

PEABODY PUBLIC SCHOOLS

27 Lowell Street

Peabody, MA 01960

P: 978-531-1600 F: 978-536-6549

Elementary Schools

Brown School	978-536-4100
Burke School	978-536-5400
Carroll School	978-536-4200
Center School	978-536-5475
McCarthy School	978-536-5625
South School	978-536-5700
Welch School	978-536-5775
West School	978-536-5850

Secondary Schools

PVMHS	978-536-4500
Higgins Middle School	978-536-4800

Pre-Schools

ECC - Pre-School at McCarthy	978-536-5631
Passos Avante	978-536-5760

Student's Registration Application

Please complete the Student's Registration Application and provide the following documents listed below to complete your child's registration in the Peabody Public Schools.

- Please check which school you are registering your student for:

Preschool ____ (McCarthy, Passos Avante or Title I) Elementary ____ Middle School ____ High School ____

Documents needed to complete the registration process:

- Child's Birth Certificate - original or certified copy (*hospital birth certificates are NOT valid*)
- Immunization Record/Physical Examination - *Massachusetts State Health Law requires you to provide a copy of a current medical record including all required immunizations, before your child starts school.*
***For incoming Kindergarten students, proof of lead screening with the date of the screening is also required.*
- Verification of Residency - Proof of residency in Peabody - provide **TWO** of the following documents dated within the past 60 days in parent/guardian's name:
 - Mortgage, property taxes, lease, section 8 or housing agreement
 - Electric, gas, oil, cable, water, landline telephone bill
 - Letter from approved government agency - Revenue (DOR), Children and Family Services (DCF), Transitional Assistance (DTA), Youth Services (DYS), and Social Security.
- If you do not have any utilities under your name and you reside with a family member or friend: please fill out the "RESIDENCY AFFIDAVIT" letter, have it notarized and provide **TWO** proofs of residency under that person's name
- Proof of Parent/Guardian's Identity - provide one of the following:
 - Massachusetts Driver's License
 - Massachusetts Photo ID
 - Passport/Green Card
- If Available or Applicable
 - Transfer card from previous school
 - Special Education Individualized Educational Plan (IEP)
 - 504 Plan

Residency - means the domicile where a child spends the majority of his/her time - sleeping, eating and living.

Proof of Residence - residency fraud is a violation of Massachusetts state law and is subject to per diem fines for every day that a student attends school outside the district in which he/she legally resides.

Legal Guardianship - Legal guardianship requires additional documentation from a court or agency.

Homeless Families - The McKinney-Vento Act requires schools to enroll homeless children and youth immediately, in the absence of the normally required documents, please contact our Homeless Liaison, Deb Murphy at 978-536-6056.

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PEABODY PUBLIC SCHOOLS STUDENT REGISTRATION FORM

Directions: Please complete all pages of the packet (if applicable)

			(For School Use Only)			
DOE	/	/	Grade	Teacher	SASID#	LASID#
				Homeroom	Advisor	

Student Information (Please Print)

First: _____ Middle: _____ Last: _____

Address: _____ Apt. _____ City, State, Zip Code _____

Telephone Number: _____ Date of Birth: ____/____/____ Male • Female • Non-Binary •

Birthplace: City: _____ State: _____ Country: _____ Date of Entry in USA: _____

Last School Attended/City/State/Country: _____ Grade: _____

Is this student currently receiving Special Education Services (including Speech, OT or PT)? • Yes • No

Has this student ever attended the Peabody Public Schools (including McCarthy Preschool, Passos or Title I Pre-K)? • Yes • No

If yes, please indicate which school and year(s) _____

Has this student ever been expelled from school? • Yes • No

If yes, state the reason: _____

Is your child receiving ELL services? • Yes • No If yes, # of years in ELL program _____

Is your child on a 504 plan? • Yes • No If yes, please provide current plan. _____

Home Language

• English • Albanian • Haitian Creole • Spanish • Portuguese • Vietnamese • Other _____

Language preference for school notifications or translation services: _____

Race/Ethnicity Data

Ethnicity: (Please circle one)

- Hispanic or Latino
- Not Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Race: (Please circle all that apply)

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

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. A person having origins in any of the original peoples of the Far East, South East Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

A person having origins in any of the black racial groups of Africa.

A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Family Information

(Emergency contacts will be completed on page 9)

1 st contact (Parent or Guardian)	2 nd contact (Parent or Guardian)
Parent/Guardian: _____	Parent/Guardian: _____
Address: _____ Apt: _____	Address: _____ Apt: _____
City, State, Zip: _____	City, State, Zip: _____
Phone # _____ (Cell, Home, Work)	Phone # _____ (Cell, Home, Work)
_____	_____
_____	_____
Relationship to student: _____	Relationship to student: _____
Legal Status: _____	Legal Status: _____
(Legal guardian, custodial, foster parent, state ward, foster care)	(Legal guardian, custodial, foster parent, state ward, foster care)
Approved Guardianship Document Received _____	Approved Guardianship Document Received _____
Email address: _____	Email address: _____
Lives w/ student: Yes or No	Lives w/ student: Yes or No
Receives student mail: Yes or No	Receives student mail: Yes or No
Can dismiss student: Yes or No	Can dismiss student: Yes or No

Is any person legally prevented from having contact with student? Yes ___ No ___

If yes, please provide court documentation.

SIBLINGS – PLEASE LIST ALL SCHOOL AGE SIBLINGS (18 YEARS AND YOUNGER)

Name	Age	Relationship	Grade	School

EMERGENCY CONTACTS

(other than 1st and 2nd Contact listed on previous page)

1 st Emergency Contact	2 nd Emergency Contact
Name: _____	Name: _____
Address: _____ Apt: _____	Address: _____ Apt: _____
City, State, Zip: _____	City, State, Zip: _____
Phone # _____ (Cell, Home, Work)	Phone # _____ (Cell, Home, Work)
_____	_____
_____	_____
_____	_____
Relationship to student: _____	Relationship to student: _____
Can dismiss student?: Yes or No	Can dismiss student?: Yes or No

Medical Information • Immunization Record Received - Y N • Physical Form Received - Y N

Full Name of Family Physician: _____

Address: _____ Telephone Number: _____

Has your child had a complete physical examination? _____ Date _____

Please circle if your child has or had any of the following conditions:

- | | | | | |
|-------------------|------------|-------------|------------|----------|
| • Cardiac (heart) | • Seizures | • Asthma | • Eczema | • Vision |
| • Hearing | • Speech | • Allergies | • Diabetic | • Other |

Please explain: _____

Does your child take medication? _____ Name of medication: _____

Hospital preferred in an emergency: _____

Any medical directives you wish to make known: _____

Full Name of Dentist: _____

Address: _____ Telephone Number: _____

Medical Statements and Procedures

(Please read carefully and sign accordingly)

As a precautionary measure, we would like to ensure that all students have access to medical treatment, if needed. In case of injury or illness requiring medical intervention, every effort will be made to notify parent/guardian. In the event that this is not possible, treatment will be initiated promptly by the school nurse, E.M.T. and/or local hospital facility.

I hereby authorize Peabody Public School through its medical staff and / or local ambulance service and hospital facility to act in the best interest of my son/daughter in the event of injury or medical problem requiring immediate attention. Exceptions, if any: _____

Signature _____ Date: _____
Parent/Legal Guardian

I DO NOT AUTHORIZE THIS ACTION

Signature _____ Date: _____
Parent/Legal Guardian

I give my permission for the school nurse to share with the student's physician any information pertaining to the Student's Health Record.

Signature _____ Date: _____
Parent/Legal Guardian

I DO NOT AUTHORIZE THIS ACTION

Signature _____ Date: _____
Parent/Legal Guardian

I give permission to the school nurse to share pertinent health information regarding the student with appropriate school personnel.

Signature _____ Date: _____
Parent/Legal Guardian

I DO NOT AUTHORIZE THIS ACTION

Signature _____ Date: _____
Parent/Legal Guardian

Status (Circle if applicable)

- **Homeless Status** – Student lacks a fixed, regular, and adequate nighttime residence.

If yes, please indicate type of dwelling student is living in: *Shelter Doubled Up Unsheltered Hotel/Motel*

- **Foster Care Status** – Student is placed into a ward, group home, emergency shelter or private home of a state-certified caregiver, referred to as a “foster parent” or with a family member approved by the state.
- **Low Income Status** – A Student is eligible for free or reduced priced lunch, or receive Transitional Aid to families benefits; or is eligible for food stamps.
- **Migrant Status** – An indication of whether an individual or a parent/guardian accompanying an individual maintains primary employment in one or more agricultural or fishing activities on a seasonal or other temporary basis and establishes a temporary residence for the purposes of such employment.
- **Immigrant Status** – An indication of whether a student is eligible for the Emergency Immigrant Education Program. To be eligible for this program, a student must not be born in any State (any of the 50 states, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the Virgin Islands, the Northern Mariana Islands or the Trust Territory of the Pacific Islands) and NOT have completed 3 full academic years of school in any state.
- **English Language Learners Program Status** – Student is enrolled in sheltered English immersion, two-way bilingual education, enrolled in transitional bilingual education, or receiving English as a second language service.
- **Title One Participation** – Student receives academic support through a Title One Program.
- **Special Education Status** – Student receives Special Education Support.

Military Family Status-Defined as: Students who are the children of:

(Please circle where applicable)

- Active duty members of the uniformed services, National Guard and Reserve on active orders
- Members or Veterans who are medically discharged or retired within one year
- Members who died while on active duty

I certify that the above information provided by me to the Peabody Public Schools is true under the pains and penalties of perjury as identified in the Ordinance of the City of Peabody and Peabody Public Schools Policy.

Parent/Legal Guardian Signature: _____ Date _____

Registration/Verification of Residence/School Assignment (For school use only)

District School _____ SPED _____ 504 _____ ELL _____ FLEP _____

Birth Certificate _____ Immunization _____ Physician Physical Form _____ Proof of Residency 1 _____ 2 _____ RA _____

School Assigned _____ • Open Enrollment • School Choice

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PEABODY PUBLIC SCHOOLS

Release of Student Records

In accordance with the Massachusetts Department of Education, Student Record Regulations (603 CMR 23 00-23 12 dated 6/8/90), please include as soon as possible all academic records, achievement test scores, MCAS scores, SPecial Education records, attendance, health records, behavior and related information that may be helpful for the proper educational placement of this student, Massachusetts' law requires that a transfer form must accompany these records.

Names of Student: _____
(Last) (First) (Full Middle Name)

Student's DOB: _____ Grade: _____ SASID# _____

Current School

Name of School

Street Address

City

State

Zip Code

Telephone #

Fax #

New School

Name of School

Street Address

City

State

Zip Code

Telephone #

Fax #

Parent/Legal Guardian's Signature: _____ Date: _____

Student's new address: _____
Street Address City, State, Zip Code

Access to Records by Authorized School Personnel, Parents and Eligible Students

Student records can be accessed by authorized school personnel, parents, eligible students and clerical personnel for clerical purposes, (23.02). Effective November 1998, Massachusetts law has changed and now requires that non-custodial parents provide written verification in the form of a probate court order or judgment relative to custody of the child, specifying, in detail, that they have not been denied custody based on a threat to the safety of the child or custodial parent.

FOR SCHOOL USE ONLY

Date of Authorization _____

Date Records Mailed _____

Signature _____

Records Included:

- ___ Academic Records
- ___ Achievement Test Scores
- ___ MCAS Scores
- ___ Special Education Records
- ___ Attendance Records
- ___ Health Records
- ___ Behavior Records

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Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information

First Name _____ Middle Name _____ Last Name _____ Gender F / M / Non-Binary
 Country of Birth _____ Date of Birth (mm/dd/yyyy) ___/___/___ Date first enrolled in ANY U.S. school(mm/dd/yyyy) ___/___/___

School Information

Start Date in New School (mm/dd/yyyy) ___/___/___ Name of Former School and Town _____ Current Grade _____

Questions for Parents/Guardians

What is the primary language used in the home, regardless of the language spoken by the student?

_____ (mother / father / guardian)
 _____ (mother / father / guardian)

Which languages 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 the native language? Yes ___ No ___

If yes, what language? _____

Will you require an interpreter/translator at Parent-Teacher meetings?

Yes ___ No ___

If yes, what language? _____

How many years has the student been in U.S. Schools?
 (not including pre-kindergarten)

Parent/Guardian's Signature _____

Today's date: ___/___/___

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EARLY CHILDHOOD EDUCATION EXPERIENCE SURVEY

(FOR KINDERGARTEN REGISTRATION ONLY)

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. Thank you!

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 but participated in 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) services:** home visiting model program funded through the Department of Early Education and Care.
- Licensed Family Child Care Provider:** refers to ECC 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 ECC licensed child care provider providing care to children from multiple families.
- Center Based Program:** refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.

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CITY OF PEABODY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
24 Lowell Street
Peabody, Massachusetts 01960
(978) 538-5926
Fax: (978) 538-5990

BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
THOMAS J. DURKIN II
LEIGH ANN MANSBERGER, MD, MPH

SHARON CAMERON
DIRECTOR

Massachusetts law states "students must provide documentation of immunization according to school requirements or show a medical or religious exemption. Medical exemptions come from the student's doctor and document a contraindication, which is a reason why an individual cannot medically receive the vaccine. Religious exemptions come from the parent/guardian and state in writing that a vaccine conflicts with his/her sincerely held religious belief."

www.mass.gov

Documentation of **Medical and Religious exemptions** must be provided to the school nurse at the start of each school year.

Kindergarten Immunization Requirements:

- 5 doses of DTap/DTP vaccine
- 4 doses of Polio vaccine
 - 4th dose must be given on or after the 4th birthday and \geq 6 months after the previous dose
- 2 doses of MMR vaccine
 - 1st dose must be given on or after the 1st birthday
- 3 doses of Hepatitis B vaccine
- 2 doses of Varicella vaccine OR a physician certified reliable history of chickenpox disease
 - 1st dose must be given on or after the 1st birthday

Also required:

- A recent physical exam form (within the last year) filled out by your child's pediatrician/health care provider
- Proof of lead screening with the date of the screening.

Please make an appointment to speak with the school nurse if your child has a medical condition or will be taking medication during the school day. This meeting will allow the nurse to give you the required medical forms, develop an individual health care plan and make any necessary preparations for your child's entry to school.



CITY OF PEABODY
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BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
THOMAS J. DURKIN III
LEIGH ANN MANSBERGER, MD, MPH
SHARON CAMERON
DIRECTOR

Dear Parent/Guardian,

We would like to inform you of the policies that have been put in place to ensure the health and safety of children requiring medication during the school day. It is the policy of the Peabody Health Department to administer medication during the school day only when necessary.

The following forms are required to be on file in your child's health record before we begin to give any prescribed medication during the school day.

1. Signed medication order by a licensed prescriber (your child's physician, nurse practitioner, etc.) This order must be renewed as needed for any change of medication during the school year (ie. dose changes, time changes). As well as at the beginning of each academic year.
2. Signed parental/guardian consent form to administer the medication.

Please see the school nurse for these required forms.

You may also go to the Peabody Public Schools website at www.peabody.k12.ma.us. Once there you click on "Departments" and in the drop down list , you will find Health. Click on Health, this will bring you to a page that has Quick Links listed. Click on the link for medication consent forms to download the required paperwork.

Please be aware that medication must be delivered to the school in a pharmacy or manufacturer labeled container by you or a designated responsible adult. We advise that no more than a 30 day supply of medication be delivered to the school.

When your child needs medication to be given during the school day, please act quickly to follow these policies so we may begin to administer the medicine as soon as possible. Again, we will be unable to give the medicine without the medication order and parental consent forms in place.

Thank you,
Brenda Wolff, BSN, RN
School Nurse Leader
Brenda.wolff@peabody-ma.gov
978-538-5930



CITY OF PEABODY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
24 Lowell Street
Peabody, Massachusetts 01960
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BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
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LEIGH ANN MANSBERGER, MD, MPH

SHARON CAMERON
DIRECTOR

Dear Kindergarten Parents,

The City of Peabody's Public Health School Nurses would like to extend a warm welcome to you and your child. Your child's wellbeing and health care are our top priority. Our goal is to provide a safe and positive experience for all students in our schools. To help us better anticipate your child's health needs, we ask that you complete and sign this health questionnaire and return it at the time of your child's kindergarten registration. Please share any other medical issues the school nurse should be aware of to properly care for your child. Thank you for your support and we look forward to working with you and your child.

Child's Name: _____

1. Does your child have asthma? Yes _____ No _____

Does your child have an inhaler, and will it be needed at school? Yes _____ No _____

2. Are you aware of any allergies (food, insect, seasonal) your child may have? Yes _____ No _____

If yes, please list your child's allergies: _____

Does your child require an Epi-pen? Yes _____ No _____

3. Does your child take any medication at home? Yes _____ No _____

If yes, please list your child's medications: _____

Will your child require medications during the school day? Yes _____ No _____
(Please note that a physician's order will be needed at the start of the school year)

4. Does your child have diabetes? Yes _____ No _____

5. Does your child have a history of seizures? Yes _____ No _____

If yes, please list type of seizures and last time they had one: _____

I give my permission for the Public Health School Nurse to share pertinent health information regarding the student with appropriate school personnel. Yes _____ No _____

Parent/Guardian Signature

Date