



"Bee Safe, Bee Kind, Bee Respectful"

Jones Early Childhood Center

Dear Parents/Guardians of: _____

Please complete and return the following information:

- ____ Registration Form (attached)
- ____ Birth Certificate
- ____ 3 Proofs of Residency; items listed below are needed
 - ____ a. copy of utility bill with current address
 - ____ b. copy of mortgage or lease agreement with address or
notarized letter from landlord stating applicant lives
at the address- for residency purposes only.
 - ____ c. Photo Identification
- ____ Immunization Record/Physical exam done within one year of entry

Signature of Nurse

- ____ Emergency Contact Form (attached)
- ____ Early Screening Parent Questionnaire (attached)
- ____ Court Document (Custody Document) if applicable

You may drop the missing information off at the school or mail it to:

*Jones Early Childhood Center
137 Walnut Street
Stoughton, MA 02072
Attn: Preschool Registration*

Missing information will delay the registration process. Applicants must have complete registration packets in order to be added to the registration list. Thank you for your prompt attention in this matter and if you have any questions please feel free to call 781-344-7003 X 7319.

Jones Early Childhood Center Registration

Student Name: _____ **Date of Birth:** ____/____/____

Parent Name: _____

- Preference will be given on a first come first serve basis.
- Please identify your FIRST 2 preferences for sessions by numbering 1 and 2.

Please identify your FIRST and SECOND preference for sessions.

	Integrated	M/T/W/TH	AM 8:30 - 11:00	
	Integrated	M/T/W/TH	PM 12:00 – 2:30	
	Integrated	T/TH	Full day 8:30-2:30	
	Integrated	M/W/F	Full day 8:30-2:30	
	Integrated	M/T/W/TH	Full day 8:30-2:30	
	Integrated	M/T/W/TH/F	Full day 8:30-2:30	Must be 4 by 8/31/22
	Community Program	M/T/W/TH/F	Full day 8:30–2:30	Must be 4 by 8/31/22 and qualify based upon family information sheet

Integrated Classrooms: The integrated classrooms offer an enriching program following the Massachusetts State Curriculum Standards. Areas addressed include language, literacy, mathematics, social & work habits, and fine & gross motor skills. Students prepare to be engaged learners and participants within a typical preschool day. Integrated classrooms have a ratio of 7 special education students and 8 peer partner students. Peer partners pay tuition (see attached payment schedule) and must be **toilet trained**. Full Day classrooms are (M thru F). Full day classrooms target students who are four years old (must be 4 by August 31, 2022) and will be entering kindergarten the following academic year. We are offering a 2 Full Day classroom on (T/TH) a 3 Full Day Classroom on (M/W/F) and a 4 Full Day (M/T/W/TH) for both 3- and 4-year old's, students must be **toilet trained**.

Community Classroom: The community classrooms offer an enriching program following the Massachusetts State Curriculum Standards. Areas addressed include language, literacy, mathematics, social & work habits, and fine & gross motor skills. Students prepare to be engaged learners and participants within a typical preschool day. The Community classrooms will adhere to the class size ratios of 1 teacher: up to 20 students and 1 paraprofessional. The community based preschool classrooms are for students who are four years old (must be 4 by August 31, 2022) and will be transitioning to Kindergarten the following academic year. The program is funded through a Title One Grant and allows eligible families the opportunity to enroll their children in a full day program at no cost to the family. In order to be considered qualified for this program, the attached family information sheet must be completed as part of your registration packet. Students must be **toilet trained**.

A screening for all children will take place on Friday May 27, 2022. We will contact you to schedule an appointment.

3/14/2022

Jones Early Childhood Center Registration

Integrated Classrooms: Prices are for Peer Partners:

Integrated	M/T/W/TH	AM 8:30 – 11:00		\$300.00/month
Integrated	M/T/W/TH	PM 12:00 – 2:30		\$225.00/month
Integrated	T/TH	Full day 8:30 – 2:30		\$300.00/month
Integrated	M/W/F	Full day 8:30 – 2:30		\$450.00/month
Integrated	M/T/W/TH	Full day 8:30 – 2:30		\$600.00/month
Integrated	M/T/W/TH/F	Full day 8:30 – 2:30	Must be 4 by 8/31/22	\$750.00/month
Community Program	M/T/W/TH/F	Full day 8:30 – 2:30	Must be 4 by 8/31/22 and qualify based upon family information Sheet	Please submit a copy of Tax return from 2021

STOUGHTON PUBLIC SCHOOLS
Community Pre-Kindergarten Information Sheet

The Stoughton Public provides two Community Pre-Kindergarten classes each year. These classrooms are supported by the Federal Government through funding provided under a Title I, A Grant. As a result of the fact, Title I funds are utilized to support the program, if enrollment exceed the capacity of the program, a ranking system must be utilized to determine which students will be enrolled in the program, based on defined and weighted criteria. In order for a student to receive a ranking in the system, parent/guardians must complete this Information Sheet. A student enrollment application may be submitted without this document, but in the event that enrollment exceeds capacity, the student will not be ranked with other students.

Student's Full Name _____ Date of Birth: _____

Parent/Guardian's Name _____ Cell Phone# _____

1. Number of family members in the Household: _____
2. Annual Household Income: _____
3. Language spoken in the Household _____
4. District of residence (circle one): Dawe Gibbons Hansen South West
5. Household Type (circle one): Traditional Single Parent Legal Guardian Other
If "Other" please explain: _____
6. Has a sibling attended the Community Pre-Kindergarten program? Yes ____ No ____
7. Are there other family concerns? Yes ____ No ____

If "Yes" please check the appropriate concern(s)L

- ___ deceased caretaker
- ___ issues involving domestic violence
- ___ issues involving substance abuse
- ___ an incarcerated parent
- ___ a chronic family illness
- ___ a parent in active military service
- ___ DCF involvement
- ___ Other, please explain: _____

All information provided on this document is considered confidential.

STOUGHTON PUBLIC SCHOOLS
STOUGHTON, MASSACHUSETTS

Information for School Records.

[] BIRTH CERTIFICATE
[] PROOF OF RESIDENCY
[] IMMUNIZATIONS
[] COURT DOCUMENTS

STUDENT INFORMATION

Name _____ (Last) _____ (First) _____ (Middle)

Address _____ Telephone _____

Date of Birth _____ Place of Birth _____ M _____ F _____

Year _____ Month _____ Day _____ City _____ State _____

EDUCATIONAL HISTORY OF STUDENT

Years of School _____ Last Grade Level Completed _____

Last school attended _____

Address _____ Phone _____

School Progress: Excellent () Good () Fair () Poor ()

Has your child previously attended Stoughton Public Schools?
Yes _____ No _____

Does your child have a current Individualized Education Program (IEP)?
Yes _____ No _____

Does your child have a current 504 Accommodation Plan?
Yes _____ No _____

Has your child received any English Language Learner (ELL) services?
Yes _____ No _____

OFFICE USE ONLY

Date Entered: _____ Grade: _____

Room: _____ Bus: _____

PARENT INFORMATION

Father _____ Birthplace _____
Education _____ First _____ Middle _____ Occupation _____ Living () Deceased ()

Member of the Armed Forces Yes () No ()

Mother _____ Birthplace _____
Education _____ Maiden _____ First _____ Occupation _____ Living () Deceased ()

Member of the Armed Forces Yes () No ()

Guardian _____ Birthplace _____
(Last) _____ (First) _____ (M)

Pupil lives with: _____

Languages spoken in home: English () Portuguese () Other ()

RACE/ETHNICITY (Optional)

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

SELECT ALL THAT APPLY

_____ Hispanic or Latino

_____ American Indian/Alaskan Native

_____ Not Hispanic/Not Latino

_____ Asian

_____ Black/African-American

_____ Hawaiian/other Pacific Islander

_____ White

Immigrant Data: If the student was not born in the USA, please answer the following:

Has the student completed 3 years of schooling in the USA? _____

Identify the first grade level completed in the United States. _____

MEDICAL HISTORY

1. Has your child had any prolonged illnesses, hospitalizations or serious accidents? _____. If so, please describe.

2. Have there been any instances of prolonged high fever, unconsciousness or oxygen deprivation? _____ If so, please describe. _____
3. Has your child had previous evaluation? (psychological, education, physical) Please describe _____
4. Is there anything which suggests to you that your child may have a special need which will require specific help at school? Please describe. _____
5. Is there any other information you feel we should know that will enable us to better educate your child? Please explain.

6. Is your child on any medication taken daily? (i.e. diabetes, epilepsy, cystic fibrosis, etc.) Yes ____ No ____
7. Will your child have to take medication during school hours? Yes ____ No ____
8. Please indicate if child is allergic to any drugs, medication, or insect bite _____
Requires medication Yes ____ No ____

ATTITUDES AND INTERESTS

What is student's attitude toward school?

Excellent () Good () Fair () Poor ()

Does student have any special interests? Yes () No ()

Indicate: Music () Art () Other () _____

Please add any additional information that would assist us in meeting your child's educational needs.

Signature _____ Date _____

Relationship _____

Stoughton Public Schools Emergency Form

Edwin A. Jones Early Childhood Center

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: _____

STOUGHTON PUBLIC SCHOOLS

School Committee Policy JFAA - RESIDENCY

To attend the Stoughton Public Schools, a student must reside in the Town of Stoughton.

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

Proof of Residency/Occupancy/Identity: All applicants for enrollment must submit **at least one document each from Column A, B, and C** and any other documents that may be requested, including, but not limited to those from Column A, B, or C (noted below). Documents must be original and cannot be a photo copy. A parent, guardian, or student who is unable to produce the required documents should contact the Central Registration Office.

Column A	Column B	Column C
Evidence of Residency	Evidence of Occupancy	Evidence of Identity
<ol style="list-style-type: none">1. Record of recent mortgage payment2. A lease and record of recent rental payment3. A residency affidavit4. Property tax bill5. Section 8 agreement	<ol style="list-style-type: none">1. Utility bill dated within the past 45 days (Gas, oil, electric, etc...)2. Home telephone (not cell)3. Internet / Cable bill4. Current excise (vehicle) tax bill5. Current vehicle registration	<ol style="list-style-type: none">1. Valid Driver's License2. Valid Passport3. Valid Photo ID Card

- New students whose families are purchasing an existing primary residence within the Stoughton School District may enroll in the District at the beginning of the school year if they have a signed and accepted Purchase and Sale Agreement, a signed statement from bank officer that a mortgage has been approved, and a scheduled closing date no later than Oct. 1 of that year.
- Current Stoughton Public Schools students whose families move out of town after April 1 may complete that school year in the District.
- Families must notify the Central Registration Office in writing in advance of any address changes in their residency.
- 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; or
2. A notarized Caregiver Authorization Affidavit documenting that the student is maintaining permanent residency with the person(s) indicated at the given address.

The School District 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 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 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, the Central Registration Office 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, the Athletic Director, and/or the Central Registration Office. Each of these individuals will be responsible for reporting the alleged violation to the Superintendent.

On an annual basis, The Central Registration Office shall verify the residency of up to 20% of the families with children attending the Stoughton Public Schools. Residency verification will require parents/guardians to provide the same documentation necessary to establish residency and sign an updated Residency Statement. The Central Registration Office will establish a process/procedure 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, students in foster care, or refugee school-aged students who are required to be enrolled immediately.

Vote to Adopt: March 22, 2022

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

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) _____	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 -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? _____	
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)	

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.
- ☐ 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 _____

ELE Teacher's Signature _____ Date _____:

PARENT/GUARDIAN QUESTIONNAIRE

Child's Name: _____

Parent/Guardian (1) Name: _____

Relationship to Child: _____

Age: _____ Last Grade Completed: _____

Occupation: _____

Parent/Guardian (2) Name: _____

Relationship to Child: _____

Age: _____ Last Grade Completed: _____

Occupation: _____

Parents/Guardians are: Married: _____ Divorced: _____ Widowed: _____
Living Together: _____ Living Apart: _____ Other: _____

Please list all ADULT members living in the child's immediate household (other than parent/guardian):

Name: _____ Relationship to the Child: _____

Name: _____ Relationship to the Child: _____

Siblings:

Name	Age	Grade	School

Primary Language(s) in the home:

Any other relevant information:

Stoughton Public Schools
THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

DEVELOPMENTAL HISTORY

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

Does your child pull up? _____ Crawl? _____ Walk with support? _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____ Any history of colic? _____

Does your child use pacifier or suck thumb? _____ When? _____

Does your child have a fussy time? _____ When? _____

How do you handle this time? _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

Favorite foods: _____

Foods refused: _____

Is your child fed held in lap? _____ High chair? _____

Does your child eat with spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

***Children must be toilet trained to begin school.**

Are bowel movements regular? _____

How many per day? _____

Is there a problem with diarrhea? _____ Constipation? _____

When did your child toilet train? _____

What is used at home? Potty-chair? _____ Special child seat? _____ Regular seat? _____

How does your child indicate bathroom needs (include special words): _____

Is your child ever reluctant to use the bathroom? _____

Does your child have accidents? _____

SLEEPING HABITS

Does your child sleep in a crib? _____ Bed? _____

Does your child become tired or nap during the day (include when and how long)? _____

When does your child go to bed at night? _____ and get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking etc) _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/day care/early intervention: _____

Reaction to strangers: _____ Able to play alone? _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child? _____

What is the method of behavior management/discipline at home? _____

What would you like your child to gain from this childcare experience? _____

DAILY SCHEDULE

Please describe your child's schedule on a typical day. Please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc. _____

Is there anything else we should know about your child? _____

(Parent/Guardian Signature)

(Date)

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

Stoughton Public Schools 02850000
Carolann Sampson, Director of Special Education 781-344-7009

Dear Parent/Guardian of: Name: _____

Address: _____

Town, State, Zip: _____

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: _____



Stoughton Public Schools
232 Pearl Street
Stoughton, Massachusetts 02072
781-344-4000

Today's Date _____

To The Parent/Guardian of:

Student's name

Grade

Address

We are excited to share with you the plan to implement the PowerSchool Parent/Guardian Portal. To accomplish this please fill out and sign the PowerSchool Parent/Guardian Portal Acceptable Use and Safety Policy located on the back of this letter and return it to school. If you have more than one student, please fill out one form for each.

After your student's school receives your signed agreement, you will receive via the email you provided directions and access codes to sign up for the PowerSchool Parent Portal. If you have more than one student, directions will be included to assign all students to one parent login. Also, if you already have a PowerSchool Parent Portal Account, as stated above, there will be directions how to add your additional students to that account.

Thank you in advance for your participation in the PowerSchool Parent Portal.

Stoughton Public Schools
Technology Department



Stoughton Public Schools
232 Pearl Street
Stoughton, Massachusetts 02072
781-344-4000

PowerSchool Parent/Guardian Portal Acceptable Use and Safety Policy

Edwin A. Jones Early Childhood Center

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.

STOUGHTON PUBLIC SCHOOLS

Dear Parent/Guardian,

Massachusetts State Law requires that the following documents be submitted to the school before a student is able to attend preschool. Please be sure to include these documents in the registration packet (*Please note that the blue "Lifetime Health and Vaccination Record" book is not accepted). If necessary, forms may also be faxed to the nurse's office at 781-344-4116. If you have any further questions or concerns, please do not hesitate to contact me at 781-344-7003 ext. 7349.

- Copy of Physical Exam completed within 1 year prior to entry to preschool.
- Copy of Lead Screening Result (If it is included in the physical exam, we do not need a second copy).
- Complete Immunization Record:

The following vaccines are required:

- *At least* 4 DTaP (Diphtheria, tetanus, pertussis)
- *At least* 3 Hepatitis B
- *At least* 3 IPV (Inactivated Polio Virus)
- *At least* 1 Hib (Haemophilus Influenzae Type B)
- *At least* 1 MMR (Measles, Mumps, Rubella)
- *At least* 1 Varicella (Chicken Pox Vaccine)

The following vaccines are recommended but not required:

- 2 Hepatitis A
- 4 PCV (Pneumococcal Vaccine)
- Influenza (flu vaccine) yearly

Students entering from outside the United States from a country designated as high risk for tuberculosis must provide evidence of a mantoux test for tuberculosis done prior to entrance, in addition to the documents listed above.

Sincerely,

Mrs. Noelia Woodward, BSN RN
School Nurse

