

# **KINDERGARTEN REGISTRATION FORMS**

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**January 2011**

## Acton Public Schools Student Registration

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Welcome!

Here is a list of everything you will need to bring or complete in order to register your child for Kindergarten!

Please bring copies of the following student documents:

- Copy of birth certificate OR passport
- Proof of Residence (Purchase & sales agreement, copy of lease or electric bill)
- If applicable, any current Individual Education Plan (IEP for Special Education students).

Everyone will need to complete the following forms:

1. Registration Form
2. Race and Ethnicity Form
3. Home Language Survey
4. CORI Request Form (we recommend that all guardians complete a CORI form when registering)

In addition, your child's medical records are required at enrollment, these records may be obtained from your family doctor. Please bring the following with you:

1. School Health Record Form (a copy of last physical examination)
2. Certification of Immunizations

If you are requesting admission into the All Day Kindergarten class you will need to complete:

- All Day Kindergarten Request Form

Once you have been placed in a Kindergarten class, you will be asked to send or complete:

- Pre-kindergarten Assessment Form (sent by your Preschool)
- Kindergarten Bus Transportation Needs (this form will be mailed to you with your placement letter)

Assigned to All Day? Yes  No  SCHOOL \_\_\_\_\_ BUS # \_\_\_\_\_ ID # \_\_\_\_\_

ACTON PUBLIC SCHOOL REGISTRATION FOR ADMISSION  
(Please print and complete both sides of form.)

Grade: **K** Registration Date: \_\_\_\_\_ Entry Date: **9/1/11** Sex: M \_\_\_\_\_ F \_\_\_\_\_

Student: \_\_\_\_\_  
*Last Name First Name Middle Name*

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
*No. Street Apt # Town Zip Code*

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
*Month/Day/Year City State*

Birth Certificate OK'd by: \_\_\_\_\_ (Registrar Initials)

Previous School, Nursery, Pre-K, or Daycare:

Attended: \_\_\_\_\_  
*Name Street City/State*

Parent/Guardian #1

Parent/Guardian #2

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

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

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name, Address

Name, Address

& Phone # of Employer: \_\_\_\_\_

& Phone # of Employer: \_\_\_\_\_

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

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

Cell Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

With whom does the child live: \_\_\_\_\_

Other Children in Family

<u>Name</u>	<u>Date of Birth / Present Grade</u>	<u>Place of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student's Physician: \_\_\_\_\_ Student's Dentist: \_\_\_\_\_

Any Unusual Physical Conditions or Disability: \_\_\_\_\_  
(including any life-threatening allergies)

In Case of Illness/Emergency, Notify: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Using Day Care? Yes  No  Name/Address: \_\_\_\_\_

**ACTON PUBLIC SCHOOL REGISTRATION FOR ADMISSION**

A. List the schools you would like to enroll your child in, in order of preference

- 1. \_\_\_\_\_ 4. \_\_\_\_\_
- 2. \_\_\_\_\_ 5. \_\_\_\_\_
- 3. \_\_\_\_\_

Currently, we make All-Day Kindergarten available for a fee. Next year's annual fee will be \$4,300 (\$430/month). I wish to have my child attend All-Day Kindergarten. Yes  No

B. In what school, if any, do you presently have children enrolled?

Number Enrolled

- \_\_\_\_\_ None      \_\_\_\_\_ Douglas      \_\_\_\_\_ McCarthy-Towne      \_\_\_\_\_ J.H.S. ( \_\_\_\_\_ )  
name of elem. school attended
- \_\_\_\_\_ Conant      \_\_\_\_\_ Gates      \_\_\_\_\_ Merriam      \_\_\_\_\_ S.H.S. ( \_\_\_\_\_ )  
name of elem. school attended

C. Will your child walk to your preferred school year-round, commencing with grade one? Yes  No

E. Is English the native language of both parents? Yes  No   
If no, what is parent(s) native language? \_\_\_\_\_ Native country? \_\_\_\_\_

F. If not natives of the U.S., list how many years lived in the United States?  
Parent /Guardian #1 \_\_\_\_\_ Parent /Guardian # \_\_\_\_\_ Student \_\_\_\_\_

G. If English is not the home language, does your child require English as a Second Language classes? Yes  No

H. Do you think your child has special needs that require special instruction? Yes  No   
If yes, please indicate the nature of the need in the space below. The Pupil Services Department will use this information in determining whether your child has special needs and, if so, in what school the child should be placed in order to meet the identified special needs.

Does your child presently have an Individual Education Plan (I.E.P.)? Yes  No

J. If you are registering a sibling, please indicate your preference:  in the same school  in order of the choice indicated.

K. When did you move to Acton? \_\_\_\_\_

L. If you are not living in Acton presently, please indicate the approximate moving date, your present address and daytime telephone number below.

\_\_\_\_\_  
Parent's Signature Date  
Child's Name (*please print*) \_\_\_\_\_

*School Nurses Offices*

Acton Public Schools  
Acton, MA 01720

January 2011

Dear Parent:

In order to protect children and the public from the spread of disease and in accordance with the **Massachusetts School Immunization Law (Chapter 76, Section 15)**, the Department of Health has established the following immunizations/screenings as legal requirements for children to attend Kindergarten:

- 1. DTaP/DTP ..... five (5) doses
- 2. Polio ..... four (4) doses
- 3. MMR ..... (measles, mumps, rubella) two (2) doses, or  
two (2) doses measles + one (1) dose mumps + one (1) dose rubella
- 4. Lead Screening ..... one (1) screening, anytime prior to K entry
- 5. Hepatitis B ..... three (3) doses
- 6. Varicella ..... one (1) dose (or a physician-certified history of chickenpox)
- 7. PreK Vision Screen

The Commonwealth of Massachusetts also requires each child to have a physical examination after January 1 of the year entering Kindergarten, i.e. January 2011. If, for insurance reasons, your child’s annual physical is not scheduled until Sept.-Dec. 2011, the school nurse will accept a physical exam from Sept.-Dec. 2010. However, a copy of the following physical exam, when completed between Sept.-Dec. 2011, must be sent to the school nurse as soon as possible.

A physician’s certificate is the only acceptable evidence of immunization/screening. This certificate must contain: the month and year each dose of vaccine was administered, the date and results of the lead screening, and completion of the physical examination.

**In accordance with Chapter 76, Section 15, any Kindergarten student who does not meet the above requirements, as determined by the school health services staff, will not be admitted to school. Therefore, the completed attached form must be returned to the nurse at your assigned school by August 1, 2011.**

Unless we have received the completed physician form or a letter from you indicating the reason for not sending said form, we may have to delay the date of your child’s entrance to Kindergarten.

If you have any questions or concerns about this matter, please do not hesitate to call the school nurse (see information below) during the school year. If you are unable to reach the school nurse during the summer months, please contact the building principal.

Sincerely,  
the Acton School Nurses

<u>Conant</u>	<u>Douglas</u>	<u>Gates</u>	<u>McCarthy-Towne</u>	<u>Merriam</u>
Heather Makris	Diane Oster	Diane Spring	Betty Johns	Betty Mazzone
Christine Bourque	Joanne Chadwick	Victoria Reiersen		
80 Taylor Rd	21 Elm St	75 Spruce St.	11-13 Charter Rd	11-13 Charter Rd.
Acton, MA 01720	Acton, MA 01720	Acton, MA 01720	Acton, MA 01720	Acton, MA 01720
978-266-2550,x2058	978-266-2560,x1122	978-266-2570,x4056	978-264-3374	978-264-3372

*Office of the Superintendent*

Acton Public Schools

Acton, MA 01720

TO: Parents Enrolling New Kindergartners  
FROM: Dr. Stephen Mills  
ON: January 2011  
RE: Optional All-Day Kindergarten (ADK) Program, 2011-2012

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In order to be responsive to the educational and personal needs of the children and parents of the Acton community, the Acton Public Schools offer an **optional** All-Day Kindergarten program. This program is offered at all five elementary schools on a space-available basis (see "Acceptance" below). Tuition is charged for the hours beyond the regular Kindergarten day.

**Purpose**

The All-Day program provides an alternative to the more fragmented day experienced by many children in a half-day program. All Acton Kindergarten students learn the same curriculum. The difference in the All-Day program is one of pace, time and enrichment. The day is less rushed, and there is more time available to meet the social, emotional and developmental needs of the children enrolled. This is not a childcare program.

**Length of School Day**

For ADK students, for the entire school year, the length of the school day (including half day Thursdays) and the bus schedules are the same as those for students in grades 1-6. All-Day Kindergartners eat lunch at school.

**Tuition Charge**

The cost of having your child in the All-Day program for 2011-2012 will be \$4,300, payable in 10 equal monthly installments. **A one month, non-refundable deposit of \$430 will be due on May 15, 2011 to secure a placement in the All-Day program. This deposit will be applied to the final June 2012 payment.** The September payment will be due by August 1, 2011, subsequent payments will be due on the first of each following month. All tuition is payable to A-B Community Education. You will receive payment information in mid-July.

Limited tuition assistance is available. Eligibility and level of assistance are based on ability to pay. To inquire about tuition assistance, **once your child has been admitted to ADK**, please contact Teresa Gorman, Community Education, 978-266-2525.

**Acceptance in All-Day Kindergarten**

At Kindergarten registration you will be asked to indicate your interest in having your child participate in the All-Day program on your Kindergarten registration form. If interested in ADK, you will also be asked to turn in the form (see back of this page). Since demand has typically exceeded available openings, **after** all students have been assigned to one of the five elementary schools, the district conducts a separate ADK lottery to determine which families may enroll their children in the ADK program. Alternatively (this is unlikely), the program will not run at any given school if fewer than 18 families at that school elect to enroll their kindergartners.

**Administration of All-Day Kindergarten**

The staff and curriculum of the All-Day Kindergarten will be administered by each school in the same manner as all other Kindergartens. Tuition will be processed through the Community Education office (978-266-2525).

*ACTON PUBLIC SCHOOLS*  
**ALL-DAY KINDERGARTEN**  
**2011-2012**

Name of Student: \_\_\_\_\_  
First Choice School: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Town & Zip Code: \_\_\_\_\_  
Home/Cell Telephone(S): \_\_\_\_\_  
Parent/Guardian #1 Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Business/Cell Telephone: \_\_\_\_\_  
Parent/Guardian #2 Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Business/Cell Telephone: \_\_\_\_\_

I UNDERSTAND AND AGREE TO THE FOLLOWING:

- Tuition for the All-Day program for 2011-2012 will be \$4,300, payable in 10 equal monthly installments of \$430 (September-June) payable to the A-B Community Education office.
- **A one month, non-refundable deposit of \$430 will be due on May 15, 2011 to secure a placement in the All-Day program. This deposit will be applied to the final June 2012 payment.**
- You will receive payment information in mid-July.
- The September payment will be due by August 1, 2011, subsequent payments will be due on the first of each following month. If we have not received payment by August 15<sup>th</sup>, we will have to withdraw your child from the program.
- It is presumed that your child is enrolled for the full academic year. You will be responsible for the full 10 months tuition (September-June).
- Please note that we will not be able to accommodate withdrawals from the All Day Kindergarten after August 15, 2011.

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

\_\_\_\_\_  
Date

*Make check payable to: A-B Community Education.*

**Please include your child's name and school on your check**

**For those who prefer automatic payments, an optional credit card form will be mailed in July.**

**OUR MAILING ADDRESS IS:**

**Acton-Boxborough Community Education**  
**Administration Building, 15 Charter Road, Acton, MA 01720**  
**978-266-2525**

**\*\*All families must complete this form\*\***

**Acton Public Schools  
16 Charter Road  
Acton, MA 01720  
978-264-4700**

## Home Language Survey

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

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Address \_\_\_\_\_

Year entered United States \_\_\_\_\_ Year First Attended School in United States \_\_\_\_\_

Parent(s)/Guardian Name \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

1. What language did your child first understand or speak? \_\_\_\_\_

2. What language(s) are spoken most often by adults at home? \_\_\_\_\_

3. What language do you use most often when speaking to your child? \_\_\_\_\_

4. What language does your child use most often when speaking to you? \_\_\_\_\_

5. What language does your child use most often when speaking to other family members? \_\_\_\_\_

6. What language does your child use most often when speaking with friends? \_\_\_\_\_

7. What language(s) does your child read? \_\_\_\_\_

8. What language(s) does your child write? \_\_\_\_\_

9. Would you prefer important school communications translated in your home language?

Yes \_\_\_ No \_\_\_ If so, which language? \_\_\_\_\_

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

\_\_\_\_\_  
Date

*Office of the Superintendent*  
Acton Public Schools  
Acton, MA 01720

TO: Parents Enrolling New Kindergartners  
FROM: Dr. Stephen Mills  
ON: January 2011  
RE: Collection of Personal Information

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As a result of the Education Reform Act of 1993, Massachusetts now maintains a central database of information about every student, teacher and school in the state. The database is part of the state's accountability system. All specific information about individuals is protected by firewalls and confidentiality laws. The form on the back of this memo is one of many we need to have you fill out. It provides information for the state's database.

The CORI form found in this book conforms to a state law, Chapter 385 of the Acts of 2002, which mandates that school districts obtain criminal offender record information (CORI) on all employees, transportation providers and school volunteers who may have "direct, unmonitored contact with children." For example, parents who volunteer as field trip chaperones, library or office assistants, or lead nature walks are required to submit to the "CORI" process prior to any involvement in the schools. All CORI information is confidential and privacy will be maintained. Only very few staff will have access to CORI information which will be stored in a locked secure site. You may submit this form when you register your child.

If you have any questions, please contact the Superintendent's Office at 978-264-4700, 3211.

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Child's Name \_\_\_\_\_ 1<sup>st</sup> Choice School \_\_\_\_\_

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

**Section II: Ethnicity (Select One)**

- Not Hispanic or Latino**       **Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

**Section III: Race (Select as many as apply)**

- 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. This area includes, 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.)

**Section IV:**

**Low Income Status (Check if Applicable).**

- The student is eligible for free or reduced lunch; or receives Transitional Aid to Families benefits; or is eligible for food stamps.

**Migrant Status (Check if Applicable).**

- 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 purpose of such employment.

**Immigrant Status (Check if Applicable).**

- An indication of whether a student is eligible for the Emergency Immigrant Education Program, the student must not have been 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 territory of the Pacific Islands) and not having completed 3 full academic years of school in any state.

**Country of Origin:** \_\_\_\_\_  
(Country from which immigrant children have emigrated)

**Date of Child's Immigration:** \_\_\_\_\_

Has your child attended another Public or Private school in Massachusetts? \_\_\_\_\_

If so, please indicate the name and town of the school: \_\_\_\_\_

