **OR**	☐ Electric bill *dated within the past 60 days*	☐ W-2 form that shows the current address *Dated within the past year*
☐ Copy of Settlement Statement ☐ Most recent mortgage payment ☐ Signed Affidavit of Residency	☐ Gas bill *dated within the past 60 days*	☐ Payroll stub that shows the current address *Dated within the past 60 days*
Renters Only	☐Home telephone bill (cell phone is not acceptable) *dated within the past 60 days*	☐ Bank statement that shows the current address *Dated within the past 60 days*
☐ Copy of your up-to-date lease signed and dated by both landlord and tenant ☐ Lease expiration date ___/___/____ ☐ Signed and **Notarized** Landlord Living Agreement ☐ Signed Affidavit of Residency **OR**		
☐ Signed and **Notarized** Landlord living agreement ☐ Most Recent Rent Payment (cancelled check) ☐ Signed Affidavit of Residency		**PLEASE RETURN DOCUMENTS TO:** **Residency Office** **DOCUMENTS DUE:** **_____**

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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. **(If signing as a responsible adult, you will be required to complete the Responsible Adult's Affidavit provided by the Milton Public Schools)**

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

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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

(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)

_____

(Print owner's name) (Print renter's name)

_____

(Date)

Notary Public
stamp/signature

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MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS

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

Milton Public Schools
Milton Early Childhood Alliance

Transition to Kindergarten

Parent/Guardian Permission Form

The Milton Public Schools and the Milton Early Childhood Alliance are working together to foster a smooth transition for your child and your family as your child moves on to kindergarten. To assist us in this effort, please provide us with the following information:

Your Child's Name: _____

1. Does your child currently attend a preschool or family child care program?

   Yes _____ No _____

2. If your child attends preschool or family child care currently, please provide that program's/provider's name here:

   _____ _____
   (program/provider name) (city/town)

3. I, _____, parent/guardian of _____
   (parent's/guardian's name) (child's name)

   give my permission to the Milton Public Schools and my child's preschool/family child care provider to share information about my child. I understand that this communication is to enable the Milton Public Schools and my child's preschool/family child care provider to work together to provide for a smooth transition as my child heads to kindergarten.

   _____ _____
   (date) (parent/guardian signature)

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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 want is missing and make a plan for compliance prior to starting

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

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MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS

FOR INCOMING PRE-K & KINDERGARTEN STUDENTS ONLY

PRESCHOOL 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) and it includes a place to record the results of a vision screening.

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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…

The Milton Public Schools is an equal opportunity employer and is committed to the provision of quality educational programs for all students. MPS does not discriminate on the basis of race, color, sex, religion, national origin, disability, genetic information, age or sexual orientation.

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. _____

_____

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) _____

_____

☐ 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.

_____

Signature of Parent/Guardian *Date*

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