WELCOME TO GREEN MEADOW SCHOOL

5 Tiger Drive, Maynard, MA 01754
Phone – 978-897-8246 ~ Fax – 978-897-8298

Kindergarten Registration

Eligibility:

- Children are eligible for admission to Kindergarten if they are five (5) years of age **before** September 1st of that school year.

Registration:

Please complete the following forms and provide us with the following required documents.
All registration packets must be submitted in person.

Forms to Complete

- Registration Form for Admission
- Certificate of Residency
- Ethnicity Survey
- Home Language Survey
- Military Family Status
- Kindergarten Health Screening
- Early Childhood Education Experience Survey
- Parent Questionnaire
- Pre-School Questionnaire

Required Documentation

- Child's Birth Certificate
- Proof of Maynard Residency (utility bill, tax receipt or rental agreement/lease)
- Copy of Doctor's Physical dated **within 12 months** from school start date
- Immunization Record ***see below***
- Lead Screening ***see below***

You must include your e-mail address on the registration paperwork. To access a school's website please go to maynard.k12.ma.us and go to "Schools" to select the school you wish to see.

***Medical Requirements:**

State Law requires that schools must have the following information BEFORE a child enters school. A student cannot start school without approval from the school nurse.

- Up-to-date immunization documentation that must include month and year of immunizations.
- Proof of Lead Screening with month and year.
- Copy of a current physical exam and immunizations dated ***within 1 year before the student's first day of school is required.***
- Students will not be allowed to attend school until these mandatory requirements are provided.

Requested Information: please provide any official IEP, guardianship/custody documentation or other relevant information, or inform the office that such information exists.

You will be notified about Kindergarten Screening and Orientation at a later date.

If your child attends preschool, please give the attached Pre-School Questionnaire to your child's teacher and request that they mail it to us.

Please feel free to ask the office if you have any questions.

Thank you.

MAYNARD PUBLIC SCHOOLS

www.maynardschools.org

REGISTRATION FORM FOR ADMISSION

Rev. 5/15

Date Entering: _____ Gender: Male ____ Female ____ Registering for Grade: _____

Student's Full Name: _____
(Last) (First) (Middle)

Student's Address: _____ School Choice: Yes___ No___

Student lives with: Both Parents____ Mother____ Father____ Foster Family____ Guardian____

Date of Birth: _____ Place of Birth: _____
Month/Day/Year City / Town State Country

Does your child have health insurance? ❑ Yes ❑ No Dental Insurance? ❑ Yes ❑ No

Health Insurance Company _____ Mass Health/Medicaid ❑ Yes ❑ No

Has student ever attended Maynard Schools? Yes____ No____ If yes, when did they last attend? _____

Does student currently have an accepted I.E.P.? Yes____ No____ 504 Plan? Yes____ No____

Does student have any Special Education Needs (physical, emotional, academic) not covered under an I.E.P. or 504 that we should be aware of? Yes ____ No ____ Please explain: _____

_____

	Parent/Guardian	Parent/Guardian
Name:	_____	_____
Relationship to Student:	_____	_____
Address if different than student:	_____	_____
Email:	_____	_____
Phone 1	_____ Home☐ Cell☐ Work☐	_____ Home☐ Cell☐ Work☐
Phone 2	_____ Home☐ Cell☐ Work☐	_____ Home☐ Cell☐ Work☐
Phone 3	_____ Home☐ Cell☐ Work☐	_____ Home☐ Cell☐ Work☐

School(s) Previously Attended: _____

Other Children in Family:

Name: _____ DOB: _____ Name of School _____
Name: _____ DOB: _____ Name of School _____
Name: _____ DOB: _____ Name of School _____

Emergency Notification:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

_____ _____
Parent / Guardian Signature Date

MAYNARD PUBLIC SCHOOLS

www.maynardschools.org

CERTIFICATE OF RESIDENCY

It is the policy of the Maynard Public Schools in accordance with MGL CH72 §2 and CH76 §5 that any student who does not live in Maynard must attend school in the community where they live. If the school administration determines that you do not live in Maynard, your child will be withdrawn from our school district. Parents must inform school principals whenever there is a change of address. The Maynard Public Schools reserves the right to have the residency information verified by the Attendance Officer at any time. This residency policy does not apply to homeless students. If a family does not live in Maynard, they may apply for School Choice before September 30th. School Choice applications are approved based on classroom space availability.

1. I understand that _____ must be a resident of the Town of Maynard.
   (name of student)

2. I certify that _____ is residing with me at the following address:
   (name of student)

_____ _____

Print Parent/Guardian Name Address

3. I certify that I am a legal resident of Maynard, and I have submitted one item from the required documentation listed below:

   - Copy of Deed, a recent mortgage bill, or property tax bill
   - Copy of current signed lease or rental agreement
   - A utility bill dated within the past 45 days
     ☐ Electric bill ☐ Gas bill ☐ Other _____
   - Documentation showing the service address and connection date for Utility
   - Letter from landlord acknowledging family members at address

4. I [am am not] the above mentioned student's legal guardian.
   (circle one above) ***If guardianship exists, please attach legal documentation.

5. I certify that this living situation is not an arrangement of convenience for the sole purpose of having the student residing with me to attend Maynard Public Schools.

I understand that enrolling the child named above in the Maynard Public Schools is contingent upon the conditions of the Residency Policy, which I have read. I also understand that violation of this policy may result in termination of the child's enrollment and that I may be liable for this child's tuition reimbursement.

I hereby certify under the pains and penalties of perjury the information provided above is accurate and true.

_____ _____

(Signature of Parent/Guardian) (Date)

MAYNARD PUBLIC SCHOOLS

www.maynardschools.org

Child's Name _____ **School** _____

Parent/Guardian Signature _____

Section I: 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 II: 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 III:

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 of 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 child has emigrated)

Date of Child's Immigration: _____

For more information about student data reporting categories, please see:
http://www.doe.mass.edu/infoservices/data/guides/race_faq.html

MAYNARD PUBLIC SCHOOLS

www.maynardschools.org

Home Language Survey

Dear Parents and Guardians,

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 _____ F ☐ M ☐ Gender

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) ____/____/20____ Name of Former School and Town _____ Current Grade _____

Questions for Parents/Guardians

What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / 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? (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 your native language? Y ☐ N ☐	**Will you require an interpreter/translator at Parent-Teacher meetings?** Y ☐ N ☐
Parent/Guardian Signature: **X**	____/____/20____ **Today's Date:** (mm/dd/yyyy)

MAYNARD PUBLIC SCHOOLS

www.maynardschools.org

RE: MILITARY FAMILY STATUS

Dear Families:

In May 2012, as part of the VALOR Act, Massachusetts became a member of the Interstate Compact on Educational Opportunity for Military Children. The Compact aims to make the transition to a new school easier for military children in areas such as enrollment, assessment, graduation, etc. The provisions of the Compact also apply to students whose Parent/Guardian is currently deployed, or who was discharged from active duty due to a disability or died while on active duty within the past year.

Please fill in and return this form to your child's school if any of the following statements are true.

There is a Parent or Guardian in the student's household who:
(*Please check the box that applies)*

☐ is a member of the uniformed services or National Guard and Reserve on full-time active duty orders.

☐ is currently deployed.

☐ is a veteran who retired within the past year.

☐ was medically discharged within the past year.

☐ died while serving our country within the past year.

Date of discharge, retirement, death, deployment, military transfer, etc. _____

Name of Service Member: _____

Student Name: _____

Name of Person completing this form: _____ Date: _____

For more information: www.mic3.net

MAYNARD PUBLIC SCHOOLS

HEALTH SERVICES DEPARTMENT
Phone (978) 897-8246 ~ Fax (978) 897-8298

Kindergarten Health Screening

Date: _____

Student Name: _____ DOB: _____

PRENATAL HISTORY

1. Was there any serious illness, accident, or medical problem during the pregnancy with this child? ❑ YES ❑ NO
   If **YES**, please describe: _____

2. Any birth complications? ❑ YES ❑ NO
   If **YES**, please describe: _____

HEALTH HISTORY

1. Has your child ever been hospitalized? ❑ YES ❑ NO
   If **YES**, please describe: _____

2. Has your child ever had any serious illnesses, accidents, or fractures (broken bones)? ❑ YES ❑ NO
   If **YES**, please describe: _____

3. Does your child have any allergies to:
   a. medications or injections? ❑ YES ❑ NO
   b. bee stings or insect bites? ❑ YES ❑ NO
   c. foods? ❑ YES ❑ NO
   d. other? ❑ YES ❑ NO
   If **YES**, please describe: _____

4. Does your child have any of the following:
   a. asthma? ❑ YES ❑ NO
   b. history of wheezing? ❑ YES ❑ NO
   c. eczema? ❑ YES ❑ NO
   If **YES**, please describe: _____

Please Complete Other Side

5. Does your child have any of the following conditions which effect hearing or vision:
    a. difficulty hearing? ❑ YES ❑ NO
    b. frequent ear infections? ❑ YES ❑ NO
    c. PE tubes? ❑ YES ❑ NO
    d. wear glasses? ❑ YES ❑ NO
    e. other vision problems? ❑ YES ❑ NO

    If **YES**, please describe: _____

6. Does your child take any medications? ❑ YES ❑ NO

    If **YES**, please describe: _____

7. Has your child had any of the following:
    a. frequent colds? ❑ YES ❑ NO
    b. frequent sore throat/strep throat? ❑ YES ❑ NO
    c. frequent stomachaches? ❑ YES ❑ NO
    d. frequent nosebleeds? ❑ YES ❑ NO
    e. seizures ❑ YES ❑ NO
    f. frequent headaches ❑ YES ❑ NO
    g. heart murmur ❑ YES ❑ NO
    h. eating disorder? ❑ YES ❑ NO
    i. unusual behavior? ❑ YES ❑ NO
    j. bowel/bladders problems? ❑ YES ❑ NO
    k. other ❑ YES ❑ NO

    If **YES**, please describe: _____

8. Are there any other medical or emotional issues that the school should be aware of? _____

SIBLINGS (NAME & DATE OF BIRTH)

_____

_____

_____

_____

Child's Physician: _____ Date of Last Exam: _____

Child's Dentist: _____ Date of Last Exam: _____

GREEN MEADOW SCHOOL
PARENT QUESTIONNAIRE

Child's Name: _____ Date: _____

Parent's Name: _____

1. PLAY HABITS

What does your child choose to do most often? Describe

_____

What does your child appear to dislike?

_____

Does your child prefer to play with others/alone? Describe

_____

2. READING/WRITING EXPERIENCES

Describe: Earliest reading experiences: Favorite Books:

_____

Does your child like to be read to: How often? How Long?

_____

Does your child look at books on his/her own?

_____

If so, how does your child "look" at books independently?

_____

Does your child write yet? If so, what does he/she write?
(i.e. letters, name, words, sentences, stories, etc.)

_____

Describe earliest writing experiences.

_____

Does your child have any second language experiences?

_____

3. FAVORITE TOYS, RECORDINGS, TV SHOWS

_____

_____

4. INTERESTS

Sports, music, art, dance, gymnastics, etc.

_____

_____

Continued on Reverse

5. **HOW WOULD YOU CHARACTERIZE YOUR CHILD AS A LEARNER? FOR EXAMPLE:**

Does he/she prefer to work with others?

_____

Does he/she talk while working?

_____

Does he/she move actively about as he/she works or listens?

_____

Does he/she handle things as he/she investigates them?

_____

Does he/she stick to one project for long periods or changes projects frequently?

_____

Does he/she prefer to practice new things in private or public?

_____

6. **DOES YOUR CHILD HAVE A NICKNAME?**

_____

Green Meadow School

Maynard Public Schools

5 Tiger Drive
Maynard, MA 01754
Phone: 978-897-8246
Fax: 978-897-8298

Robert Rouleau
Principal

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. 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 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 CareProvider**(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.

Dear Parent/Guardian: Please give this form to your child's pre-school teacher.

PRE-SCHOOL TEACHER'S QUESTIONNAIRE

Child's Name: _____ Date: _____

School Name: _____ Teacher's Name: _____

Please answer the following questions as accurately as possible. These are not expected behaviors, but are listed here so that we can get a broad indication of how the child functions in a classroom setting. Thank you very much for your help.

CIRCLE THE APPROPRIATE RESPONSE

SELF CONCEPT:

Self Image: This child demonstrates: Good Fair Poor Self Image
He/She is comfortable in speaking before a group of his/her peers: Yes No
He/She is comfortable speaking with an adult: Yes No

SOCIAL AND EMOTIONAL MATURITY: Please circle all that apply.

Easily Frustrated Cries Easily Confident Socially Shy
Outgoing Independent Socially Mature

READINESS SKILLS:

Attention Span: Very Short Average for Age Unusually Long
Follows Directions: 1 Part 2 part 3 part
Sits Still to Focus Attention On A Task: No 5 Minutes l0 Minutes Longer
Demonstrates motivation for learning: Yes No

Fine Motor Skills -- Please comment briefly:

_____

_____

Gross Motor Skills (Hop, Skip, Jump, Balance, etc.)

_____

_____

Developmental Strengths and Weaknesses:

_____

_____

Continued on Reverse

BEHAVIOR:

He/She can be a productive member of the class: Always Frequently At Times

SELF HELP SKILLS. HE/SHE CAN:

Toilet without teacher assistance:	Yes	No
Get a drink without teacher's assistance:	Yes	No
Dress him/herself	Yes	No
Can put on his/her boots	Yes	No
Can wash hands independently	Yes	No

PARENT INVOLVEMENT: Please check all that apply

- ☐ Parent frequently checks in with teacher to assess progress.
- ☐ Parent volunteers in the classroom.

GENERAL COMMENTS:

_____

_____

_____

_____

_____

After completion, please mail to:

Green Meadow School
5 Tiger Drive
Maynard MA 01754

Thank you.