



**Dracut Public Schools**  
Steven Stone, Ed.D., *Superintendent of Schools*  
[www.dracutps.org](http://www.dracutps.org)

# KINDERGARTEN

## Registration Packet

School Year – 2024-2025

### TABLE OF CONTENTS

Calendar of Events  
Parent / Guardian Checklist  
Registration Form  
Parent/ Guardian Information  
FAQ – Frequently Asked Questions  
Kindergarten Screening Permission Form  
Early Childhood Education Experience Survey  
Vision Screening Requirements  
Student Enrollment/Residency/ Residency Affidavit  
Home Language Survey  
Immunization Requirements  
A Parent’s Guide to Dracut School Health  
Insurance Authorization  
Student Health and Medical Information  
Student Emergency Form



## Dracut Public Schools

### KINDERGARTEN Open House/Registration/Screening

2024-2025

Registration will be held for all kindergarten age children of Dracut residents on the dates and times below. Children must be five (5) years of age (on or before August 31, 2024) to enter Kindergarten in September 2023. No exceptions. Kindergarten children must be registered at the elementary schools in the neighborhood district where they reside.

### **Open House**

Tuesday, February 27<sup>th</sup> - 6:30 p.m.: Kindergarten Open House Night (at each school)

Parents/Guardians will:

- Hear a brief presentation from Principals, PTO, Nurse and Teachers
- Receive their Kindergarten Registration Information
- Have questions answered
- Thursday, February 29<sup>th</sup> - snow date

### **Day Registration**

Wednesday, March 20<sup>th</sup> - 9:00 a.m. - 2:00 pm (at each elementary school)

### **Evening Registration**

Monday, March 25<sup>th</sup>: Campbell Elementary - 3:30 p.m. - 4:30 p.m. & 5:30 p.m. - 6:30 p.m.

Monday, March 25<sup>th</sup>: Greenmont Avenue - 4:30 p.m. - 6:30 p.m.

Monday, March 25<sup>th</sup>: Englesby Elementary - 4:30 p.m. - 6:30 p.m.

Monday, March 25<sup>th</sup>: Brookside Elementary - 4:30 p.m. - 6:30 p.m.

- *Parents/Guardians will bring completed registration paperwork.*
- *Parents/Guardians will leave their email address and a sign-up genius email will be sent to them to schedule a screening appointment*

### **Screening**

Thursday, June 13<sup>th</sup>; Friday, June 14<sup>th</sup>; Monday, June 17<sup>th</sup>

- Tentative/based on snow days
- Parents/Guardians and incoming Kindergarten students attend the screening

Greenmont Avenue School  
Principal, Marybeth Veilleux  
37 Greenmont Ave  
978-453-1797

Brookside Elementary School  
Principal, Monica Poitras  
1560 Lakeview Ave  
978-957-0716

Campbell Elementary School  
Principal, Bonnie Faulkner  
1021 Methuen St  
978-459-6186

Englesby Elementary School  
Principal, Beth Drohan  
1580 Lakeview Ave  
978-957-9745



Dracut Public Schools  
**KINDERGARTEN**  
Registration Parent/Guardian Checklist

The following items are required for kindergarten registration:

**CHECKLIST FOR PARENTS OR GUARDIANS (✓)**

- Registration Form
- Parent/Guardian's Valid Driver's License (required at time of registration and must reflect the Dracut address)
- Student Enrollment Form
- Student Emergency Form
- Parent/Guardian Information
- Screening Release form (signed and dated)
- IMMUNIZATION RECORDS (required at the time of registration)
- CHILD'S BIRTH CERTIFICATE (required at the time of registration)
- Verification of Dracut Residency (examples: lease agreement, copy of utility bill, tax bill)  
Please reference SCHOOL ENROLLMENT / RESIDENCY Form.
- Notarized Residency Affidavit
- Massachusetts School Health Record
- Health/Mass Health/Medicaid Form
- Vision Screening

*Students will not be registered if registration packets are incomplete*



Dracut Public Schools  
**KINDERGARTEN**  
**REGISTRATION FORM**

Student's Name \_\_\_\_\_ Birthplace \_\_\_\_\_

Home Address \_\_\_\_\_ Birth date \_\_\_\_\_  
(*Birth Certificate MUST be provided*)

Telephone Number \_\_\_\_\_ Student lives with: (✓) Both Parents   
Mother   
Father   
Guardian

Male  Female  Non-Binary

Language Spoken In Home By Child  ENGLISH  OTHER \_\_\_\_\_

Yes  No MY CHILD WILL NOT BE ATTENDING DRACUT KINDERGARTEN

Yes  No MY CHILD WILL ATTEND KINDERGARTEN AT \_\_\_\_\_

Yes  No MY CHILD WILL BE ATTENDING DRACUT FIRST GRADE (*Private/Parochial School*)

### Office Use Only

Date of Registration: \_\_\_\_\_ Registered by: \_\_\_\_\_

Birth Certificate

When entering Kindergarten verify date of birth with school entrance age requirement.

Dracut Public Schools  
**Parent/Guardian Information**

<b>Parent/Guardian 1 (Primary Contact/Lives with Student)</b>		
Legal First Name:	Middle Name:	Preferred Name:
Legal Last Name:		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Guardian Email	
Workplace:	Military Status: Active Duty <input type="checkbox"/> Yes <input type="checkbox"/> No	
Car License Plate #	Year/Make/Color of Vehicle:	
Relationship **	Legal Status *	
Can Dismiss Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can Receive Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Guardian lives with student? <input type="checkbox"/> (check if yes)	Receives Mail <input type="checkbox"/> Yes <input type="checkbox"/> No    (Default will be Guardian #1)	
Guardian Address	Same as student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address Type <input type="checkbox"/> Home <input type="checkbox"/> Mail <input type="checkbox"/> Work <input type="checkbox"/> Other
Home Phone <input type="checkbox"/> Unlisted                      Priority Rank: 1 2 3 4 (circle)	Cell Phone <input type="checkbox"/> Unlisted                      Priority Rank: 1 2 3 4 (circle)	
Work Phone <input type="checkbox"/> Unlisted                      Priority Rank: 1 2 3 4 (circle)	Other, Specify <input type="checkbox"/> Unlisted                      Priority Rank: 1 2 3 4 (circle)	

<b>Parent/Guardian 2</b>		
Legal First Name:	Middle Name:	Preferred Name:
Legal Last Name:		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Guardian Email	
Workplace:	Military Status: Active Duty <input type="checkbox"/> Yes <input type="checkbox"/> No	
Car License Plate #	Year/Make/Color of Vehicle:	
Relationship **	Legal Status *	
Can Dismiss Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can Receive Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Guardian lives with student? <input type="checkbox"/> (check if yes)	Receives Mail <input type="checkbox"/> Yes <input type="checkbox"/> No    (Default will be Guardian #1)	
Guardian Address	Same as student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address Type <input type="checkbox"/> Home <input type="checkbox"/> Mail <input type="checkbox"/> Work <input type="checkbox"/> Other
Home Phone <input type="checkbox"/> Unlisted                      Priority Rank: 1 2 3 4 (circle)	Cell Phone <input type="checkbox"/> Unlisted                      Priority Rank: 1 2 3 4 (circle)	
Work Phone <input type="checkbox"/> Unlisted                      Priority Rank: 1 2 3 4 (circle)	Other, Specify <input type="checkbox"/> Unlisted                      Priority Rank: 1 2 3 4 (circle)	

* Reference Key *	
<b>Relationship **</b>	Choose from: Mother, Father, Parent, Step Mother, Step Father, Step Parent, Foster Parent, Grandparent, Relative, Sibling, Neighbor, Friend, Other
<b>Legal Status *</b>	Indicate: Custodial Parent; Non-Custodial Parent; Legal Guardian, State Ward or Self (18+ Yrs)



Dracut Public Schools  
**KINDERGARTEN**  
**FAQ – Frequently Asked Questions**

**FAQ: Questions and answers about your child's first year in Kindergarten.**

**Q:** What age does my child need to be to start kindergarten in September?

**A:** Your child must be five years old on or before August 31<sup>st</sup>.

**Q:** How do I know if my child is really ready?

**A:** Your child is ready if he/she can:

- \*Take care of his/her basic toilet needs
- \*Separate from parent or guardian with minor not major difficulty.
- \*Put on his/her coat and hat
- \*Make some choices without help
- \*Work in group.
- \*Follow simple instructions.
- \*Show some excitement about school and learning.
- \*Communicate with adults and peers.

**Q:** What should I tell my child about the bus?

**A:** Teach your child how to be safe going to the bus, waiting for the bus, getting on, riding, and getting off the bus. Sitting and staying in their seats is a very important concept to learn. Remember: kindergarten children need a responsible person to be at the bus stop with them as they go to and from school.

**Q:** What does my child need to bring?

**A:** A backpack is most helpful for carrying important school information work, books, etc., to and from school daily. The school will provide all supplies your child will need. They should not bring toys or personal belongings. It is also important to have your child's name on the backpack and any articles of clothing that will be taken off.

**Q:** What about meals or snacks?

**A:** Children can bring a snack with them. Children can purchase a school lunch or bring one to school.

**Q:** What is a kindergarten day like?

**A:** Each day your child will participate in a variety of carefully planned activities that will encourage the development of our child's potential to the fullest. Teachers plan these activities from kindergarten curriculum which include math, science, social studies, language arts, writing, health, and an integrated arts program that includes art, music, and movement. Teachers will integrate the subject areas with an emphasis on literacy and the use of literature.

**Q:** What is literacy?

**A:** Literacy involves all the activities that encourage reading, writing, speaking, and listening at home and at school. Teachers immerse the children in literacy activities and encourage parents to participate in family activities at home. Parents and teachers can work together to make reading fun part of each day.

**Q:** What is my role as parent in my child's kindergarten experience?

**A:** Spend the summer before kindergarten trying to help your child achieve the entrance recommendations which will be given to you at kindergarten screening. You should plan to actively involve your child in daily reading experiences. Dracut Free Library is wonderful resource where you can take your child to pursue these experiences. Make sure your child has exposure and play experiences with other children to insure development of social awareness. Allow your child to write, color, cut, and glue. These activities will foster development of fine motor skills.

**Q:** Do kindergarten children receive report cards?

**A:** Kindergarten children receive report cards in December, March, and June. You may also make an appointment with your child's teacher at any time by calling the school and scheduling a conference through the school secretary.

**Q:** May a parent volunteer in the classroom / field trips?

**A:** Parents who wish to volunteer in Kindergarten classes must fill out a Criminal History Form (CORI) that will be submitted to the Criminal History Bureau by the Dracut Public Schools.



Dracut Public Schools  
**KINDERGARTEN**  
Screening Permission  
Form

**Kindergarten Screening Permission Form**

I hereby grant the Dracut Public Schools professional staff permission to evaluate/screen my child using a professionally recognized assessment tool and to release any relevant evaluative data within the school system for professional purposes only.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

**Has your child ever attended or participated in:**

1) Head Start Program?  Yes  No

If Yes, what were the dates of attendance?

Start \_\_\_\_\_ End \_\_\_\_\_

2) Specialized Preschool/Day Program  Yes  No  
sponsored by the Department of Public Health such as The Ann Sullivan Center.

If Yes, what were the dates of attendance?

Start \_\_\_\_\_ End \_\_\_\_\_

3) Specialized Preschool/Day Program  Yes  No  
sponsored by any state or local agency or school system?

If Yes, what were the dates of attendance?

Start \_\_\_\_\_ End \_\_\_\_\_

# Early Childhood Education Experience Survey

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select one option only, and indicate hours where applicable.

Name of child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

My child did not have any formal early childhood program experience

My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.

My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.

My child did not have formal early childhood program experience but participated in **BOTH Coordinated Family and Community Engagement (CFCE) AND Parent Child Home Program (PCHP)** services.

My child attended a Licensed Family Child Care Provider (indicate hours below)  
\_\_\_ for less than 20 hours per week  
\_\_\_ for 20+ hours per week

My child attended a Center Based Program (indicate hours below)  
\_\_\_ for less than 20 hours per week  
\_\_\_ for 20+ hours per week

My child attended **BOTH a Licensed Family Child Care Provider AND a Center Based Program** (indicate hours below)  
\_\_\_ for less than 20 hours per week  
\_\_\_ for 20+ hours per week

## Definitions:

***Coordinated Family and Community Engagement (CFCE) Services:*** locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities).

***Parent Child Home Program (PCHP):*** home visiting model program funded through the Department of Early Education and Care.

***Licensed Family Childcare:*** refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.

***Center-Based Care:*** refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.





Dracut Public Schools  
**Kindergarten**  
**Vision Screening Requirements**

The Commonwealth of Massachusetts has recently added a health requirement for students entering kindergarten:

M.G.L. c. 71 s. 57:

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 neurodevelopment 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. Any child shall be exempt on religious grounds from these examinations upon written request of parent or guardian on condition that the laws and regulations relating to communicable diseases shall not be violated.

If an appointment has been scheduled with a medical professional during the month of September please submit the appointment date as well as the contact information of the medical provider to the school nurse.

Failure to meet these requirements could cause your child to be excluded from school. Please contact the school nurse if you have any questions.

Please check the box below and attach a copy of any paperwork as confirmation that your child's required vision screening has occurred.

---

Student Name

---

Date of Screening

---

Parent Signature

---

Date

SCHOOL: \_\_\_\_\_

SCHOOL YEAR: \_\_\_\_\_

Dracut Public Schools  
**Student Residency Questionnaire**

Please fill out a Student Residency Questionnaire for each student attending the Dracut Public Schools.

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Age: \_\_\_\_ Current Grade: \_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_ Non-Binary \_\_\_\_

Home Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent or Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Telephone #: \_\_\_\_\_

**RESIDENCY STATUS**

1. Where is the student sleeping at night? (If you check the box marked "None of the Above" please skip question 2 & 3)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> in a shelter                        | <input type="checkbox"/> in a motel or hotel | <input type="checkbox"/> with more than one family in a house or apartment due to economic hardship           |
| <input type="checkbox"/> in a car, trailer, park or campsite | <input type="checkbox"/> Foster Care         | <input type="checkbox"/> with friends or family members (other than parent/guardian) due to economic hardship |
| <input type="checkbox"/> None of the Above                   |  |   |

2. Does the living arrangement checked in Question 1 result from a loss of housing or economic hardship?  yes

no  unsure

3. Who is the student living with?

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> 1 parent             | <input type="checkbox"/> 2 parents  | <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> a relative, friends(s) or other adult(s) |
| <input type="checkbox"/> alone with no adults | <input type="checkbox"/> an adult who is not the parent or the legal guardian |   |   |

**PARENT/GUARDIAN CERTIFICATE OF ACCURACY**

The Parent / Guardian certifies that the information provided above is accurate.

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

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**The McKinney Vento Homeless Education Assistance Act ensures the educational rights above for students who are homeless.**

- ✓ Students identified under MVHEAA have the right to:
- ✓ Continue to attend school in the school attended before you became homeless (school of origin).
- ✓ Receive transportation to the school of origin
- ✓ Enroll in school without giving a permanent address and attend classes while the school arranges for a school transfer, immunization records or other documents required for enrollment.
- ✓ Receive the same special programs and services, if needed, as provided to all other children served in these programs

**DRACUT PUBLIC SCHOOLS  
SCHOOL ENROLLMENT / RESIDENCY**

**I. RESIDENCY**

In order to attend the Dracut Public Schools, a student must actually reside in the Town of Dracut, unless one of the exceptions (set forth in Part V) applies. The residence of a minor child is ordinarily presumed to be the legal residence of the child's parent or legal guardian having physical custody of the child. A student's actual residence is considered to be the place where he or she lives permanently. In determining residency, the Dracut Public Schools retains the right to require the production of a variety of records and documentation and to investigate where a student actually resides.

A determination that a student does not actually reside in the Town of Dracut renders the student ineligible to enroll in the Dracut Public Schools or, if the student is already enrolled in the Dracut Public Schools, shall result in the termination of such enrollment. A parent, legal guardian, or student who has reached the age of majority (18), who is aggrieved by a determination of residency, may appeal the determination to the Superintendent of Schools, whose decision shall be final.

**II. VERIFICATION OF RESIDENCY**

Before any student is enrolled in the Dracut Public Schools, his or her parent or legal guardian must provide:

1. A signed Affidavit of Residency
2. Proof of residency in the Town of Dracut (3 documents) including copy of driver's license
3. A completed Dracut Public Schools emergency form

All applicants for enrollment must submit at least one document each from Column A, B. **Items in Column C are mandatory for registration**, and any other documents that may be requested, including but not limited to those from Column A, B, or C (noted below)

*The Dracut Public Schools **DOES NOT** accept a purchase and sales agreement.*

Column A	Column B	Column C (MANDATORY)
Evidence of Residency	Evidence of Occupancy (must show Dracut address)	Evidence of Identification (Photo ID) and Vehicle Registration
Record of recent mortgage payment and/or property tax bill	Recent bill dated within the past 60 days showing Dracut address:	Copy of valid Driver's License indicating Dracut address*, or
Copy of Lease and record of recent rental payment	Gas Bill, Oil Bill, Cable Bill, Electric Bill, House Insurance Bill	Copy of valid MA Photo ID Card if license if not available indicating Dracut address*,
Landlord Affidavit and recent rental payment	Home Telephone Bill (not cell phone)	AND copy of current Vehicle Registration indicating Dracut address
Section 8 Agreement	Excise Tax Bill	

*\* Massachusetts law requires that you report a change of address to the Registry of Motor Vehicles within 30 days of moving.*

The Principal, or his/her designee, may verify the home address and home telephone number of each student at least once during the school year. Any irregularities shall be reported promptly to the Supervisor Attendance of the Dracut Public Schools. Parents are required to notify the school of any changes of their address or the address of the student within five days of the change.

**DRACUT PUBLIC SCHOOLS  
SCHOOL ENROLLMENT / RESIDENCY (CONTINUED)**

**III. ENFORCEMENT**

Should a question arise concerning any student's residency in the Town of Dracut, while attending the Dracut Public Schools, the student's residency will be subject to further inquiry and/or investigation. Such questions concerning residency may arise on the basis of incomplete, suspicious, or contradictory proofs of address; anonymous tips; correspondence that is returned to the Dracut Public Schools because of an invalid or unknown address, or other grounds.

The Principal / Administrator may request additional documentation and may obtain the services of police, town departments and/or investigative agency personnel to conduct investigations into student residence.

Should it be determined that information provided be found to be false information as to residency in Dracut, parents/guardians may be held financially liable for paying restitution to the Dracut Public Schools for the cost incurred in educating the student (M.G.L. Chapter 76, Section 5).

Parents/guardians could also be held liable for additional costs including, but not limited to attorney's fees incurred by Dracut Public Schools in seeking restitution for educating the student.

Upon an initial determination that a student is actually residing in a city or town other than the Town of Dracut, the student's enrollment in the Dracut Public Schools shall be terminated immediately.

**IV. PENALTIES**

In addition to termination of enrollment and the imposition of other penalties permitted by law, the Dracut Public Schools reserve the right to recover restitution based upon the costs of educational services provided during the period of non-residency (M.G.L. Chapter 76, Section 5).

**V. EXCEPTIONS**

1. The Residency Requirements Shall Not Apply to the Following:
  - a. Students enrolled in the High School under special programs approved by the School Committee, such as educational exchange programs;
  - b. Accepted School Choice Students;
  - c. Tuition paying students, as permitted by law;
  - d. Students who are entitled to attend the Dracut Public Schools under the McKinney-Vento Homeless Assistance Act.

## Dracut Public Schools - Residency Affidavit

All persons registering a student(s) with the Dracut Public Schools shall be required to sign a certification of residency affidavit which includes the penalties of perjury regarding the information provided. In addition, any person who falsely claims that a student lives with them, or the parents of that student, may be required to pay the full cost of the student's tuition to the Dracut Public Schools as well as any legal fees. (M.G.L. Chapter 76, Section 5).

I, \_\_\_\_\_ am the parent or legal guardian of  
(Name of parent/guardian - Please Print)

\_\_\_\_\_  
(Name of Student – Please Print)

We both reside in Dracut, at \_\_\_\_\_  
(Dracut Address)

I/we acknowledge that I am 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.

I/we understand that should a question arise concerning any student's residency in the Town of Dracut, while attending the Dracut Public Schools, the student's residency will be subject to further inquiry and/or investigation. I/we acknowledge that the Principal / Administrator may request additional documentation and may obtain the services of police, town departments and/or investigative agency personnel to conduct investigations into student residence.

I have been informed and I am aware that if I or the student have provided false information as to our residency in Dracut, that I can be held financially liable for paying restitution to the Dracut Public Schools for the cost incurred in educating the student. I understand that I could also be held liable for additional costs including, but not limited to attorney's fees incurred by Dracut Public Schools in seeking restitution for educating the student. By signing below, I agree that I have been placed on notice and that I have been fully informed regarding the above information and my potential liability.

This form must be presented to, signed in the presence of, and signed and notarized by a duly authorized Notary Public in the Commonwealth of Massachusetts.

Signed under the pain and penalties of perjury on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

### **Signed by Notary Public in the Commonwealth of Massachusetts**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document in my presence.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Commission Expires

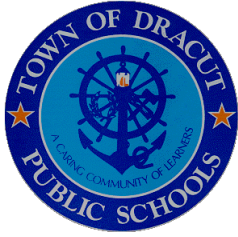
*(IF A TRANSLATOR WAS NOT NEEDED PLEASE WRITE "NA" ABOVE)*

## 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 <input type="checkbox"/> M <input type="checkbox"/>
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)	Which language(s) are spoken with your child? (include relatives -grandparents, uncles, aunts, etc. - and caregivers)
_____ (mother / father / guardian)	_____ seldom / sometimes / often / always
_____ (mother / father / guardian)	_____ 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)	Which languages does your child use? (circle one)
_____ speak / read / write	_____ seldom / sometimes / often / always
_____ speak / read / write	_____ 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
Y N	Y N
Parent/Guardian Signature: X	_____ / _____ 20 Today's Date: (mm/dd/yyyy)

*For Office Use Only: Copy of the Home Language Survey must be forwarded to the ESL Department Chair*



Dracut Public Schools  
**KINDERGARTEN**  
**Immunization Requirements**

January 2024

Dear Parent:

All students are required by state law to have a physical examination in Kindergarten. The School Immunization Law, Chapter 76, Section 15, requires that all children attending school must be immunized against **POLIO, DIPHTHERIA, TETANUS, PERTUSSIS, MEASLES, MUMPS, RUBELLA and HEPATITIS B and VARICELLA**. Exemptions are allowed only for religious beliefs or health reasons.

A child five (5) years old or older must receive a total of five (5) injections for Diphtheria, Tetanus and Pertussis, four (4) injections for Polio Vaccine (oral/drink may be used in other countries), two (2) injections for Measles, three (3) Hepatitis B injections and two (2) Varicella injections (1) Lead, and TB Risk.

Because your family physician has a comprehensive knowledge of the health status of your child, we encourage him/her perform this examination. Please have your physician fill out the Massachusetts School Health Record enclosed and submit it to the School Nurse by August 31st.

Reports should be submitted to the school nurse or mailed to the following address.

❖ *If the required immunizations are not provided, the student may be excluded from school until the proper updated immunizations have been received and reviewed by the school nurse.*

School Nurse Brookside Elementary 1560 Lakeview Ave. Dracut, MA. 01826	School Nurse Campbell School 1021 Methuen St. Dracut, MA. 01826	School Nurse Greenmont Avenue 37 Greenmont Ave. Dracut, MA. 01826	School Nurse Englesby Elementary 1580 Lakeview Ave Dracut, MA. 01826
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# A Parent's Guide to Dracut School Health Services

The school nurse is a liaison between home and school regarding health matters. The effective management of health care needs requires a partnership among the student, parents, physicians and the school. The school nurse works closely with all those concerned to coordinate the resources of school, home and community to benefit the total health of all students and staff.

The school nurse provides nursing care for accidents, illnesses, medications and emergency situations. She also performs stated mandated screening programs, assists in promoting good health, a safe and healthy environment, and serves as an important resource of information about health concerns. Please contact the nurse when questions on your child's health arise.

## Student Emergency Information Sheets

Please complete both sides of the Student Emergency info form. This sheet provides the information necessary to reach you in case of an Emergency and updates your child's health information from year to year. Please inform the Nurse of any changes in the state of your child's health anytime during the school year.

## Health Emergencies

Please notify the school nurse yearly of and Medical Conditions, such as Diabetes, Asthma, Seizures or Life Threatening Allergies to such things as Peanuts, other foods, insect bites or medications, which may cause an emergency situation with your child. Please provide the *Epipen* and/or *inhaler* if ordered. The school nurse will work with you to develop a Health Care Plan to meet your child's health needs.

## Physical Exam Requirements

A physical exam is required by law for all students entering a new school and for every child entering Kindergarten, 4<sup>th</sup>, 7<sup>th</sup> and 10<sup>th</sup> grades. Kindergarten physical exams MUST also include a Lead Test with results and a Vision Test with results. A hearing test though not yet required is highly recommended.

## Athletic Examinations

A documented physical examination is required for *All* students according to the MIAA guidelines while participating in a school sponsored sports

## School Screening Programs

Vision and Hearing: Vision Screening is done in grades PreK-5, 7 & 10 and Hearing Screening is done in grades K-3, 7 & 10. Parents will be notified of any failures that necessitate a medical follow-up with your own physician or optometrist and a response letter with testing results will be required.

Heights, Weights and BMI's: are done in grades 1, 4, 7 + 10 to monitor your child's growth and development. Parents will be notified of results and a MD referral will be requested if necessary.

Postural Screening: The law states all students in Grades 5 thru 9 must be screened for scoliosis. Physician referral forms will be sent to parents of any student who fails this screening.

## Illnesses

In accordance with the American Academy of Pediatric guidelines, *please do not* send your child to school when signs of illness such as Temp > 100°, persistent cough, vomiting or unknown rashes are present.

Please notify the school nurse if your child contracts any contagious diseases including but not limited to: Strep Throat, Head Lice, Mumps, Conjunctivitis, Scarlet Fever, Chickenpox, Mononucleosis or Whooping Cough.

## Post Illness Guidelines

Children must be fever free without the use of fever reducing medications such as Tylenol/Motrin, on antibiotics for Strep Throat, Impetigo and Conjunctivitis and/or symptom free from Vomiting or Diarrhea for a full 24 hours before returning to school.

Head Lice: Dracut Public Schools has adopted the "no live bugs protocol". Students can return to school when free from live lice and head scalp treatment.

## Immunization Requirements

School immunization laws, Chapter 76, Section 15 of the state laws, require all immunizations to be up to date for all children to attend school:

1. A record of all required immunizations signed by your physician is required for your child to enter public school.
2. All records must have full dates.
3. Records are audited by the nurse. You will be notified of missing data.
4. Schools have the right to exclude students from school until medical record requirements are complete.

### Kindergarten Entry

5 DtaP            4 Polio            3 Hepatitis B  
2 MMR            1 Lead            TB Risk  
2 doses of Varicella or Hx of chickenpox

### Grades 1-6 Entry

4-5 DtaP/DTP or > 3 doses TD  
3 Hepatitis B    2 MMR            >3 Polio  
2 doses of Varicella/Hx of chickenpox

### Grades 7-12 Entry

4-5 DtaP or ≥ 3 doses Td; plus 1 Td booster  
≥ 3 Polio            3 Hepatitis B  
2 MMR or 2 Measles/1 Mump/1 Rubella  
1-2 Dose of Varicella or Hx of chickenpox

Grade 7	1 dose; 1 dose MenACWY (formerly MCV4) required. Meningococcal B vaccine is not required and does not meet this requirement.
Grade 11	2 doses; second dose MenACWY (formerly MCV4) must be given on or after the 16th birthday and ≥ 8 weeks after the previous dose. 1 dose is acceptable if it was given on or after the 16th birthday. Meningococcal B vaccine is not required and does not meet this requirement.

## Medication Policies

Please note: In grades PreK-5 nurses are not able to give Tylenol, or Advil without a written physician order and parental consent. Nurses may give Tylenol for a fever greater than 102° to prevent febrile seizures while awaiting parent pick up.

In grades 6-12, nurses may give over the counter medications for toothaches, dental pain, menstrual cramps and simple headaches with prior written parental consent.

Please obtain needed forms from the school nurse or the Dracut Public Schools Website.

Medications (both prescription and over the counter) should not be taken during school hours, if at all possible. Please try to achieve the medical regimen at home.

## Long Term Medication

Medications that are to be given in school daily for such conditions as ADHD, Asthma, etc. Please obtain a medication permission packet from the school nurse. One form must be signed by parents giving consent and the other by the physician ordering the medication. Medications must be brought in to school by a responsible adult, in a pharmacy labeled container and signed in with the nurse, never with the child! No more than 30 - day supply will be accepted at a time.

Short Term Medications: Physicians prescribed medications, such as antibiotics, requiring administration for 10 days or less may be taken at school. The pharmacy labeled container with the child's name, may be used in place of the physician's signed order. Please send a signed and dated note with the medication including reason it is being given, directions on how much, when to give and the length of time to be given in school. A separate bottle or vial just for school would be appreciated.

No Medications will be accepted loose in sandwich bags, envelopes, tissues, etc and will NOT be given or allowed to be taken by your child.





Dracut Public Schools  
**KINDERGARTEN**  
Common Health/Mass Health/Medicaid  
Insurance

January 2024

Dear Kindergarten Parent or Guardian,

Federal regulations allow us to receive money for students who have Common Health/Mass Health/Medicaid Insurance. By law, your assistance will not result in any loss of Medicaid benefits to your child. It will allow us to receive reimbursement for some of the education services that our children need. If you have Common Health/Mass Health/Medicaid Insurance, please help by completing section #1 below. If you do not have Common Health/Mass Health/Medicaid Insurance please go to #2 below.

**INSURANCE AUTHORIZATION**

#1  Yes, I \_\_\_\_\_ Parent or Guardian of

\_\_\_\_\_ give permission to the Dracut Public Schools to release information to the Massachusetts Medical Assistance Division (Medicaid) regarding my child's services for the purpose of obtaining federal reimbursement of the cost of those services from the Medicaid Program.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Medicaid Number

\_\_\_\_\_  
Student's Mass Health Number

\_\_\_\_\_  
Student's Common Health Number

\_\_\_\_\_  
Student's Social Security Number

#2.  No, my child, \_\_\_\_\_ does not have Common Health/Mass Health/Medicaid Insurance.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

### Student Health and Medical Information

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

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Does your child have health insurance? Yes  No

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

Policy Number \_\_\_\_\_

*If you do not have 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 program.*

Local Hospital Preference \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Please list all medications that your child takes and frequency of use

Medication \_\_\_\_\_ Medication \_\_\_\_\_ Medication \_\_\_\_\_

Frequency \_\_\_\_\_ Frequency \_\_\_\_\_ Frequency \_\_\_\_\_

Please check all that apply to your child and explain in space provided:

Heart Condition       Diabetes       Asthma       Seizure Disorder       Migraines  
 ADD/ADH D       Depression       Other (Specify) \_\_\_\_\_

Explain \_\_\_\_\_

Allergies (food, insects, medication, environment, etc): \_\_\_\_\_

Is Epipen Needed?  Yes  No *This must be answered if child has ANY allergies*

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.

Note: Any medication, including over the counter medicine cannot be administered without a prescription by your child's physician. This MUST be completed EACH school year. This includes medication your child may self-administer (insulin, inhalers, Epipen, etc).

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

#### PERSON FOR NURSE TO CONTACT IN AN EMERGENCY (One must be parent)

Print Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**STUDENT EMERGENCY INFORMATION**

NAME

*(Please complete the information below)*

Grade \_\_\_\_\_ Home Rm# \_\_\_\_\_

Student's Name \_\_\_\_\_  
(Last) (First) (Entire Middle Name)

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Student Lives With:  Mother  Father  Both  Guardian  Other \_\_\_\_\_

Location of Bus Stop \_\_\_\_\_ Bus # AM \_\_\_\_\_ Bus # PM \_\_\_\_\_

Gender  Male  Female  Non Binary

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Language Spoken at Home \_\_\_\_\_

Previous School \_\_\_\_\_ (If new to Dracut School System)

**Day Care Information**

Day Care Provider \_\_\_\_\_ Day Care Telephone \_\_\_\_\_

Day Care Address \_\_\_\_\_

**In case of emergency please contact:**

Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Ext. \_\_\_\_\_

Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Ext. \_\_\_\_\_

Contact #3 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Ext. \_\_\_\_\_

=====  
**Should a school building emergency or weather related problems cause students to be dismissed early, who should be contacted?**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

GRADE

HOMEROOM

TEACHER

**ARE YOU HISPANIC OR LATINO? (Select  Only One)**  
 No, not Hispanic or Latino  
 Yes, Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**WHAT IS YOUR RACE? YOU MAY SELECT  ONE OR MORE RACES.**  
 White a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.  
 Black or African American; a person having origins in any of the black racial groups of Africa.  
 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.  
 Native Hawaiian or Other Pacific Islander; a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.