

Applications will be accepted starting April 10, 2023 due no later than May 5, 2023

Dracut Public Schools
PRESCHOOL PROGRAM APPLICATION
2023-2024

Student Name _____

Parent Name _____

Primary Email Address _____

Best Contact Number _____

REQUIRED DOCUMENTS :

_____ Student Registration Form (2 pages)

_____ Parent/Guardian Information Form

_____ Student Residency Questionnaire

_____ Home Language Survey

_____ Current physical examination and up to date health immunizations

1. Certificate of Immunization
2. Student Health and Medical Information

_____ Proof of Residency

Before any student is enrolled in the Dracut Public Schools, his or her parent or legal guardian must provide:

1. A signed Affidavit of Residency **(must be notarized)**
 2. Proof of residency in the Town of Dracut **(3 documents)** including copy of driver's license
 3. A completed Dracut Public Schools emergency form
- (See School Enrollment/Residency Document included in this packet)*

_____ Birth Certificate

*****REGISTRATION PACKETS WILL ONLY BE ACCEPTED
FULLY COMPLETED WITH ALL REQUIRED DOCUMENTS.**

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DRACUT PUBLIC SCHOOLS
STUDENT SERVICES DEPARTMENT

APPLICATION FOR PEER MODEL STUDENTS
INTEGRATED PRESCHOOL PROGRAM
2023-2024

The following information is necessary on all students applying:

Name: _____

Preferred name: _____

Address: _____

Best Contact Number: _____

DOB: _____ Birthplace: _____ Sex: Male ___ Female ___

Mother's Name: _____

Father's Name: _____

Mother's Place of Employment: _____

Address: _____ Telephone: _____

Father's Place of Employment: _____

Address: _____ Telephone: _____

PRIMARY email address for parent/guardian _____

Emergency Contact information:

Name _____ Telephone: _____

Relationship to Student: _____

What is the child's primary language? _____

What is the primary language of parent/guardian? _____

Is there any special information, physical, emotional, etc. that the school should be aware of?

Is your child receiving any special services/Early Intervention/Hospital services etc. which the school should be aware of?

Please specify: _____

Names and Birth Dates of other children in family:

Name: _____ DOB: _____

Name: _____ DOB: _____

Any additional information you would like to share such as custody agreements, court orders, Military status etc.

-Scheduled tuition payments **must be made on due dates** in order for your child to continue to remain in the program.

-Days that children do not attend due to illness are not deductible.

-You must be a resident of the town of Dracut at the time of the application and throughout the duration of the program.

-Please be aware that transportation services are *not* provided to Peer Model students.

-Any child receiving special education services is ineligible as a "Peer Model Student".

- If the child displays behavior that is not developmentally appropriate, the District reserves the right to withdraw the child from the program.

I have read and understand the attached information sheet. Providing false information or withholding information may be grounds for exclusion from the program.

Signature

Date

Relationship to the Child

**DRACUT PUBLIC SCHOOLS
STUDENT SERVICES DEPARTMENT
INTEGRATED PRESCHOOL PROGRAM
PROGRAM INFORMATION 2023-2024**

PROGRAM DESCRIPTION:

The Dracut Integrated Preschool Program (IPP) was created to provide opportunities for children with disabilities to receive specialized instruction and services in an environment that includes peers with developmentally appropriate social/behavioral, and communication skills.

PROGRAM PHILOSOPHY:

The Integrated Preschool Program strives to provide a safe and nurturing environment that promotes the physical, social, emotional, and cognitive development of young children. The program facilitates growth and development in all students through the use of developmentally appropriate and professionally recognized practices and techniques.

PEER MODEL STUDENT PARTICIPATION:

Openings in the Integrated Preschool Program (IPP) exist for “Peer Model” children, or children who demonstrate appropriate social, behavioral, and communication skills. The IPP exists to support the needs of students with disabilities identified by the District, in accordance with State and Federal law.

PROGRAM

Your child must be three (3) years old by August 31, 2023 to attend as a “peer model”

Placement in specific sessions is based on programmatic decision making.

Sessions are Monday, Tuesday, Wednesday and Thursday

AM session 8:30-11:00 PM session 12:10-2:40

TRANSPORTATION:

Transportation is **NOT** provided by the District. Parents are responsible for transportation.

REGISTRATION:

Student registration packets will be available online at Dracutps.org.

Completed packets must be returned to the central office or can be emailed to

Lissa Lessard at llessard@dracutps.org by **May 5, 2023**.

A copy of items required for registration are listed below.

- License/photo ID
- Birth Certificate
- Immunization Record
- Current Physical
- Home Language Survey
- Proof of residency requirements (please see attached school/residency form)

TUITION:

Tuition is payable to **Dracut Public Schools Preschool Account**. Please send payments to:

Dracut Public Schools
Business Office
2063 Lakeview Avenue
Dracut, MA. 01826
ATTN: PRESCHOOL PAYMENTS

133 Sessions x \$18.00=\$2340.00

First payment:

Must be equal to 25% of the total tuition cost due no later than August 31, 2023 = \$585.00

Second payment:

Must be equal to 25% of the total tuition cost due no later than November 30, 2023 = \$585.00

Third payment:

Must be equal to 25% of the total tuition cost due no later than January 31, 2024 = \$585.00

Fourth payment:

Must be equal to 25% of the total tuition cost due no later March 31 , 2024 = \$585.00

***Please note you will NOT receive any tuition invoices. Tuition payments are parent responsibility, please follow the payment schedule above. Alternate payment plans available to discuss options please call the business office.**

Scheduled tuition payments must be made on due dates in order for your child to continue to remain in the program.

Snow days will be added to the end of the calendar year.

Days that children do not attend due to illness are not deductible.

You must be a resident of the town of Dracut at the time of the application and throughout the duration of the program.

Any child receiving special education services is ineligible as a "Peer Model Student".

If the child displays behavior that is not developmentally appropriate, the District reserves the right to withdraw the child from the program.

*****REGISTRATION PACKETS MUST BE RETURNED FULLY
COMPLETED IN ORDER TO BE ACCEPTED.**

Parent Signature _____ Date _____

Student Name (**PRINT**) _____ DOB _____

STUDENT EMERGENCY INFORMATION

(Please complete the information below)

Grade _____ Home Rm# _____

Student's Name _____
(Last) (First) (Entire Middle Name)

Address _____ Telephone _____

Student Lives With: ☐ Mother ☐ Father ☐ Both ☐ Guardian ☐ Other _____

Location of Bus Stop _____ Bus # AM _____ Bus # PM _____

Gender ☐ Male ☐ Female ☐ Non Binary

Date of Birth _____ Place of Birth _____

Language Spoken at Home _____

Previous School _____ (If new to Dracut School System)

Day Care Information

Day Care Provider _____ Day Care Telephone _____

Day Care Address _____

In case of emergency please contact:

Contact #1 _____ Relationship _____

Address _____

Home Telephone _____ Work Telephone _____ Ext. _____

Contact #2 _____ Relationship _____

Address _____

Home Telephone _____ Work Telephone _____ Ext. _____

Contact #3 _____ Relationship _____

Address _____

Home Telephone _____ Work Telephone _____ Ext. _____

=====

Should a school building emergency or weather related problems cause students to be dismissed early, who should be contacted?

Name _____ Relationship _____

Address _____ Phone _____

ARE YOU 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 YOUR RACE? YOU MAY SELECT ☒ ONE OR MORE RACES.

- ☐ 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 having origins in any of the black racial groups of Africa.
- ☐ 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 including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ Native Hawaiian or Other Pacific Islander; a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

NAME

GRADE

HOMEROOM

TEACHER

**DRACUT PUBLIC SCHOOLS
SCHOOL ENROLLMENT / RESIDENCY**

I. RESIDENCY

In order to attend the Dracut Public Schools, a student must actually reside in the Town of Dracut, unless one of the exceptions (set forth in Part V) applies. The residence of a minor child is ordinarily presumed to be the legal residence of the child's parent or legal guardian having physical custody of the child. A student's actual residence is considered to be the place where he or she lives permanently. In determining residency, the Dracut Public Schools retains the right to require the production of a variety of records and documentation and to investigate where a student actually resides.

A determination that a student does not actually reside in the Town of Dracut renders the student ineligible to enroll in the Dracut Public Schools or, if the student is already enrolled in the Dracut Public Schools, shall result in the termination of such enrollment. A parent, legal guardian, or student who has reached the age of majority (18), who is aggrieved by a determination of residency, may appeal the determination to the Superintendent of Schools, whose decision shall be final.

II. VERIFICATION OF RESIDENCY

Before any student is enrolled in the Dracut Public Schools, his or her parent or legal guardian must provide:

1. A signed Affidavit of Residency
2. Proof of residency in the Town of Dracut (3 documents) including copy of driver's license
3. A completed Dracut Public Schools emergency form

All applicants for enrollment must submit at least one document each from Column A, B. Items in Column C are mandatory for registration, and any other documents that may be requested, including but not limited to those from Column A, B, or C (noted below)

The Dracut Public Schools does not accept a purchase and sales agreement.

Column A Evidence of Residency	Column B Evidence of Occupancy (must show Dracut address)	Column C (MANDATORY) Evidence of Identification (Photo ID), or
Record of recent mortgage payment and/or property tax bill	Recent bill dated within the past 60 days showing Dracut address: Gas Bill, Oil Bill, Cable Bill, Electric Bill, House Insurance Bill	Copy of valid Driver's License indicating Dracut address, or
Copy of Lease and record of recent rental payment		Copy of valid MA Photo ID Card if license if not available indicating Dracut address, and
Landlord Affidavit and recent rental payment	Home Telephone Bill (not cell phone)	Copy of current Vehicle Registration (if available)
Section 8 Agreement	Excise Tax Bill	

*Massachusetts law requires that you report a change of address to the
Registry of Motor Vehicles within 30 days of moving.*

The Principal, or his/her designee, may verify the home address and home telephone number of each student at least once during the school year. Any irregularities shall be reported promptly to the Supervisor Attendance of the Dracut Public Schools. Parents are required to notify the school of any changes of their address or the address of the student within five days of the change.

**DRACUT PUBLIC SCHOOLS
SCHOOL ENROLLMENT / RESIDENCY (CONTINUED)**

III. ENFORCEMENT

Should a question arise concerning any student's residency in the Town of Dracut, while attending the Dracut Public Schools, the student's residency will be subject to further inquiry and/or investigation. Such questions concerning residency may arise on the basis of incomplete, suspicious, or contradictory proofs of address; anonymous tips; correspondence that is returned to the Dracut Public Schools because of an invalid or unknown address, or other grounds.

The Principal / Administrator may request additional documentation and may obtain the services of police, town departments and/or investigative agency personnel to conduct investigations into student residence.

Should it be determined that information provided be found to be false information as to residency in Dracut, parents/guardians may be held financially liable for paying restitution to the Dracut Public Schools for the cost incurred in educating the student (M.G.L. Chapter 76, Section 5).

Parents/guardians could also be held liable for additional costs including, but not limited to attorney's fees incurred by Dracut Public Schools in seeking restitution for educating the student.

Upon an initial determination that a student is actually residing in a city or town other than the Town of Dracut, the student's enrollment in the Dracut Public Schools shall be terminated immediately.

IV. PENALTIES

In addition to termination of enrollment and the imposition of other penalties permitted by law, the Dracut Public Schools reserve the right to recover restitution based upon the costs of educational services provided during the period of non-residency (M.G.L. Chapter 76, Section 5).

V. EXCEPTIONS

1. The Residency Requirements Shall Not Apply to the Following:
 - a. Students enrolled in the High School under special programs approved by the School Committee, such as educational exchange programs;
 - b. Accepted School Choice Students;
 - c. Tuition paying students, as permitted by law;
 - d. Students who are entitled to attend the Dracut Public Schools under the McKinney-Vento Homeless Assistance Act.

Dracut Public Schools - Residency Affidavit

All persons registering a student(s) with the Dracut Public Schools shall be required to sign a certification of residency affidavit which includes the penalties of perjury regarding the information provided. In addition, any person who falsely claims that a student lives with them, or the parents of that student, may be required to pay the full cost of the student's tuition to the Dracut Public Schools as well as any legal fees. (M.G.L. Chapter 76, Section 5).

I, _____ am the parent or legal guardian of
(Name of parent/guardian - Please Print)

(Name of Student - Please Print)

We both reside in Dracut, at _____
(Dracut Address)

I/we acknowledge that I am required to notify the above student's school, in writing, of any change in said student's address within five (5) calendar days of such change of address.

I/we understand that should a question arise concerning any student's residency in the Town of Dracut, while attending the Dracut Public Schools, the student's residency will be subject to further inquiry and/or investigation. I/we acknowledge that the Principal / Administrator may request additional documentation and may obtain the services of police, town departments and/or investigative agency personnel to conduct investigations into student residence.

I have been informed and I am aware that if I or the student have provided false information as to our residency in Dracut, that I can be held financially liable for paying restitution to the Dracut Public Schools for the cost incurred in educating the student. I understand that I could also be held liable for additional costs including, but not limited to attorney's fees incurred by Dracut Public Schools in seeking restitution for educating the student. By signing below, I agree that I have been placed on notice and that I have been fully informed regarding the above information and my potential liability.

This form must be presented to, signed in the presence of, and signed and notarized by a duly authorized Notary Public in the Commonwealth of Massachusetts.

Signed under the pain and penalties of perjury on this _____ day of _____, 20____

Parent/Guardian signature

Signed by Notary Public in the Commonwealth of Massachusetts

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared

_____ (name of document signer), proved to me through satisfactory evidence of identification, which

were _____, to be the person whose name is signed on the preceding or attached document in my presence.

Notary Public Signature

Date Signed

Commission Expires

(IF A TRANSLATOR WAS NOT NEEDED PLEASE WRITE "NA" ABOVE)

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 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 <input type="checkbox"/> N <input type="checkbox"/>		Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>	
Parent/Guardian Signature: _____ X		Today's Date: _____ / _____ / _____ (mm/dd/yyyy)	

For Office Use Only: Copy of the Home Language Survey must be forwarded to the ESL Department Chair

Massachusetts Department of Public Health
CERTIFICATE OF IMMUNIZATION

Name: _____

Date of Birth: / /

Sex: ☐ female ☐ male

If combination vaccine is administered, please indicate vaccine type (e.g., DTaP-Hib, etc.)

Vaccine		Date/Vaccine Type	Vaccine		Date/Vaccine Type
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV)	1		Haemophilus influenzae type b (e.g., Hib, HepB-Hib, DTaP-Hib)	1	
	2			2	
	3			3	
		4			
Diphtheria, Tetanus, Pertussis (e.g., DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td)	1		Measles, Mumps, Rubella (MMR)	1	
	2			2	
	3		Varicella (Var)	1	
	4			2	
	5		Hepatitis A (HepA)	1	
	6			2	
	7				
Polio (e.g., IPV, DTaP-HepB-IPV)	1		Pneumococcal Polysaccharide (PPV23)	1	
	2			2	
	3		Influenza Inactivated (Intramuscular) or Live (Intranasal)	1	
	4			2	
Pneumococcal Conjugate (PCV7)	1			3	
	2		Other:		
	3				
	4				

Serologic Proof of Immunity		Check One	
Test (if done)	Date of Test	Positive	Negative
Measles	/ /		
Mumps	/ /		
Rubella	/ /		
Varicella*	/ /		
Hepatitis B	/ /		

* Must also check Chickenpox History box.

Chickenpox History
<input type="checkbox"/> Check the box if this person has a physician-certified reliable history of chickenpox. Reliable history may be based on: <ul style="list-style-type: none"> • physician interpretation of parent/guardian description of chickenpox • physical diagnosis of chickenpox, or • serologic proof of immunity

I certify that this immunization information was transferred from the above-named individual's medical records.

Doctor or nurse's name (please print) _____

Date: / /

Signature: _____

Facility name: _____

A certificate of immunization signed by the child's physician is acceptable

Student Health and Medical Information

In case of emergency, the school will attempt to contact a parent/guardian before calling the student's primary care provider (physician). Your child will be transported by ambulance to an emergency care facility if necessary.

Student Name _____ DOB _____ Grade _____

Does your child have health insurance? Yes ☐ No ☐

Health Insurance Company _____

Policy Number _____

If you do not have health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse for more information about these program.

Local Hospital Preference _____

Physician's Name _____ Phone _____

Dentist Name _____ Phone _____

Please list all medications that your child takes and frequency of use

Medication _____ Medication _____ Medication _____

Frequency _____ Frequency _____ Frequency _____

Please check all that apply to your child and explain in space provided:

☐ Heart Condition ☐ Diabetes ☐ Asthma ☐ Seizure Disorder ☐ Migraines

☐ ADD/ADHD ☐ Depression ☐ Other (Specify) _____

Explain _____

☐ Allergies (food, insects, medication, environment, etc): _____

Is Epipen Needed? ☐ Yes ☐ No *This must be answered if child has ANY allergies*

Hearing Problems (specify) ☐ Left Ear ☐ Right Ear ☐ Hearing Aids

Vision Problems (Specify) ☐ Wears eyeglasses ☐ Contact Lenses

I give permission to the school nurse to share information relevant to my child's health condition 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.

Note: Any medication, including over the counter medicine cannot be administered without a prescription by your child's physician. This MUST be completed EACH school year. This includes medication your child may self-administer (insulin, inhalers, Epipen, etc).

Parent/Guardian Signature _____ Date: _____

**DRACUT PUBLIC SCHOOLS
STUDENT SERVICES DEPARTMENT
INTEGRATED PRESCHOOL PROGRAM
PROGRAM INFORMATION 2023-2024**

PROGRAM DESCRIPTION:

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