

Welcome to Kindergarten 2015



Acton Boxborough Regional Schools

Kindergarten Registration Forms

KINDERGARTEN REGISTRATION FORMS

Welcome.....	1
Registration for Admission Form.....	2-3
Proof of Residency Affidavit.....	4-5
School Nurse/Immunization Letter.....	6
Home Language Survey.....	7
Collection of Personal Information & Ethnicity Form.....	8
Optional All-Day Kindergarten Letter & Form.....	9-10
CORI Forms.....	11-12

January 2015

Acton-Boxborough Regional School District Student Registration

Welcome!

Here is a checklist of everything you will need to bring or complete in order to register your child for Kindergarten!

Please bring copies of the following student documents:

- Copy of birth certificate OR passport
- Proof of Residency Affidavit
- Individual Education Plan (IEP for Special Education students) if applicable

Everyone will need to complete the following forms:

1. Registration Form
2. Race and Ethnicity Form
3. Home Language Survey
4. CORI Request Form (we strongly recommend that all guardians complete a CORI form when registering)

In addition, your child's medical records are required at enrollment, these records may be obtained from your family doctor. Please bring the following with you:

- School Health Record Form (a copy of last physical examination)
- Certification of Immunizations

If you are requesting admission into the All Day Kindergarten class you will need to complete:

- All Day Kindergarten Request Form

Once your child has been placed in a Kindergarten class, you will be asked to send or complete:

- Pre-kindergarten Assessment Form (sent by your Preschool if applicable)
- Kindergarten Bus Transportation Needs (this form will be mailed to you with your placement letter)

11/20/14

Assigned to All Day? Yes No SCHOOL _____ BUS # _____ ID # _____

ACTON-BOXBOROUGH REGIONAL SCHOOL DISTRICT REGISTRATION FOR ADMISSION

(Please print CLEARLY and complete both sides of form.)

Grade: _____ Registration Date: _____ Entry Date: _____ Sex: M _____ F _____

Student: _____
Last Name First Name Middle Name

Address: _____ Telephone #: _____
No. Street Apt # Town Zip Code

Date of Birth: _____ Birthplace _____
Month/Day/Year City State

__ Birth Certificate __ Driver's License __ Proof of Residency Affidavit

Previous School, Nursery, Pre-K or Daycare:

Attended: _____
Name Street City/State
Parent/Guardian #1 Parent/Guardian #2

Name: _____
Relationship to Child: _____
Occupation: _____
Name, Address
& Phone # of Employer: _____

Name: _____
Relationship to Child: _____
Occupation: _____
Name, Address
& Phone # of Employer: _____

Email Address: _____

Email Address: _____

Cell Phone Number: _____

Cell Phone Number: _____

With whom does the child live: _____

Other Children in Family

Name	Date of Birth / Present Grade	Place of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student's Physician: _____ Student's Dentist: _____

Any Unusual Physical Conditions or Disability: _____
(including any life-threatening allergies)

In Case of Illness/Emergency, Notify: _____

Address: _____ Phone #: _____

Using Day Care? Yes No Name/Address: _____

ACTON-BOXBOROUGH REGIONAL SCHOOL DISTRICT REGISTRATION FOR ADMISSION

A. List the schools you would like to enroll your child in, in order of preference

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Acton and Boxborough resident's are allowed to request a home town guaranteed placement. Would you like to guarantee placement in your home town? Yes _____ No _____

Currently, we make All-Day Kindergarten available for a fee. Next year's annual fee will be \$4,300(\$430/month). I wish to have my child attend All-Day Kindergarten. Yes **if so complete All-Day Form** No

B. Do you currently have children enrolled in any Acton-Boxborough schools?

If Yes, Number Enrolled _____

- _____ Blanchard _____ Douglas _____ McCarthy-Towne _____ J.H.S. (_____)
name of elem. school attended
_____ Conant _____ Gates _____ Merriam _____ S.H.S. (_____)
name of elem. school attended

C. Will your child walk to your preferred school year-round, commencing with grade one? Yes No (must live within one mile walk)

D. Is English the native language of both parents? Yes No

If no, what is parent(s) native language? _____ Native country? _____

E. If not natives of the U.S., list how many years lived in the United States?

Parent /Guardian #1 _____ Parent /Guardian # _____ Student _____

F. If English is not the home language, does your child require English as a Second Language classes? Yes No

G. Do you think your child has special needs that require special instruction? Yes No

If yes, please indicate the nature of the need in the space below. The Pupil Services Department will use this information in determining whether your child has special needs and, if so, in what school the child should be placed in order to meet the identified special needs.

Feel free to attach document if you need more space

H. Does your child presently have an Individual Education Plan (I.E.P.)? Yes No

If yes, attach a copy of IEP

I. When did you move to Acton or Boxborough? _____

J. If you are not living in Acton or Boxborough presently, please indicate the approximate moving date, your present address and daytime telephone number below.

Parent's Signature _____ Date _____

Child's Name (please print) _____

Acton-Boxborough Regional School District
Proof of Residency Affidavit

I/We, the parent(s), legal guardian(s) of _____
(Print student's full name)

hereby certify as follows:

1. I/We wish to enroll the above named student in the Acton-Boxborough Regional School District. I/We understand that pursuant to Massachusetts General Law (Chapter 76, Section 5) and Acton-Boxborough Regional School District's Policy, students who actually reside in the Towns of Acton and Boxborough may attend school in the Acton-Boxborough Regional District and students who do not actually reside in the Towns of Acton or Boxborough may not attend school in the Acton Boxborough Regional School District.
2. I/We hereby certify that effective _____, 20____, the above named student is/will be residing at the following address in Acton or Boxborough Massachusetts, with:

Printed Names (s) of Parent(s)/Guardians(s)

_____, MA _____
No. Street Apt. No. Town Zip Code

Home Telephone: _____

Cell Phone: _____ Work Phone: _____

3. I/We acknowledge that I am/we are required to notify the Acton-Boxborough Regional District or the above student's school in writing, of any change in said student's address within five (5) business days of such change of address.
4. I/We understand that this Occupancy Statement will be relied upon by the Acton-Boxborough Regional School District for the purpose of determining the above student's eligibility to attend school in the Acton-Boxborough Regional School District on the basis of residency. If said student is enrolled in the Acton-Boxborough Regional School District based upon the information provided and it is subsequently determined that the student does not actually reside in Acton or Boxborough, I/We understand that the student's enrollment in the Acton-Boxborough Regional School District will be promptly terminated and I/We will be jointly liable to the Acton-Boxborough Regional School District for the student's tuition for the full academic year(s).
5. I/We further certify that I am/we are the parent(s), legal guardians(s), or responsible adult of the above student.
6. I/We understand that all applicants must reside in the Towns of Acton or Boxborough as outlined in Massachusetts General Laws Chapter 76, Section 5 which states:

Every person shall have a right to attend the public schools of the town where he/she actually resides, subject to the following section. No school committee is required to enroll a person who does not actually reside in the town unless said enrollment is authorized by law or by the school committee. Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly-attended public schools. No person shall be excused from or discriminated against in admission to a public school of any town, or in obtaining that advantages privileges and courses of study of such public school on account of race, color, sex, religion, national origin or sexual orientation. (amended by st. 1971, c622, c.1; st. 1973 c. 925, s 9A, st. 1993, c. 282; st. 2004, c.352, s.33)

**Acton-Boxborough Regional School District
Proof of Residency Affidavit**

Column A	Column B	Column C
Evidence of Residency	Evidence of Occupancy	Evidence of Identification Photo ID
Record of recent Mortgage payment and/or property tax bill	Gas/Oil Electric Bill, Home (not cell) Telephone Bill, Cable Bill, Water Bill (Note: Bill must be dated within the past 45 days and address and name must be stated)	Valid MA Driver's License
Fully Signed and Executed Lease and/or Rental Agreement (Must be Executed by both Parties)	Recent bill dated within the past 45 days showing Acton or Boxborough address and name (Note: A Residency Statement/Affidavit is required with this option)	Valid MA Photo ID Card
Fully signed and Executed Purchase and Sale (P&S) Agreement (provided occupancy date occurs before a student can be registered)	Occupancy Statement/Affidavit must be notarized if a bill can not be provided prior to student's enrollment	Other Government issued Photo ID
Section 8 Agreement		

Signed under the pain and penalties of perjury on this _____ day of _____, 201____:

Parent /Guardian (Please circle relationship)

Parent/Guardian (Please circle relationship)

Review by Acton Boxborough Schools: _____

Acton Boxborough Staff Member's Initials

School Nurses Offices
Acton-Boxborough Regional School District
Acton, MA 01720

January 2015

Dear Parent:

In order to protect children and the public from the spread of disease and in accordance with the **Massachusetts School Immunization Law (Chapter 76, Section 15)**, the Department of Health has established the following immunizations/screenings as legal requirements for children to attend Kindergarten:

- | | |
|-------------------------|--|
| 1. DTaP/DTP | five (5) doses |
| 2. Polio | four (4) doses |
| 3. MMR | (measles, mumps, rubella) two (2) doses |
| 4. Lead Screening | one (1) screening, anytime prior to K entry |
| 5. Hepatitis B | three (3) doses |
| 6. Varicella | two (2) (or a physician-certified history of chickenpox) |
| 7. PreK Vision Screen | completed at physician's office |

The Commonwealth of Massachusetts also requires each child to have a physical examination after January 1 of the year entering Kindergarten, i.e. January 2015. If, for insurance reasons, your child's annual physical is not scheduled until Sept.-Dec. 2015, the school nurse will accept a physical exam from Sept.-Dec. 2015. However, a copy of the following physical exam, when completed between, must be sent to the school nurse as soon as possible.

A physician's certificate is the only acceptable evidence of immunization/screening. This certificate must contain: the month and year each dose of vaccine was administered, the date and results of the lead screening, and completion date of the physical examination.

In accordance with Chapter 76, Section 15, any Kindergarten student who does not meet the above requirements, as determined by the school health services staff, will not be admitted to school. Therefore, the completed attached form must be returned to the nurse at your assigned school by August 1, 2015.

Unless we have received the completed physician form or a letter from you indicating the reason for not sending said form, we may have to delay the date of your child's entrance to Kindergarten.

If you have any questions or concerns about this matter, please do not hesitate to call the school nurse (see information below) during the school year. If you are unable to reach the school nurse during the summer months, please contact the building principal.

Sincerely,
Acton-Boxborough School Nurses

Blanchard
Katherine Daniel
493 Massachusetts Avenue
Boxborough, MA 01719
978-263-4569

Conant
Heather Makris
Margita Chudik
80 Taylor Road
Acton, MA 01720
978-266-2550

Douglas
Diane Oster
Victoria Reiseron
21 Elm Street
Acton, MA 01720
978-266-2560x1122

Gates
Diane Spring
Victoria Reieron
75 Spruce Street
978-266-2570 x4056

McCarthy-Towne
Betty Foster
11-13 Charter Road
Acton, MA 01720
978-264-3374

Merriam
Betty Mazzone
11-13 Charter Road
Acton, MA 0172
978-264-3372

11/21/14

****All families must complete this form****

**Acton-Boxborough Regional School District
16 Charter Road
Acton, MA 01720
978-264-4700**

Home Language Survey

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

Date of Birth _____ Country of Birth _____

Address _____

Year entered United States _____ Year First Attended School in United States _____

Parent(s)/Guardian Name _____

Home Telephone _____ Work Telephone _____

Cell Phone _____ Email _____

1. What language did your child first understand or speak? _____

2. What language(s) are spoken most often by adults at home? _____

3. What language do you use most often when speaking to your child? _____

4. What language does your child use most often when speaking to you? _____

5. What language does your child use most often when speaking to other family members? _____

6. What language does your child use most often when speaking with friends? _____

7. What language(s) does your child read? _____

8. What language(s) does your child write? _____

9. Would you prefer important school communications translated in your home language?

Yes ___ No ___ If so, which language? _____

Parent/Guardian Signature _____

Date _____

Child's Name _____ 1st Choice School _____

Parent/Guardian Signature _____

Section II: Ethnicity (Select One)

- Not Hispanic or Latino** **Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Section III: Race (Select as many as apply)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Section IV:

Low Income Status (Check if Applicable).

- The student is eligible for free or reduced lunch; or receives Transitional Aid to Families benefits; or is eligible for food stamps.

Migrant Status (Check if Applicable).

- An indication of whether an individual or a parent/guardian accompanying an individual maintains primary employment in one or more agricultural or fishing activities on a seasonal or other temporary basis and establishes a temporary residence for the purpose of such employment.

Immigrant Status (Check if Applicable).

- An indication of whether a student is eligible for the Emergency Immigrant Education Program, the student must not have been born in any State (any of the 50 states, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the Virgin Islands, the Northern Mariana Islands, or the territory of the Pacific Islands) and not having completed 3 full academic years of school in any state.

Country of Origin: _____
(Country from which immigrant children have emigrated)

Date of Child's Immigration: _____

Has your child attended another Public or Private school in Massachusetts? _____

If so, please indicate the name and town of the school: _____

Office of the Superintendent
Acton-Boxborough Regional School District
Acton, MA 01720

TO: Parents Enrolling New Kindergartners
FROM: Glenn Brand
ON: January 2015
RE: Optional All-Day Kindergarten (ADK) Program, 2015-2016

In order to be responsive to the educational and personal needs of the children and parents of the Acton and Boxborough communities, the Acton-Boxborough Regional Schools offer an **optional** All-Day Kindergarten program. This program is offered at all six elementary schools on a space-available basis (see "Acceptance" below). Tuition is charged for the hours beyond the regular Half-Day Kindergarten program.

Purpose

The All-Day program provides an alternative to the more fragmented day experienced by many children in a Half-Day program. All Acton and Boxborough Kindergarten students learn the same curriculum. The difference in the All-Day program is one of pace, time and enrichment. The day is less rushed, and there is more time available to meet the social, emotional and developmental needs of the children enrolled. This is not a childcare program.

Length of School Day

For ADK students, for the entire school year, the length of the school day and the bus schedules are the same as those for students in grades 1-6. All-Day Kindergartners eat lunch at school.

Tuition Charge

The cost of having your child in the All-Day program for 2015-2016 will be \$4,300 payable in 10 equal monthly installments. **A one month, non-refundable deposit of \$430 will be due on May 15, 2015 to secure a placement in the All-Day program. This deposit will be applied to the final June 2016 payment.** The September payment will be due by August 1, 2015, subsequent payments will be due on the first of each following month. All tuition is payable to A-B Community Education. You will receive payment information in mid-July.

Limited tuition assistance is available. Eligibility and level of assistance are based on ability to pay. To inquire about tuition assistance, **once your child has been admitted to ADK**, please contact Sally Cunningham, Community Education, 978-266-2525.

Acceptance in All-Day Kindergarten

At Kindergarten registration you will be asked to indicate your interest in having your child participate in the All-Day program on your Kindergarten registration form. If interested in ADK, you will also be asked to turn in the form (see back of this page). An All-Day K lottery will be held at each school where ADK requests exceeds available seats.

Each Acton elementary school will have one or two ADK classrooms and one or two Half-Day Kindergarten classrooms, depending on space and enrollment. Boxborough's Blanchard Elementary school will have All-Day K and Half-Day K students together in each kindergarten classroom. Blanchard Half-Day Kindergarten students will go home mid-day. Due to this design, students who attend Blanchard and request All-Day K will be placed in All-Day K.

Administration of All-Day Kindergarten

The staff and curriculum of the All-Day Kindergarten will be administered by each school in the same manner as all other Kindergartens. Tuition will be processed through the Community Education office (978-266-2525).

ACTON-BOXBOROUGH REGIONAL SCHOOL DISTRICT
ALL-DAY KINDERGARTEN
2015-2016

Name of Student: _____
First Choice School: _____
Home Address: _____
Town & Zip Code: _____
Home/Cell Telephone(S): _____
Parent/Guardian #1 Name: _____
Relationship to Child: _____
Business/Cell Telephone: _____
Parent/Guardian #2 Name: _____
Relationship to Child: _____
Business/Cell Telephone: _____

I UNDERSTAND AND AGREE TO THE FOLLOWING:

- Tuition for the All-Day program for 2015-2016 will be \$4,300, payable in 10 equal monthly installments of \$430 (September-June) payable to the A-B Community Education office.
- **A one month, non-refundable deposit of \$430 will be due on May 15, 2015 to secure a placement in the All-Day program. This deposit will be applied to the June 2016 payment.**
- You will receive payment information in mid-July.
- The September payment will be due by August 1, 2015 subsequent payments will be due on the first of each following month. If we have not received payment by August 15, we will have to withdraw your child from the program.
- It is presumed that your child is enrolled for the full academic year. You will be responsible for the full 10 months tuition (September-June).
- Please note that we will not be able to accommodate withdrawals from the All Day Kindergarten after August 15 2015.

Parent/Guardian signature Date

Make check payable to: A-B Community Education.

Please include your child's name and school on your check
For those who prefer automatic payments, an optional credit card form will be mailed in July.

OUR MAILING ADDRESS IS:
Acton-Boxborough Community Education
Administration Building, 15 Charter Road, Acton, MA 01720
978-266-2525

11/21/2014

Office of the Superintendent
Acton-Boxborough Regional School District
Acton, MA 01720

TO: Parents Enrolling New Kindergartners
FROM: Glenn Brand
ON: January 2015
RE: Collection of Personal Information

As a result of the Education Reform Act of 1993, Massachusetts now maintains a central database of information about every student, teacher and school in the state. The database is part of the state's accountability system. All specific information about individuals is protected by firewalls and confidentiality laws. The form on the back of this memo is one of many we need to have you fill out. It provides information for the state's database.

The CORI form found in this book conforms to a state law, Chapter 385 of the Acts of 2002, which mandates that school districts obtain criminal offender record information (CORI) on all employees, transportation providers and school volunteers who may have "direct, unmonitored contact with children." For example, parents who volunteer as field trip chaperones, library or office assistants, or lead nature walks are required to submit to the "CORI" process prior to any involvement in the schools. All CORI information is confidential and privacy will be maintained. Only very few staff will have access to CORI information which will be stored in a locked secure site. You may submit this form when you register your child.

If you have any questions, please contact the Superintendent's Office at 978-264-4700, 3211.

Acton-Boxborough Regional School District
16 Charter Road, Acton, MA 01720
978-264-4700 Phone
978-264-3340 FAX

CORI REQUEST FORM

Acton-Boxborough Regional School District has been certified by the Criminal History Systems Board for access to all criminal case data including conviction, non-conviction and pending. As an applicant/employee for the position of _____, I understand that a criminal check will be conducted for conviction, non-conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

Date of Birth: _____ Place of Birth: _____

Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government issued Identification:

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee

Acton-Boxborough Regional School District
16 Charter Road, Acton, MA 01720
978-264-4700 Phone
978-264-3340 FAX

CORI REQUEST FORM

Acton-Boxborough Regional School District has been certified by the Criminal History Systems Board for access to all criminal case data including conviction, non-conviction and pending. As an applicant/employee for the position of _____, I understand that a criminal check will be conducted for conviction, non-conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

Date of Birth: _____ Place of Birth: _____

Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government issued Identification:

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee