

**MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS**

To: Parent(s)/Guardian(s) of Grade 1 Students New to the MPS
Fr: Mary C. Gormley, Superintendent of Schools
Dt: February 2010
Re: Registration Process

Enclosed with this memo is your child's New Student Registration Packet. Please fill out this packet and bring all relevant original documents to the registrar.

The registrar is:

Denise Kelly, Milton High School
617-696-4470 x5510, dkelly@miltonps.org

Office Hours
Mon-Fri, 7am – 3pm

You will not be selecting an Elementary Language Program at this time. A language program choice form will be sent to you after you complete the registration process.

Thank you, and welcome to the Milton Public Schools.

Useful Contact Information

Superintendent's Office – 617-696-4808

Financial/Tuition Information– 617-696-5040 x 5544

Special Education – 617-696-5040 ext. 5572

Collicot Elementary School

- Gerard Schultz, Principal – 617-696-4282

Cunningham Elementary School

- Christine Gerber, Principal – 617-696-4285

Glover Elementary School

- Dr. Dore Korschun, Principal – 617-696-4288

Tucker Elementary School

- Marcia Uretsky, Principal – 617-696-4291

Transportation Department & Community Schools

- Pamela Dorsey, Director – 617-696-5040 ext. 5544

Student Registration Information

- Denise Kelly, Registrar– 617-696-4470 ext. 5510

**MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS**

NEW STUDENT REGISTRATION PACKET

Revised January 20, 2009

To Those Adults Seeking to Enroll a Student in the Milton Public Schools:

Welcome to the Milton Public Schools. In order to enroll a student in our schools, you must complete a number of forms and submit additional documents along with these forms.

When registering a student for school, please fill out the attached forms and bring the following documents:

- Birth Certificate - student
- Immunization records, physical, and other pertinent health records - student
- Official photo identification - parent/guardian
- Proofs of Residency – Please see page 13 for details
- Complete school record, discipline record and transfer card – student
- Individualized Educational Plan – if applicable
- Legal custody agreement – if applicable

STUDENT ENROLLMENT FORM

STUDENT INFORMATION

Student's Name _____
(Last) (First) (Middle)

Date of Birth _____ Place of Birth _____
(Month/Day/Year) (City/State/Country)

Student's Address:
Street Number and Name _____

Town _____ State _____ Zip Code _____

Home Telephone # _____ Soc Sec # _____
(optional)

Gender _____
(M or F)

Is the student on an Individual Educational Plan? _____

*If yes, please enclose a copy of the IEP (y or n)

Enrolling in Grade _____

**MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS**

PARENT/GUARDIAN INFORMATION - (Foster Parents please fill out page 8, if the student is not living with parent/guardian please go to page 9)

Parent/Guardian #1

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

Occupation: _____ Gender: _____
(M or F)

Date of Birth: _____
(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: _____
(Month/Day/Year)

Address
Street # and Name: _____

City/Town: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Cell phone: _____ Email: _____

**MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS**

OTHER HOUSEHOLD MEMBERS WHO ATTEND THE MILTON PUBLIC SCHOOLS

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>School (If Applicable)</u>

EMERGENCY CONTACT SECTION

Names of others who will assume responsibility/transportation for the student in the event of an emergency.

(1) Name _____ Home Phone # _____

Work Phone # _____ Cell Phone # _____

Address _____

Relationship to student _____

(2) Name _____ Home Phone # _____

Work Phone # _____ Cell Phone # _____

Address _____

Relationship to student _____

(3) Name _____ Home Phone # _____

Work Phone # _____ Cell Phone # _____

Address _____

Relationship to student _____

**MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS**

OTHER INFORMATION

Has the student ever attended the Milton Public Schools? _____

If yes which school(s)? _____

Has the student ever been expelled from another school? _____

If so, what was the reason? _____

Has the student ever been suspended for possession of a dangerous weapon, possession of a controlled substance or staff assault? _____

If yes, describe the circumstances and give the length of the suspension. _____

Is the student on probation? _____ If so, provide the name of the probation officer, _____, telephone # _____ and name of the court _____.

High School Students Only

What year did he/she complete grade 8? _____

Is the student interested in participating in athletics? _____

If the student's residence has remained in the Town of Milton after the transfer of schools and the student is interested in participating in athletics, please see the Athletic Director to obtain the waiver form required by MIAA.

**MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS**

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 # _____

Has the student repeated any grades? _____ If yes, which ones _____

Withdrew at the end of or during grade _____
(Circle one)

RACE & ETHNICITY INFORMATION

Please answer BOTH questions 1 and 2.*

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

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

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

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

* *This information is required for reporting to the Massachusetts Department of Education.*

**MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS**

HOME LANGUAGE SURVEYS

Primary Language of Home _____ Student's Citizenship* _____

If citizenship is other than United States, please specify if the student is on a visa, and what type of visa: _____

1. Which language did your child first learn to speak? _____
2. What language does your child use most often at home? _____
3. What language do you most often use to speak to your child? _____
4. In what country was your child born? _____
5. If your child was not born in the USA, what date did they enter the USA? _____
6. Would you like oral and written communication sent home in English or in your primary language? _____

_____ *French*

1. Quelle est la langue maternelle de votre enfant? _____
2. Quelle langue votre enfant parle-t-il le plus souvent à la maison? _____
3. Quelle langue parlez-vous le plus souvent à votre enfant? _____
4. Dans quel pays votre enfant est-il né? _____
5. Si votre enfant n'est pas né aux Etats-Unis, à quelle date est-il entré aux Etats-Unis. _____
6. Est-ce que vous préféreriez que la correspondance officielle de l'école soit en anglais ou en français? _____

_____ *Spanish*

1. ¿Cuál es la lengua nativa de su hijo/a? _____
2. ¿Qué lengua habla su hijo/a en casa con más frecuencia? _____
3. ¿Qué lengua habla usted con su hijo/a con más frecuencia? _____
4. ¿En qué país nació su hijo/a? _____
5. ¿Si su hijo/a no nació en los Estados Unidos, en qué fecha entró su hijo/s en los Estados Unidos? _____
6. ¿En qué le gustaría recibir la correspondencia oficial enviada a su casa, en inglés o en español? _____

_____ *Haitian Creole*

1. Ki premye lang pitit ou a te konprann oswa pale _____
2. Ki lang ou sèvi pi souvan pou pale ak pitit ou a lakay ou ? _____
3. Ki lang pitit ou a sèvi pi souvan pou pale avèk ou lakay ou ? _____
4. Ki lang pitit ou a sèvi pi souvan pou pale avèk lòt moun nan fanmi w _____
5. Ki lang pitit ou a sèvi pi souvan pou pale avèk zanmi l ? _____
6. Ki lang pitit ou kapab li ? _____
7. Ki lang pitit ou kapab ekri ? _____
8. Ki laj pitit ou te genyen, lè li te koumanse al lekòl ? _____
9. Èske pitit ou a te kontinye al lekòl depi laj sa a ? Wi _____ Non _____
Si w reponn non, tanpri esplike : _____
10. Èske ou ta pito moun nan lekòl la pale avèk ou ak ekri w nan lang angle, oswa nan lang peyi w? _____

_____ *continued...*

MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS

HOME LANGUAGE SURVEYS cont...

Polish

1. W jakim języku dziecko Państwa nauczyło się mówić?

2. Jakiego języka dziecko używa w domu najczęściej?

3. W jakim języku Państwo zwracacie się najczęściej do Waszego dziecka?

4. W jakim kraju urodziło się Wasze dziecko?

5. Jeśli nie urodziło się w USA to kiedy przyjechało do tego kraju?

6. Czy wolicie Państwo, by komunikować się z Wami ustnie i pisemnie po angielsku czy w waszym języku?

Vietnamese

1. Ngôn ngữ đầu tiên mà con em quý vị học nói ở nhà là ngôn ngữ nào?

2. Ngôn ngữ nào được con em quý vị sử dụng nhiều nhất ở nhà?

3. Quý vị sử dụng ngôn ngữ nào nhiều nhất để nói chuyện với cháu?

4. Con em của quý vị sinh ra tại nước nào?

5. Nếu cháu được sinh ra tại một nước không phải là nước Mỹ, ngày con em quý vị đến nước Mỹ là ngày nào?

6. Quý vị muốn được trường liên lạc bằng tiếng Anh hay bằng tiếng mẹ đẻ của quý vị?

**MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS**

FOSTER PARENT

Complete the following section ONLY if the student is living with a FOSTER parent.

Foster Parent's Name: _____
(Last) (First) (Middle)

Occupation: _____ Gender: _____
(M or F)

Date of Birth: _____
(Month/Day/Year)

Address
Street # and Name: _____

City/Town: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Cell phone: _____ Email: _____

Department of Social Services Office for Case Assignment:

Address of DSS Office: _____

Town/City: _____ State: _____ Zip Code: _____

DSS Worker Assigned: _____

DSS Telephone #: _____

**MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS**

EVIDENCE OF RESIDENCY/GUARDIANSHIP

Complete only if the adult responsible for the student is other than the parent or legal guardian of the student.

In the event that a young person residing within the Town of Milton lives with adults who are other than his/her natural parents or legal guardians, the following form must be filled out, legally notarized and signed by the natural parent or legalized guardian.

Only students who actually reside in the Town of Milton have a right to attend Milton Public Schools. "Residence" is a place where a person actually lives. Temporary residence in the Town of Milton solely for the purpose of attending Milton Public Schools is not considered "residency".

The Milton Public Schools reserves the right to evaluate each student's residency status. The Milton Public Schools reserves the right to refuse admission of a student who cannot adequately demonstrate that they "reside" in the Town of Milton per SC Policy JFAA.

I, _____, have physical custody of _____.
(Print parent/guardian name) (Print student's name)

I am currently a resident of _____, but I want _____
(Print city & state) (Print student's name)

to reside with _____, an adult who resides in the Town of Milton
(Print name of adult)

at _____.
(Print address)

The reasons why this change in residence has occurred is as follows:

I hereby knowingly and willingly consent to have _____ act
(Print name of adult)

in my place on behalf of my child as to all educational and educationally-related matters. The following includes, but is not limited to, the actions which _____

(Print name of adult)

may take with regard to my child as if those actions were my own actions:

- Release any and all educational records to third parties.
- Receive and review any and all educational records.
- Deny access to any and all educational records.
- Meet and conference with school staff regarding my child's education, services provided and educational progress.
- Participate in all Team or other meetings.
- Participate in all disciplinary meetings and hearings in my place, if such meetings and/or hearings are necessary.
- Receive and act on all notices typically sent from the school system to a parent or guardian.

Continued on next page...

**MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS**

- Consent to testing, assessments, evaluation, the delivery of services, whether regular education, special education, and/or related services.
- Consent to emergency medical treatment during the school day.
- Consent to have certain named individuals pick up or drop off my child at school.
- Consent to participate in field trips, and any other school related functions.

I understand and agree that this form will remain in effect so long as I have not revoked it in writing and such revocation is received by the Principal of the student's school. I have attached to this form a copy of a legal document verifying that I am the parent of the child named above.

Signed and sworn under the pains and penalties of perjury,

Signature of parent or legal guardian	Date
Notary Public stamp/signature	

Name of Responsible Adult with whom the Student is residing:

(Last)	(First)	(Middle)
--------	---------	----------

Occupation: _____ Gender: _____
(M or F)

Date of Birth: _____
(Month/Day/Year)

Relationship to Student, if any: _____

Address
Street # and Name: _____

City/Town: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Cell phone: _____ Email: _____

MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS

For grades 1-12 only

**MILTON PUBLIC SCHOOLS
25 GILE RD.
MILTON, MA 02186
(617) 696-4470**

CONSENT FOR RECORDS TO BE RELEASED TO MILTON PUBLIC SCHOOLS

I give permission for (Please print) _____

(former school name)

(street address)

(city/town/state)

to release the following:

_____ Official transcript, attendance, disciplinary information, standardized test scores

_____ Medical records (Immunizations)

_____ Special Education records (including IEP and evaluations)

_____ MCAS scores

_____ Exit or Withdrawal Grades

_____ Other (Please specify below)

Student's Name: _____

(Please print)

Signed: _____

(Parent/Student)

MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS

For grades 1-12 only

MILTON PUBLIC SCHOOLS
25 GILE RD.
MILTON, MA 02186
(617) 696-4470

REQUEST FOR DISCIPLINARY RECORD

From: Milton Public Schools
25 Gile Rd.
Milton, MA 02186

To: _____
(Sending School)

Re: Disciplinary Record and Education Reform Act of 1993

As you know, Section 37, Section 37L of Chapter 71 of the General Laws of Massachusetts states that

“A student transferring into a local school system must provide the new school system with a complete school record of entering student. Said record shall include, but not limited to, any incidents involving suspension or violation of criminal acts or any incident reports in which said student was charged with any suspended act.”

We are requesting information relative to discipline for the following student. The student has signed a record release form, which we have on file.

NAME OF STUDENT AND ANTICIPATED YEAR OF GRADUATION

1. Please check one:

_____ The above named student had **no** issues relative to discipline as defined by Section 37; 37L of Chapter 71.

_____ The above named student **had issues** relative to discipline as defined by Section 37; 37L of Chapter 71.

2. Please mail us the student’s disciplinary record *and* this form.

Print name and title of school official responsible for discipline or completing this form

**MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS**

PROOF OF RESIDENCY SECTION

I. Residency

The Milton Public School system complies with Massachusetts General Laws Chapter 76, section 5 which states in part that:

“Every person shall have the 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 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.”

Only students who actually reside in the Town of Milton have a right to attend Milton Public Schools. “Residence” is a place where a person actually lives. Temporary residence in the Town of Milton solely for the purpose of attending Milton Public Schools is not considered “residency”.

Students found to be in violation of the foregoing law and the Milton Public Schools Policy regarding Admission of Resident Students and Policy regarding Evidence of Residency/Guardianship may be dismissed immediately from the Milton Public Schools and the parent(s); guardian(s) or responsible adult may be jointly and severally liable to the Milton Public Schools for the student’s tuition for the full academic year(s). The Milton Public Schools may also impose other penalties on the family such as legal fees incurred by legal action and the withholding of certain scholarships and prizes.

II. Required at Time of Registration

In order to adequately demonstrate that a student actually resides in the Town of Milton, the adult seeking to enroll that student must fill out the Affidavit of Residency and provide proofs of residency from each of the groups (A, B, C) listed below. *If you are unable to provide this information you must meet with the Assistant Superintendent for Curriculum & Personnel in order to register.*

1 proof from GROUP A	2 proofs from GROUP B	1 proof from GROUP C
<ul style="list-style-type: none"> *Copy of Deed and record of most recent mortgage payment *Property tax bill and most recent payment *Property water bill and most recent payment *Copy of settlement statement and most recent payment *Copy of current Lease and signed/notarized Landlord Living Agreement *Signed/notarized Landlord Living Agreement and most recent rent payment 	<p style="text-align: center;"><i>A utility bill dated within the past 60 days from the following list:</i></p> <ul style="list-style-type: none"> *Cable/Satellite TV bill *Electric bill *Gas bill *Home telephone bill (cellular telephone is not acceptable) *Current Excise Tax Bill *Current Vehicle Registration 	<ul style="list-style-type: none"> *Valid government-issued photo identification that shows the current address <p style="text-align: center;"><i>Dated within the past year:</i></p> <ul style="list-style-type: none"> *W-2 form that shows the current address <p style="text-align: center;"><i>Dated within the past 60 days:</i></p> <ul style="list-style-type: none"> *Payroll stub that shows the current address *Bank statement that shows the current address

**MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS**

Affidavit of Residency

I/we, the parent(s), legal guardian(s) or responsible adult(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), legal guardian(s) or responsible adult 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. 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/Responsible Adult #1

Parent/Guardian/Responsible Adult #1

Witness

MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS

Responsible Adult's Affidavit

This certification is required if the adult responsible for the student is other than the parent or legal guardian of the student.

Student's Name _____
Last First Middle

Student Address/Residence _____
House #/ Street/ Apartment #

I _____, swear under oath, that the following
(Print name of responsible Adult)

information is true:

- The student listed above is a child of school age and is living with me at the address listed above. Both of us actually live at this address.
- I am not the parent or legal guardian of the student listed above.
- I understand that the student whose name appears above must actually be residing in the Town of Milton and have an intention to remain there in order to attend the Milton Public Schools.
- I also understand that I must notify school authorities of any changes of address.
- As the adult with whom this student is now residing at the address shown above, I understand that the activities listed below indicate residency and that the above-named student does engage in these activities to the extent indicated below and therefore is a resident of the Town of Milton.

Complete items 1 through 4 for students in all grades. Questions 5-8 for high school.

1. The student keeps his/her personal possessions at the Milton address listed in this certification. Yes ___ No ___
2. The student returns to the address listed in this certification at the end of each school day and spends the evening there. Yes ___ No ___
3. The student receives his/her mail at the address listed in this certification. Yes ___ No ___
4. The student stays at the address listed in this certification over the weekends, holidays, and vacation periods. Yes ___ No ___
5. Does this student own a motor vehicle? Yes ___ No ___
6. Is the vehicle registered in the Town of Milton? Yes ___ No ___ N/A ___
7. If 18 years of age, is the student registered to vote? Yes ___ No ___ N/A ___
8. Is the student registered to vote in the Town of Milton? Yes ___ No ___ N/A ___

Important: If you answered "no" to any statement 1, 2, 3, 4, 6, or 8 above, please explain in writing on the other side of this form before signing below.

Continued on next page...

**MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS**

I understand that:

- Temporary residence in the Town of Milton, solely for the purpose of attending a Milton Public School, is not considered “residency”.
- I will act as the responsible adult to make any decisions regarding the education of this child during enrollment in the Milton Public Schools.
- I understand that the Milton Public Schools reserves the right to investigate the reasons why this child does not reside with a parent or legal guardian.

Signed under the pains and penalties of perjury

Print Name of Responsible Adult

Signature of Responsible Adult

Date

Notary Public
stamp/signature



**MILTON PUBLIC SCHOOLS
MILTON, MASSACHUSETTS**

REGISTRATION/LANDLORD LIVING AGREEMENT

To: The Milton Public Schools

From: _____

Address: _____

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 & renter's names)

(Date)

Notary Public
stamp/signature



**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 DPT 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.

One (1) 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 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.

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

**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.

**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...

**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