

Directions for Kindergarten Registration.

Please download the Kindergarten Registration Packet.

Once you have filled it out please mail it, along with the requested attachments (birth certificate, proof of residence and immunization record) to your district elementary school. You may also email the full packet with attachments to the secretary at your school.

If you have any questions please email the secretary at your school.

Mullen Hall School
130 Katharine Lee Bates Rd
Falmouth, MA 02540
Christine Medeiros, cmedeiros@falmouth.k12.ma.us

Teaticket Elementary School
45 Maravista Ave Ext.
East Falmouth, MA 02536
Lucia Conlon, lconlon@falmouth.k12.ma.us

East Falmouth Elementary School
33 Davisville Rd.
East Falmouth, MA 02536
Bridget Janerico, bjanerico@falmouth.k12.ma.us

North Falmouth Elementary School
62 Old Main Rd.
N. Falmouth, MA 02556
Chrisy Tavares, ctavares@falmouth.k12.ma.us

FALMOUTH PUBLIC SCHOOLS
 FALMOUTH, MASSACHUSETTS
REGISTRATION FORM

For Office Use Only	
Date of Entry _____	Birth Certificate _____
ID # _____ State ID # _____	Immunizations _____
Homeroom _____ Counselor _____	Proof of Residence _____
AM Bus _____ PM Bus _____	Emergency Card _____

Page 1 of 2

Student's Legal Name _____
 _____ First _____ Middle _____ Last _____
 Nickname _____ Home Phone () _____
 Current Grade in School _____ Sex M ___ F ___ Non-Binary _____ Emergency Phone () _____
 Date of Birth _____ City, State of Birth _____
 mm / dd / yyyy
 Home Address _____
 _____ No. _____ Street _____ Town or City _____
 Mailing Address _____
 Name of School Attended before this one _____
 Location of School if outside Falmouth _____
 Is Student enrolled in a Bilingual Education Program? _____ Which program? _____
 Primary Language spoken at home _____
 Does this child receive Special Education services? _____ Chapter 1? _____ Reading Help? _____
 Counseling? _____ Other Services? (Please list) _____
 Is student an immigrant? Yes ___ No ___ If an immigrant, country of origin? _____
 How many years has student attended a school in the United States? _____
 Is student a child of a migrant worker? Yes _____ No _____

Is this student 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 this student's race? *(Select one or more)*

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 with 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.

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.

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.

August 2017

Has this student previously been enrolled in Falmouth Public Schools? Yes ____ No ____

Person Completing Form _____ Relationship to Student _____

	FATHER	MOTHER	STEP PARENT	GUARDIAN
Name				
Place of Employment				
Occupation				
Business Phone				
If Deceased – Date				
Person With Whom Student Lives				
Relationship to Student				

Brothers and Sisters in Order of Age: From Youngest to Oldest:

First Name	Last Name	Date of Birth	Gender	Grade and School

Other Household Members:

First Name	Last Name	Date of Birth	Gender	Relationship to Student

Falmouth Public Schools

Dr. Lori Duerr, Superintendent of Schools
340 Teaticket Highway, East Falmouth, MA 02536
Phone (508) 548-0151 x 137 FAX (508) 457-9032

PROOF OF RESIDENCE IN ORDER TO ENROLL

I am the parent or legal guardian of:

Name(s) of Child(ren)

and wish to enroll my child(ren) in the **Falmouth Public Schools**. I understand that Massachusetts law and Falmouth Public School policy provide, with few exceptions, that each child must attend a public school in the school district and school attendance area where the parent or legal guardian resides. I reside full time at the following street address, and the child(ren) listed above live(s) there at least half of each week (3 ½ - 4 school nights at minimum)

Street Address

Unit/Apt. #

I understand that officials of the **Falmouth Public Schools** may require additional proof that I am the parent or legal guardian of the child(ren) identified by me on this form.

I also understand that officials of the **Falmouth Public Schools** require additional proof that I reside at the address given on this form, such as **the front page of a purchase and sales, lease agreement, or my latest gas/oil or electric bill showing the "service delivered to" address.**

Declaration

I declare under penalty of perjury that I have read the above statements and information provided by me, that such statements and information are true and complete to the best of my knowledge, and that this declaration was executed on: _____

Date

Print Name

Signature

FOR OFFICE USE ONLY

Verification of Residence: _____

BY: _____

Falmouth Public Schools
HEALTH HISTORY FOR ENTERING STUDENTS

Student Name: _____ Grade ____ DOB: _____ Male ____ Female ____ Non-Binary ____

Physician: _____ Dentist: _____

MEDICAL HISTORY

Were there any significant problems during the pregnancy/labor/delivery? _____

Was the student premature? Yes No How many weeks? _____ Birth Weight? _____

Complications? _____

Has your child had any of the following diseases/conditions? (circle)

- | | | |
|--------------|---------------------|--------------------|
| ADD/ADHD | Diabetes | Kidney Disease |
| Anxiety | Ear Infections | Lyme Disease |
| Asthma | Eczema | Migraine Headaches |
| Constipation | Elevated lead level | Nose Bleeds |
| Depression | Heart Disease | Seizures |

Other: _____

Surgeries: Yes No Reason: _____ Date: _____

Hospitalized: Yes No Reason: _____ Date: _____

EYES

Vision problems? Yes No Explain _____ Glasses? Yes No Contacts? Yes No

EARS

Hearing problems? Yes No Explain _____ Tubes? Yes No Hearing Aids? Yes No

SLEEP AND DIET

Concerns about sleep habits? Yes No Explain _____

Concerns about eating habits? Yes No Explain _____

ALLERGIES

Food Allergies? Yes No	Food _____	Symptom _____
	Food _____	Symptom _____
	Food _____	Symptom _____
	Food _____	Symptom _____

Medication Allergies? Yes No	Medication _____	Symptom _____
	Medication _____	Symptom _____

Other Allergies _____

Does your child use an Epi pen? _____

MEDICATIONS

Medication _____	Reason _____	Time of Day _____
Medication _____	Reason _____	Time of Day _____
Medication _____	Reason _____	Time of Day _____

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel as necessary to meet my child's health and safety needs. I give permission to exchange information with my child's physician(s) for the purpose of referral, diagnosis, treatment and to obtain a copy of the most recent physical examination/immunization record.

Parent/Guardian Signature _____ Date _____

**Falmouth Public Schools
Emergency/Medical Information**

****Please complete both sides, sign both sides and return this form to your child's teacher as soon as possible. Thank you!**

Student Name: _____ Home Phone: _____
Residential Address: _____ Gender (Male/Female/Non-binary): _____
Non-binary (does not identify as male or female)
Residential City/State/Zip: _____ Grade: _____ Homeroom: _____
Mailing Address: _____ Date of Birth: _____
Mailing City/State/Zip: _____ AM Bus: _____ PM Bus: _____

Please list all LEGAL Parents/Guardians:

Name: _____ Name: _____
Relationship to student: _____ Relationship to student: _____
Live with student?[Y/N] ___ Non-custodial parent?[Y/N] ___ Live with student?[Y/N] ___ Non-custodial parent?[Y/N] ___
Home Phone: _____ Home Phone: _____
Work Place: _____ Work Place: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____
Email address: _____ Email address: _____
Mailing Address: _____ Mailing Address: _____
(If different) (If different)

If parent/guardian is not available, or in case of emergency, I authorize the Falmouth Public Schools to contact and or dismiss my child to:

Emergency Contact Name	Phone #	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please list other children in the Falmouth Public Schools

Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Military Family Status - (Please check only one if applicable)
Is this student one of the following?
___ 1) A child of an active duty member of the uniformed services, National Guard and Reserve **on active duty orders**
___ 2) A child of a member or veteran who is medically discharged or retired **for less than one year**
___ 3) A child of a member who died **during active duty**

Signature of person completing form: _____ Date: _____

ALERT: Check here if there are any contact/dismissal restrictions and describe.

- 1) If this child resides with a legal guardian who is not the parent, a certified copy of the court order appointing the guardian must be attached.
- 2) If a custodial parent/guardian wishes the school to comply with provisions of a court order restricting access to the child, a certified copy of the court order must be attached.
- 3) If the student is an emancipated minor, a certified copy of the court order must be attached.

STUDENT MEDICAL INFORMATION SHEET Grades K-4

Student Name: _____ Cell phone: _____

Primary Physician: _____ Dentist: _____

Are you on Mass Health? Circle one YES NO PLAN: _____

Other Health Insurance: _____

List All Medications: _____

Date of last physical exam: _____

Activity restrictions: _____

Any other pertinent information: _____

Health Problems: check all that apply		
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Asthma	<input type="checkbox"/> Hearing aids/tubes
<input type="checkbox"/> Bowel/Stomach problems	<input type="checkbox"/> Depression	<input type="checkbox"/> Sinus problems
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Eczema	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Lyme Disease	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Kidney/Urinary Disorder
<input type="checkbox"/> Glasses/contacts	<input type="checkbox"/> Menstrual problems	<input type="checkbox"/> Braces
<input type="checkbox"/> Allergies to medications	<input type="checkbox"/> Allergies (food, animal, environmental)	<input type="checkbox"/> Headaches: Migraines <input type="checkbox"/> Other
Other:		

If the Principal or Nurse believes my child is in need of prompt medical treatment, I authorize his/her transport to Falmouth Hospital. I give permission to the school nurse to share information relevant to my child's health 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

Date

Please update the School Nurse if your child is hospitalized at any time during this school year or if there are changes in medical information.

Falmouth Public Schools

2020-2021

Early Childhood Education Experience Survey for Kindergarten Students

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!

Child's Name: _____ Date of Birth: ____ / ____ / _____

<input type="checkbox"/> (01) My child did not have any formal early childhood program experience.
<input type="checkbox"/> (02) My child did not have formal early childhood program experience but participated in <u>Coordinated Family and Community Engagement (CFCE)</u> services. <i>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).</i>
<input type="checkbox"/> (03) My child did not have formal early childhood program experience but participated in <u>Parent Child Home Program (PCHP)</u> services. <i>Parent Child Home Program (PCHP): home visiting model program funded through the Department of Early Education and Care.</i>
<input type="checkbox"/> (04) My child did not have formal early childhood program experience but participated in <u>BOTH Coordinated Family and Community Engagement (CFCE) AND Parent Child Home Program (PCHP)</u> services.
My child attended a <u>Licensed Family Child Care Provider (indicate hours below)</u> . <i>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.</i> <input type="checkbox"/> (05) for less than 20 hours per week <input type="checkbox"/> (06) for 20+ hours per week
My child attended a <u>Center Based Program (indicate hours below)</u> . <i>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.</i> <input type="checkbox"/> (07) for less than 20 hours per week <input type="checkbox"/> (08) for 20+ hours per week
My child attended <u>BOTH a Licensed Family Child Care Provider AND a Center Based Program (indicate hours below)</u> . <input type="checkbox"/> (09) for less than 20 hours per week <input type="checkbox"/> (10) for 20+ hours per week

Falmouth Public Schools

340 Teaticket Highway
East Falmouth, Ma 02536

State and Federal Law 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.

Last Name _____

Middle _____

First Name _____

GENDER: Female _____ Male _____ Non-Binary _____

Country of Birth _____

Date of Birth (mm/dd/yy) _____

Date first enrolled in ANY US school (mm/dd/yy) _____

Questions for Parents/Guardians	
<p>What is the native language(s) of each parent/guardian? (circle one)</p> <p>_____ (mother/father/guardian)</p> <p>_____ (mother/father/guardian)</p>	<p>Which language(s) are spoken with your child? (include relatives-grandparents, uncles, aunts etc. – and caregivers)</p> <p>_____ (seldom/sometimes/often/always)</p> <p>_____ (seldom/sometimes/often/always)</p>
<p>What language did your child first understand and speak?</p> <p>_____</p>	<p>Which language do you use most with your child?</p> <p>_____</p>
<p>Which other languages does your child know? (circle all that apply)</p> <p>_____ speak/read/write</p> <p>_____ speak/read/write</p>	<p>Which languages does your child use?</p> <p>_____ (seldom/sometimes/often/always)</p> <p>_____ (seldom/sometimes/often/always)</p>
<p>Will you require written information from school in your native language?</p> <p>Yes <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>Will you require an interpreter/translator at Parent – Teacher meetings?</p> <p>Yes <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Parent/Guardian Signature:</p> <p>X _____</p>	<p>_____/____/20____</p> <p>Today's Date (mm/dd/yyyy)</p>

For office use only:

ELD Assessment _____ Date _____ Given by _____

Results: _____

Qualified for ELD services _____ Did NOT qualify for ELD services _____

Recommendations: _____

TRANSPORTATION

Falmouth Public Schools
340 Teaticket Highway
East Falmouth, MA 02536



2020-2021

About 2 weeks before school starts, you will find the school bus schedule in the *Falmouth Enterprise* newspaper. The schedule will also be posted on our website (www.falmouth.k12.ma.us). You will need to locate your street and street number to identify the bus your child will ride on.

NOTE: The bus driver will not drop off your kindergarten child in the afternoon unless an authorized adult is present at the bus stop.

The Transportation Director, Greg Kennedy, oversees all school bus transportation for the district. Should you have any questions about your child's transportation to or from school please feel free to contact him at

(508)548-0151 x 176.