

Directions for Kindergarten Registration

2021-2022

Please download the Kindergarten Registration Packet.

To register your child please fill out all the registration paperwork and submit them with the following documents, **birth certificate, proof of residence (mortgage, current lease or utility bill), and up-to-date immunization records.**

You may email the registration packet, along with the attachments, to the secretary at your school or you can mail it directly to the school. Once your registration packet has been received, additional information will be sent to you regarding Kindergarten Screening.

If you have any questions please feel free to call or email the secretary.

Mullen Hall School
130 Katharine Lee Bates Rd
Falmouth, MA 02540
Francine Daggett, fdaggett@falmouth.k12.ma.us
[Telephone: 508-548-0220 Ext 7402](tel:508-548-0220)

Teaticket Elementary School
45 Maravista Extension
East Falmouth, MA 02536
Lucia Conlon, lconlon@falmouth.k12.ma.us
[Telephone: 508-548-1550 Ext 7100](tel:508-548-1550)

East Falmouth Elementary School
33 Davisville Rd.
East Falmouth, MA 02536
Bridget Janerico, bjanerico@falmouth.k12.ma.us
[Telephone: 508-548-1052 Ext 7200](tel:508-548-1052)

North Falmouth Elementary School
62 Old Main Rd.
N. Falmouth, MA 02556
Christine Tavares, ctavares@falmouth.k12.ma.us
[Telephone: 508-563-2334 Ext 7300](tel:508-563-2334)

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

Person Completing Form _____ Relationship to Student _____

	Parent/Guardian	Parent/Guardian
<i>Name</i>		
<i>Place of Employment</i>		
<i>Occupation</i>		
<i>Business Phone</i>		
<i>Person With Whom Student Lives</i>		
<i>Relationship to Student</i>		

Siblings in Order of Age: From Youngest to Oldest:

First Name	Last Name	Date of Birth	Gender <i>Male, Female, Non-Binary</i>	Grade and School

Other Household Members:

First Name	Last Name	Date of Birth	Gender <i>Male, Female, Non-Binary</i>	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 concerns? Yes No Explain _____ Glasses? Yes No Contacts? Yes No

EARS

Hearing concerns? 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 help us by completing both sides, signing both sides and returning this form to your child's teacher as soon as possible.**

Student Name: _____ Home Phone: _____
 Residential Address: _____ Gender: (Male/Female/Non-Binary): _____
 Non-binary: does not identify as just a 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 _____ Non-custodial parent _____	Live with student _____ Non-custodial parent _____
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 parent/guardian is not available, or in case of emergency, I authorize the Falmouth Public Schools to contact and 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 circle 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: _____

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 K-4

Student Name: _____ Cell phone: _____

Primary Physician: _____ Dentist: _____

Private Health Insurance: Circle one YES NO TYPE/PLAN: _____

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

List All Medications: _____

Date of last physical exam: _____

Activity restrictions: _____

Any other pertinent information: _____

Please 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:		

My child has permission to use hand sanitizer under adult supervision during the school day.

Yes ___ No ___

If the Principal or Nurse believes my child is in need of prompt medical treatment, I authorize their 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

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 Name** **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	
What is the native language(s) of each parent/guardian? _____ (parent/guardian) _____ (parent/guardian)	Which language(s) 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? (please circle one) _____ speak/read/write _____ speak/read/write	Which languages does your child use? (please circle one) _____ (seldom/sometimes/often/always) _____ (seldom/sometimes/often/always)
Will you require written information from school in your native language? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you require an interpreter/translator at Parent –Teacher meetings? Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/Guardian Signature: X _____	_____ Today's Date (mm/dd/yyyy)

For office use only:

ELD Assessment _____ Date _____ Given by _____

Results: _____

Qualified for ELD services _____ Did Not qualify for ELD services _____

Recommendations: _____

Falmouth Public Schools

2021-2022

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

Massachusetts Parental Notice for One Time Consent to Allow the School District To Access MassHealth (Medicaid) Benefits

School District Name and Code: Falmouth Public Schools 0096

School/District Contact: Leanne Peterson 508-548-0151 x 124

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission (also known as consent) to share information about your child with MassHealth. Local communities in Massachusetts have been approved to receive partial reimbursement from MassHealth for the costs of certain health-related services provided by the district to your child (or children). In order for your community to get back some of the money spent on services, the school district needs to share with MassHealth the following types of information about your child: name; date of birth; gender; type of services provided, when, and by whom; and MassHealth ID.

With your permission, the school district will be able to seek partial reimbursement for services provided by MassHealth, including, among others, a hearing test or eye exam; a school physical; occupational or speech or physical therapy; some school nurse visits; and counseling services with the school social worker or psychologist. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

The school district cannot share with MassHealth information about your child without your permission. As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the health-related and/or special education services to which your child is entitled.
2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge MassHealth for services provided. The school district can agree to pay the co-pay or deductible if any such cost is expected.
3. If you give the school district permission to share information with and request reimbursement from MassHealth:
 - a. This will not affect your child's available lifetime coverage or other MassHealth benefit; nor will it in any way limit your own family's use of MassHealth benefits outside of school.
 - b. Your permission will not affect your child's special education services or IEP rights in any way, if your child is eligible to receive them.
 - c. Your permission will not lead to any changes in your child's MassHealth rights; and
 - d. Your permission will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.
4. If you give permission, you have the right to change your mind and withdraw your permission at any time.
5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with MassHealth for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

I have read the notice and understand it. Any questions I had were answered, I give permission to the school district to share with MassHealth records and information concerning my child(ren) and their health-related services, as necessary, I understand that this will help our community seek partial reimbursement of MassHealth covered services.

Parent/Guardian Signature: _____ Date: _____

Child's Name:	Date of Birth:	SASID # (for district to add):
Child's Name:	Date of Birth:	SASID # (for district to add):
Child's Name:	Date of Birth:	SASID # (for district to add):
Add more children		

TRANSPORTATION

Falmouth Public Schools
340 Teaticket Highway
East Falmouth, MA 02536



2021-2022

Approximately 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 oversees all school bus transportation for the district. Should you have any questions regarding your child's transportation to or from school please feel free to call

(508)548-0151 x 176.