

In order to avoid delays in starting school, you will need to provide the following:

- Child's Name _____
- Last _____ First _____ Middle _____

- ☐ Emergency Form
- ☐ Language Survey Form
- ☐ Medical History
- ☐ Pre-School Teacher Assessment
- ☐ Residency Policy
- ☐ Residency Statement
- ☐ Parent Acceptance Use Policy

Stoughton Public Schools: The Future Starts Here!

***Please print**

CHILD INFORMATION

Child's Name _____ () male () female
Address (street) _____ Apt. _____
(city) _____ State _____ Zip _____
(phone) _____ Date of Birth _____

Has your child attended pre-school/child care? () yes () no

If yes, for how long? _____

List any pre-school or intervention program your child has attended

RACE/ETHNICITY

Ethnic Group and Race information is utilized for state and federal reports.

SELECT ONE

___ Hispanic or Latino

___ Not Hispanic or Not Latino

SELECT ALL THAT APPLY

___ American Indian/Alaskan Native

___ Asian

___ Black/ African - American

___ Hawaiian/other Pacific Islander

___ White

PARENT INFORMATION

Parent _____ Birthplace _____
First Middle Last
Education _____ Occupation _____ Living () Deceased ()

Member of the Armed Forces () Yes () No

Parent _____ Birthplace _____
First Middle Last
Education _____ Occupation _____ Living () Deceased ()

Member of the Armed Forces () Yes () No

Guardian _____ Birthplace _____
First Middle Last
Student lives with: _____

Language spoken at home: () English () other _____

PARENT QUESTIONNAIRE

SOCIAL, EMOTIONAL AND SELF-HELP SKILLS

What activities does your child like to do?

What are your child's special qualities and strengths?

How does your child react to new situations?

What have you found is the best way to work with your child when he/she is upset?

What techniques do you use to help your child comply with requests?

What are the best discipline strategies to use with your child?

Does your child have any fears you would like us to know about?

Has your child experienced any significant losses? If yes, explain.

Is there any additional information that you think the school should have?

Thank you for helping us to get to know your child. We appreciate the time and effort you have taken to answer these questions.

Who is completing this questionnaire? _____ Relationship to child? _____

Stoughton Public Schools Emergency Form

Please complete information on both sides in blue ink.

Student's Name: _____ Date of Birth: _____ Gender: _____ Grade: _____

Address: _____ Home Room: _____ Home Phone: _____ Unlisted: _____

Child Lives with: _____ Both Parents _____ Mother _____ Father _____ Guardian _____ Other _____

Any Parental Restrictions? _____ Custody Documents: _____

Please send Email notifications to: _____

Parent/Guardian: _____

Parent/Guardian: _____

Address: _____

Address: _____

Email Address: _____

Email Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Does this student have any siblings who attend another Stoughton Public School? _____ Yes _____ No

In case of an emergency and we cannot reach you, list up to three adults who have agreed to take responsibility for your child and have consented to the release of their information.

Contact #1 _____ Phone _____ Relationship _____

Contact #2 _____ Phone _____ Relationship _____

Contact #3 _____ Phone _____ Relationship _____

Health Information

If your child has any medical problems, chronic conditions, known allergies or takes any medication, please contact your child's school nurse.

The school nurse has standing orders from our school physician to administer epinephrine for unknown anaphyaxis; diphenhydramine by mouth for symptoms of environmental allergies or minor rash; and caladryl lotion for itch. No other medications are supplied by the school nurse's office but may be administered if a supply is received from a parent and the proper MADPH regulations for medication administration in schools are followed.

Physician's Name: _____

Physician's Phone _____

Dentist's Name: _____

Dentist's Phone _____

Insurance Information

Health Insurance Company _____ Policy Number _____

Type of Insurance _____ Private _____ Public (e.g. Mass Health, etc.) _____ No Insurance _____ Unknown

If you have no health insurance, Massachusetts has health plans that will provide uninsured children with affordable healthcare. Please contact your school nurse for more information. All communications will be confidential.

(Over)

Student's Name: _____ Grade: _____

Home Language Survey

First language spoken by your child: _____ Languages spoken at home: _____

What languages does your child speak to his siblings and friends? _____ grandparents? _____

The Massachusetts Department of Education requires each district to report on a child's ethnicity and race.

Please choose ethnicity: ☐ Hispanic ☐ Not Hispanic

AND race (all that apply): ☐ American Indian/Alaskan Native ☐ Asian ☐ Black ☐ Hawaiian/Other Pacific Islander ☐ White

MIC3-Military Service

Is there a household member actively serving full-time in or has been discharged or retired in the past year from any branch of the military including the National Guard?

☐ No, not a member of a military family.

☐ Yes, child of members or veterans who are medically discharged or retired for one year.

☐ Yes, child of active duty member.

☐ Yes, child of member who died on active duty.

Parent/Guardian Permission: Please check off and initial each permission item below.

Health Information:

I give permission for the school nurse to share medical information with the appropriate school personnel. I authorize school authorities to call my child's physician if I cannot be reached and such a call is considered necessary for school personnel to have my child transported to the local hospital for treatment in the event of an emergency. ☐ Yes ☐ No

Student Handbook:

I have seen and am aware of the Stoughton Public School's Student and Parent Handbook which includes the Code of Conduct, Attendance Policy, Internet Policy, the Hazing Law and the Disciplinary Procedures. ☐ Yes ☐ No

Field Trip Permission:

I grant permission for my child to attend in-district functions. ☐ Yes ☐ No

Photograph/Media Release/Student Publications:

I give permission for my child to be photographed/videoed during the school year. I understand that these materials will be used for educational purposes only. ☐ Yes ☐ No

I give permission to allow pictures of my child to be placed on the Stoughton Public Schools website, social media, and local news outlets for purposes of documenting activities and achievements. ☐ Yes ☐ No

I give permission to allow pictures of my child to be published in the school yearbook. ☐ Yes ☐ No

I give permission for my child's name to be used with their photo on the Stoughton Public Schools website, social media, and local news outlets for purposes of documenting activities and achievements ☐ Yes ☐ No

I give permission for my child's work, e.g., voice, likeness, quotes, written material, musical pieces, and graphic or other artwork to be published. ☐ Yes ☐ No

Volunteers:

Indicate if you are interested in volunteering at your child's school ☐ Yes ☐ No

Any volunteer/chaperone who works in the school must complete a C.O.R.I. (Criminal Offender Record Information) report application every year. If you are interested in serving as a volunteer or room parent, please fill out a CORI form and return it to the school office.

Volunteers may need to be fingerprinted under certain circumstances. Please contact the building principal.

Directory Information

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. If you do not want directory information disclosed other than to school staff, please indicate by checking No. ☐ No

Parent/Guardian Signature (your signature indicates that you have read and understand this document):

Name: _____ Date: _____

Printed Name: _____

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 <input type="checkbox"/> M <input type="checkbox"/>
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 primary language used in the home, regardless of the language spoken by the student? _____	Which language(s) are spoken with your child? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - 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? _____	
How many years has the student been in U.S. Schools? (not including pre-kindergarten) _____	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 <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	
Parent/Guardian Signature: X _____	_____ / ____ / 20____ Today's Date: (mm/dd/yyyy)	

**Stoughton School Personnel TURN OVER for additional information.

OFFICE USE ONLY:

Stoughton's ELE Department did not assess the English language proficiency of _____, due to the following reason/s:

- ☐ English is the primary language spoken at home/used by the student based on the Home Language Survey and interview(s) with parents/guardians/caregivers. The student does not speak a second language.
- ☐ English is the primary language spoken at home/used by the student based on interview(s) with administrators and/or teachers of former school. The student does not speak a second language.
- ☐ No evidence of EL identification/status based on language proficiency screening/testing, or state language assessments such as Pre-IPT or IPT, WIDA W-APT, WIDA Model, WIDA SCREENER, or WIDA ACCESS in previous school records.
- ☐ Student is/was FEL (Former English Learner) status.

Additional information: _____

ELE Teacher's name: _____

ELE Teacher's signature: _____

Date: _____

**Stoughton Public Schools Medical History
For Kindergarten Registration**

Name of Student: _____ **Date of Birth:** _____
Name of Parent(s): _____ **Date:** _____
Name of Person filling out form if different from parent _____

Birth

Baby's birth weight? _____

Were there any significant problems during pregnancy or birth? _____

Was your child premature? YES NO

During the hospital stay, after the birth, did your baby have any medical issues? _____

Child's Health Since Birth

Have there been any problems with:

Vision	YES	NO	Hearing	YES	NO
Walking	YES	NO	Climbing	YES	NO
Reaching	YES	NO	Holding on to things	YES	NO
Eating with utensils	YES	NO	Appetite/trying new foods	YES	NO
Toilet training urine/bowels		YES		NO	
Wash and dry own hands		YES		NO	
Dressing with little assistance		YES		NO	
Speech that is understood by others		YES		NO	
Expressing thoughts or feelings		YES		NO	

For all YES answers, please explain:

Have there been any significant injuries, illnesses, hospitalizations or any other health concerns? YES NO

Describe: _____

** For a YES answer, please see the school nurse**

Is your child covered by health insurance? YES NO

** For a NO answer, please see the school nurse**

SCHOOL HEALTH INFORMATION

DAWE SCHOOL Jennifer Slade, RN 131 Pine Street Stoughton, MA 02072 781-344-7007 Fax: 781-344-8271	JONES EARLY CHILDHOOD CENTER Noelia Woodward, RN 137 Walnut Street Stoughton, MA 02072 781-344-7003 Fax: 781-344-4116
GIBBONS SCHOOL Sheray Houle, RN 235 Morton Street Stoughton, MA 02072 781-344-7008 Fax: 781-341-3915	SOUTH SCHOOL Donna Kaplan, RN 171 Ash Street Stoughton, MA 02072 781-344-7004 Fax: 781-344-5514
HANSEN SCHOOL Theresa Staulo, RN 1800 Central Street Stoughton, MA 02072 781-344-7006 Fax: 781-341-8446	WILKINS SCHOOL Emilie Driscoll, RN 1322 Central Street Stoughton, MA 02072 781-344-7005 Fax: 781-344-2558

Medication Policy: All medications must be brought to school in its original prescription labeled container by an adult. No medication will be administered unless the following steps are taken:

- ✓ Short term medication (antibiotics) – Please submit a parental note stating the child's name, name of medication, dose and time to be given
- ✓ Daily, emergency, and "as needed" medication – Both a physician's order and parental authorization form is required. Forms are available through the school nurse

Medical Information: Please inform the school nurse of any medical concerns or conditions. Please update her as necessary throughout the year.

Emergency Forms: Please complete and sign, making sure we have at least two alternate contacts in the event of an emergency or in cases that you cannot be reached. Please update us immediately if any information changes.

Absences: Please call the school to report your child's absence. Medical documentation may be required in certain circumstances as determined by the school nurse.

Dismissals: School nurses are obligated to follow Infectious Disease Control Guidelines set forth by the Massachusetts Department of Public Health. School attendance and prevention guidelines include, but are not limited to, dismissal of student in cases of fever over 100°F, undiagnosed skin rashes, conjunctivitis, other symptoms and/or conditions as determined by the school nurse.

Thank you for your cooperation in these important matters. Additional health information is available in each school's Student and Parent Handbook.

STOUGHTON PUBLIC SCHOOLS
KINDERGARTEN ENTRY REQUIREMENTS
FOR SCHOOL YEAR 2021/2022

To: Parent(s)/Guardian(s) of children entering Kindergarten in September 2021

This letter is to remind you that a physical exam and full immunization record is required for entry into Kindergarten.

Every student entering Kindergarten must submit the following items to the school nurse **BEFORE** school entrance in September of the year 2021:

- A current physical exam conducted by a licensed physician, nurse practitioner or physician assistant within one year prior to enrollment or within 30 days after school entry
- A certificate of immunization from a licensed provider documenting that the child has been successfully immunized in accordance with the current Department of Public Health schedule which is:
 - 5 Doses of DTAP (unless the 4th dose is administered after the fourth birthday)**
 - 4 Doses of IPV (unless the 3rd dose is administered after the fourth birthday)**
 - 3 Doses of Hep B**
 - 2 Doses of MMR**
 - 2 Doses of Varivax**
- Documented date of a completed lead screening
- Documentation of a completed Tuberculosis Risk Assessment or negative Mantoux test (may be on the physical exam form).
- Documentation that the child, within the previous 12 months, has passed a vision screening or proof of a comprehensive eye examination indicating any pertinent diagnosis, treatment, prognosis, recommendation and evidence of follow-up treatment, if necessary.

Please ensure that these documents are delivered to the elementary school in which your child will attend, prior to the start of school. If you are mailing the documents, please address the envelope to the **ATTENTION** of the **SCHOOL NURSE**. For your convenience, each school's address and nurse's contact information is listed on the back of this document. **No child will be permitted to start school unless these requirements are met.**

Also, if your child has a medical concern, please contact the elementary school nurse in order to discuss any medical plans, medications (including daily or "as needed" doses), or treatments that may be needed during the school day. We encourage you to do this before this school year ends in June 2021 and then update the nurse again at the beginning of the school year in September 2021.

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 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): 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.

**STOUGHTON PUBLIC SCHOOLS
STOUGHTON, MASSACHUSETTS**

I give permission for _____ to release information about my child.
Name of Preschool

My child will be attending the _____ in September.
Name of Elementary School

Parent's Signature

Dear Preschool Teachers,

Please take the time to complete this teacher assessment form. This part of our kindergarten registration will help us to know the child better. Please email this form to c_fitzgerald@stoughtonschools.org or mail to the South Elementary School at 171 Ash Street Stoughton, MA 02072 attention Cathy Fitzgerald. Thank you for your time.

PRE-SCHOOL TEACHER ASSESSMENT FORM

CHILD'S NAME _____ D.O.B.: _____

Statement of child's progress in school: _____

Child's Strengths: _____

Child's Weaknesses: _____

Do you have any concerns about this child's ability to be successful in kindergarten? Please be specific, with respect to areas such as readiness skills, social-emotional development, attention span, etc. _____

Does the child demonstrate age appropriate skills in the following areas? Please rate.

	<u>Rarely</u>	<u>Sometimes</u>	<u>Consistently</u>
Readiness skills	_____	_____	_____
Attention during the following:	_____	_____	_____
circle/large	_____	_____	_____
group activities	_____	_____	_____
free play	_____	_____	_____
structured activities	_____	_____	_____
gross motor activities	_____	_____	_____
Task completion	_____	_____	_____
Organization	_____	_____	_____
Memory	_____	_____	_____
Motivation	_____	_____	_____
Peer relationships	_____	_____	_____
Teacher-student relationships	_____	_____	_____
Self-control/Impulsivity	_____	_____	_____
Fearfulness	_____	_____	_____
Anxious	_____	_____	_____
Activity level	_____	_____	_____
Follows 1-step directions	_____	_____	_____
Follows 2-step directions	_____	_____	_____
Follows rules	_____	_____	_____
Follows routines	_____	_____	_____
Verbally expresses self	_____	_____	_____
Pronounces most sounds	_____	_____	_____
Is understood by unfamiliar listener	_____	_____	_____
Accepts children in his space	_____	_____	_____
Plays with other children	_____	_____	_____
Plays appropriately with:			
puzzles, blocks, construction toys	_____	_____	_____
Uses crayons or pencils	_____	_____	_____
Draws or writes rather than scribbles	_____	_____	_____
Throws/catches ball	_____	_____	_____
Social/Emotional Adjustment	_____	_____	_____
Gross motor skills	_____	_____	_____

How long can the child attend to activities:

Circle one:

5-10 min.

10-15 min.

15-20 min.

How would you rate the child's attendance?

Other comments:

Signature: _____ Date : _____

Position: _____ School: _____

STOUGHTON PUBLIC SCHOOLS

SCHOOL COMMITTEE POLICY JFAA - RESIDENCY

It is the policy of the Stoughton School Committee that proof of residence must be established by the student and/or his/her parent/guardian in accordance with the following criteria:

New residents will be required to sign a Residency Statement and submit two or more of the following as proof of residence:

1. A deed or lease agreement for property in Stoughton.
2. A mortgage statement verifying the owner's name and address.
3. A rental receipt or notarized letter from the property owner which includes the name and address of the landlord.
4. A residential utility and/or telephone statement. If resident does not subscribe to a land-line, a cell phone invoice, indicating a Stoughton address, is required instead.
5. Other pertinent information as deemed appropriate by the Superintendent of Schools.

It is important to note that simply owning property within the Town of Stoughton does not establish residency for a child and allow them to attend the Stoughton Public Schools.

Students living with persons other than their parent/guardian, who have met residency requirements and signed a Residency Statement, will be required to have the persons they are living with submit the following proof of residence:

1. Court documentation of guardianship;
2. Notarized documentation that the student is maintaining permanent residency with the person(s) indicated at the given address;
3. Students with unusual circumstances may appeal to the Superintendent and all decisions are final.

The parent/guardian of students whose residency changes within the community are also required to update their child's proof of residence.

The School Department reserves the right to confirm actual living arrangements. This includes conducting home visits. The purpose of such visits will be to assist in the determination as to whether or not the student resides at the indicated address. For the purposes of maintaining residency, a student must spend at least 51% of their school nights at their Stoughton address. To ensure that parents/guardians are aware of the residency requirements, the parent/guardian is required to sign the Residency Statement provided with this policy.

If the results of a residency investigation conducted by the District determines that a student does not reside in Stoughton, the parent/guardian of that student, or any person who falsely claims that a student lives with them, will, when deemed appropriate by the principal or superintendent, be required to pay the full cost of the student's tuition to the Stoughton Public Schools for the period of their enrollment, as well as any related legal fees. In addition to incurring civil liabilities, any person who knowingly registers or attempts to register a student not living in Stoughton, or maintains the enrollment of a student who no longer resides in

Stoughton, will be found in violation of the residency requirement and will, when deemed appropriate by the principal or superintendent, be referred to the proper agency for criminal prosecution.

When families already living in Stoughton find that their individual circumstances will create a violation of this policy, a Principal or district administrator shall have the authority to investigate and evaluate their specific circumstances, and based upon their discretion, may provide a reasonable short-term accommodation.

The community is encouraged to report violation of this policy to a Building Principal, a Central Office Administrator, the Administrator of Special Education, and/or the Athletic Director. Each of these individuals will be responsible for reporting the alleged violation to the Superintendent.

On an annual basis, Principals shall verify the residency of up to 20% of the families with children attending their school. Residency verification will require parents/guardians to provide the same documentation necessary to establish residency and sign an updated residency statement. Principals will coordinate their efforts to a reasonable extent to minimize the possibility of parents/guardians with children in multiple schools being required to undergo residency verification on successive years.

This Residency Policy will be included in all Parent/Student Handbooks, as well as distributed to all parents/guardians upon registering a new student in the Stoughton Public Schools.

This residency policy does not apply to homeless students, or students in foster care, who are required to be enrolled immediately.

Vote to Adopt: May 26, 2020

STOUGHTON PUBLIC SCHOOLS
STOUGHTON, MASSACHUSETTS

Residency Statement

I hereby declare that the student identified below resides within the Town of Stoughton. I acknowledge receipt of a copy of the Student Residency Policy, understand the requirements of the Stoughton Public Schools, and agree to abide by its terms. I further understand that the Stoughton Public Schools may request additional information from me to substantiate the fact my child meets its residency requirements. I further acknowledge that if it is determined the residency requirements of Stoughton Public Schools have not been met or maintained, my child will be dismissed immediately from Stoughton Public Schools; and that I, and possibly others, will be responsible for tuition and related expenses for the time during which my child attended the Stoughton Public Schools, as well as any related legal fees incurred by the District. I understand that any person who knowingly registers or attempts to register a student not living in Stoughton, or maintains the enrollment of a student who no longer resides in Stoughton, will be found in violation of the residency requirements and shall be subject to criminal prosecution.

Date: _____

Child(ren)'s printed name:

Residency at the time of enrollment or change of address:

Street Address: _____ Apt #: _____
Stoughton, MA 02072

Printed Name of Parent/Guardian

Signature of Parent/Guardian

STOUGHTON PUBLIC SCHOOLS
RESIDENCY AFFIDAVIT – LANDLORD / SHARED TENANCIES

Instructions: Any applicant for the Stoughton Public Schools who cannot produce a current mortgage statement or lease must ask the owner or lessee of the property where the applicant lives to complete and sign this legal affidavit. This document must be signed and sealed by a Notary Public.

It is the responsibility of the applicant (not the person who completes this affidavit) to attach a record of recent rent payments unless the affidavit affirms in Item #3 below that the tenancy does not require payment of rent.

AFFIDAVIT

My name is _____ and I hereby depose and certify as follows: (Please complete all three items and sign below)

1. I am the owner / lessee of the property located at _____ in the Town of Stoughton, Massachusetts.

2. _____, who is the parent or legal guardian of _____, leases or subleases this property as their principal residence from me, without a written lease, in a tenancy at will, from month to month.

3. Please check one:

_____ I have received within the past thirty (30) days rental payment for the lease or sublease of the premises.

OR:

_____ Alternatively, I hereby state that the party named above resides with me at the address above with no payment of rent.

Signed under the pains and penalty of perjury this _____ day of _____, 20 _____.

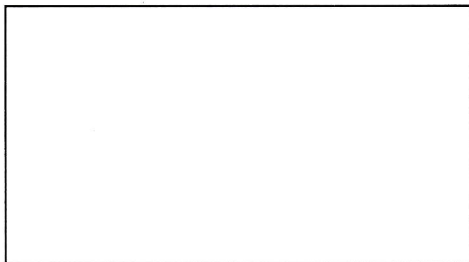
Printed Name: _____ Signature: _____

Printed Address: _____

Phone: _____ email: _____

The information contained in this legal affidavit is subject to verification by a residency investigator. If it is determined that false information was provided, the District reserves the right to take legal action against the offending party.

Notary Public Certification Section "On this _____ day of _____, 20 _____, before me, the undersigned notary public, _____ personally appeared, proved to me through satisfactory evidence of identification, to be the person who signed the preceding document in my presence and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief."



Notary Public Signature _____

Commonwealth of Massachusetts County of _____

Commission Expires _____

STOUGHTON PUBLIC SCHOOLS

31 PIERCE STREET
STOUGHTON, MA 02072

PowerSchool Parent/Guardian Portal Acceptable Use and Safety Policy

I am requesting to review my child, _____'s student information on the Stoughton Public Schools District Parent Portal website. I understand that in the interest of security, the District Reserves the right to change user passwords or to deny access at anytime.

By signing this agreement, I as parent/guardian, release the Stoughton Public School District from any and all liability for damages arising out of the unauthorized access to my parent/guardian account.

I also agree to abide by the following guidelines:

1. I agree that I will not share my password or allow anyone other than myself to use the account including my own child(ren).
2. I agree to protect any information printed or transferred to my computer, or destroy the documentation generated from this site.
3. I understand that three unsuccessful logins will disable my account. If my account becomes locked I will contact the Helpdesk via email at parenthelpdesk@stoughtonschools.org and request the account to be unlocked. I will answer any questions to verify my identity. At the sole discretion of the District, the account may be unlocked, but I understand that it may take up to five school days to have my account unlocked.

Parent/Guardian Information

By my signature below, I affirm that there are no legal restrictions that would preclude me from accessing my student's information. By my signature below, I have read and understood the terms of the PowerSchool Parent/Guardian Portal Acceptable Use and Safety Policy in the school's handbook, and agree to adhere to its terms.

Parent/Guardian Name (1)

Please Print

Signature _____

Parent/Guardian Name (2)

Please Print

Signature _____

Address: _____

Guardian email address: _____

Please forward this signed completed form to your child's school. Once the above information is verified and processed, you will receive via the email listed above your student's PowerSchool Access ID and Password along with directions on how to access the site and create your Username and Password or add the above listed child to your existing account.



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
School-Based Medicaid Program Bulletin 32
June 2019

TO: School-Based Medicaid Providers Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: **Parental Consent for Local Education Agencies to Bill MassHealth Does Not Change MassHealth Benefits Outside of School**

Background

MassHealth is dedicated to improving the health outcomes of our diverse members, their families, and their communities by providing access to integrated health care systems that sustainably promote health, well-being, independence, and quality of life.

According to guidance published by the Department of Elementary and Secondary Education (DESE), the Family Education Rights and Privacy Act (FERPA) requires LEAs to obtain consent from a parent or guardian to share information with MassHealth, including information needed to bill MassHealth for services provided to students, DESE provides [guidance on parental consent](#) requirements on its website.

This bulletin clarifies that parental consent allowing LEAs to bill MassHealth does not change the MassHealth services that members can receive inside or outside of school. LEAs are encouraged to share this bulletin with parents and guardians to clarify this policy.

The School Based Medicaid Program (SBMP) does offer local education agencies (LEAs) an important opportunity to be reimbursed when they provide MassHealth covered services to MassHealth members. LEAs can be cities, towns, charter schools, regional schools, vocational schools, or technical schools. LEAs may bill MassHealth for reimbursable services and administrative costs. Parents and guardians of MassHealth members are **not** billed for these services.

Consent to LEA Billing MassHealth

Granting or revoking parent or guardian consent to allow the LEA to bill MassHealth **does not change** the amount, frequency, or duration of MassHealth services that MassHealth members can receive inside or outside of school. Services that MassHealth members may receive both in and out of school include, but are not limited to

- Nursing services
- Physical, occupational, and speech therapies
- Applied Behavior Analysis (ABA) services
- Psychotherapy services

**MassHealth
School-Based Medicaid Program Bulletin 32
June 2019
Page 2**

MassHealth may require prior authorization (PA) to determine whether certain services are medically necessary outside of school. PA may be required before services start or after a certain threshold of visits have been met. As part of the PA process, MassHealth reviews the member's needs and/or conducts a clinical evaluation of the member's needs and also considers the services the member already receives, including the services expected to be delivered in the school setting.

Clinical review and prior authorization are conducted as appropriate **regardless of whether an LEA bills MassHealth**. Thus, the granting or revoking of parental or guardian consent for LEAs to bill MassHealth does not change the amount, frequency, or duration of services provided outside of school.

SBMP Website

For more information about the School-Based Medicaid Program, including the upcoming changes effective July 1, 2019, please see www.mass.gov/masshealth/schools. A copy of this bulletin can be found at www.mass.gov/lists/sbmp-program-bulletins.

Questions

If LEAs have questions about this bulletin please contact the School-Based Medicaid Claiming Program at (800) 535-6741 or by email at schoolbasedclaiming@umassmed.edu.

If parents or guardians have questions or concerns about their child's out-of-school MassHealth benefits, please contact the MassHealth Customer Service Center at (800) 841-2900.

For questions specifically about Community Case Management (CCM), please contact the CCM program at (508) 856-6222.

For questions about parent or guardian consent, please contact the DESE Office of Student and Family Support at (781) 338-3010 or by email at achievement@doe.mass.edu.

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

Stoughton Public Schools 02850000

Dear Parent/Guardian of: _____ Grade: _____ Homeroom: _____

Regulations regarding what schools may bill to the MassHealth Program have recently changed. These changes include the ability for all communities in Massachusetts 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 to be reimbursed for these services a parent or guardian must sign a consent form allowing the district to share information with Mass Health. Signing this document indicates your permission for our district to engage in this program.

Stoughton Public Schools thanks you in advance for your cooperation in signing this document. Please return it to your child's school.

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 _____

Student: _____ Date of Birth: _____ SASID: _____