



PUBLIC SCHOOLS

60 Cabot Road  
Danvers, MA 01923  
Central Office Tel no: 978-777-4539  
Central Office Fax no: 978-777-8931

Welcome to  
**Kindergarten!**

Registration Packet  
Kindergarten

Updated: 10/12/2017



64 Cabot Road  
Danvers, MA 01923  
fax | 978.777.8931  
[danverspublicschools.org](http://danverspublicschools.org)

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## PARENT CHECK LIST FOR KINDERGARTEN REGISTRATION

### EVIDENCE OF RESIDENCY: (one of the following)

- ❖ Record of mortgage payment made within the past 60 days
- ❖ Lease and/or Rental Agreement identifying address, and effective dates and signed by both parties
- ❖ Signed Landlord Affidavit
- ❖ Section 8 Agreement
- ❖ Property tax bill

### EVIDENCE OF OCCUPANCY: (one of the following)

- ❖ Utility (gas, oil, electric, home phone, cable, water) bill or receipt within the past 60 days with name and address stated
- ❖ Pay stub with name and address stated
- ❖ Excise tax bill with name and address stated **Note: credit card and cell phone bills are not acceptable**

### EVIDENCE OF IDENTITY: (one of the following)

- ❖ Valid MA driver's license
- ❖ Valid U.S. passport
- ❖ Valid MA Photo ID card
- ❖ Government issued ID

### EVIDENCE FOR INCOMING CHILD: (all are required)

- ❖ Birth Certificate (child must be 5 years of age on or before September 1<sup>st</sup>)
- ❖ Up-to-date Physical (must include immunizations, lead screening and vision screening)

For students whose parents are divorced or separated, a divorce decree, custody agreement, proof of guardianship and/or other documents to verify that the student is a resident of Danvers. Any legal custody documentation concerning the child.

Caring. Quality. Commitment. Collaboration.



## DANVERS PUBLIC SCHOOLS REGISTRATION FORM

*Please print and please answer all questions*

Date Received: \_\_\_\_\_

**STUDENT INFORMATION:**

Grade applying for: \_\_\_\_\_

Last Name:	First Name:	Middle Name:
Male:	Female:	Non-Binary:
Date of Birth:		City/Place of Birth:
Home Address:		Danvers, MA 01923
Home Telephone Number:		Mobile number:
LASID NO: <small>(For Office use)</small>		SASID NO: <small>(For Office use)</small>

**STUDENT ETHNICITY**

NOT Hispanic or Latino:	Hispanic or Latino:
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**RACE:**

American Indian / Alaska Native:	Black / African American:
Native Hawaiian / Pacific Islander:	Asian:
White:	Multi-race:
Migrant Status:	Immigrant Status:

**PREVIOUS SCHOOL INFORMATION:**

Name:					
Address:					
Telephone No:			Grade:		
Is Student on and IEP:	Yes	No	Is Student on 504:	Yes	No

**PARENT INFORMATION:**

Married:	Separated:	Divorced:	Never Married:
Mother deceased:	Father deceased:	Custodial Parent remarried	

**PHYSICAL CUSTODY:**

The custodial parent **must** provide the school with legal documentation that supports your position

Both:	Mother:	Father:	Other:
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**LEGAL CUSTODY:**

The custodial parent **must** provide the school with legal documentation that supports your position

Both:	Mother:	Father:	Other:
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**LEGAL ACCESS TO STUDENT RECORDS:**

The custodial parent **must** provide the school with legal documentation that supports your position

Both:	Mother:	Father:	Other:
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Please provide a 2<sup>nd</sup> mailing address. (if applicable)

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**LEGAL ISSUES OR CONCERNS:**

*(I.E. Restraining order) or any home concerns pertaining to your child. Per DPS Policy JF, copies of court documents concerning custody and restraining orders **ARE REQUIRED TO BE PROVIDED AT TIME OF REGISTRATION** and to be kept on file in the school office.*

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**SIBLING INFORMATION:**

NAME	DATE OF BIRTH	CURRENT SCHOOL	GRADE

**PRIMARY CONTACT:**

First and Last Name:		
Address:		
Home No:	Cell No:	Work No:
Name of Employer:		
Relationship to Student:		
E-mail address: (Personal)		
E-mail Address: (Business or other)		

**SECONDARY CONTACT:**

First and Last Name:		
Address:		
Home No:	Cell No:	Work No:
Name of Employer:		
Relationship to Student:		
E-mail address: (Personal)		
E-mail Address: (Business or other)		

**THIRD CONTACT:**

First and Last Name:		
Address:		
Home No:	Cell No:	Work No:
Name of Employer:		
Relationship to Student:		
E-mail address: (Personal)		
E-mail Address: (Business or other)		

**MEDICAL INFORMATION:**

Doctors Name:	Doctors Tel No:
Dentist Name:	Dentist Tel No:
Medical Concerns:	

Please provide us with further details:

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*\*In an attempt to offer better care of your child should he/she become ill during the school day, please provide us with your child's medical information. If this student has prescribed medication to be taken or kept for use when needed in school, please provide the school nurse with a written order from the doctor for the kind of medicine, dosage and time to be administered. In case of a serious accident or emergency, I give permission to administer anesthesia and any emergency measure deemed necessary by a qualified physician, if I cannot be reached by due process.*

**MILITARY STATUS:**

Is a parent or guardian in the student's household:

A member of the Uniformed Services of National Guard on fulltime active duty	Yes:	No:
Currently deployed?	Yes:	No:
A veteran who retired within the past year?	Yes:	No:
Medically discharged within the past year?	Yes:	No:
Died while serving our country within the past year?	Yes:	No:
Other? (Please specify)		

**NATIVE LANGUAGE:** ENGLISH: \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## 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
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### 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"/>	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>
Parent/Guardian Signature: X	_____ /20 Today's Date: (mm/dd/yyyy)



## HEALTH SURVEY

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Name of Physician: \_\_\_\_\_

Please check if your child has, or has had any of the following:

	Yes	No	Year		Yes	No	Year
High Blood pressure				Excessive worry / anxiety			
Heart Condition				Depression			
Asthma				Ulcer			
Severe Allergies				Severe/chronic abdominal pain			
Contact with tuberculosis				Excessive colds			
Positive tuberculin test				Speech problem			
Tumor, growth or cancer				Eye trouble			
Diabetes or sugar in the urine				Wears glasses			
Serious skin disease				Frequent ear infections			
Concussion				Hearing loss			
Frequent or severe headaches				Frequent or painful urination			
Dizziness or fainting spells				Intestinal trouble			
Sever head injury				Wets or soils pants			
Seizure disorder / Epilepsy				Scoliosis in family			

	Yes	No	Year	Please explain details
Has your child suffered a concussion				
Has your child any orthopedic (bone or joint problems)				
Has your child had any operations				
Has your child had any serious illnesses or injuries other than those already noted				



Is your child allergic to any medications				
Is your child allergic to any foods				
Is your child allergic or sensitive to bee stings? If so is the reaction local or generalized - please explain in detail.				
Has your child been prescribed an EPI-PEN for his/her allergy				
Does your child require medication administration during the school day				
Does your child have any other health problems that we should be aware of				
Is your child under medical supervision for any of the the above conditions - Please give the Physician name and contact details.				Physician Name: _____ Physician Contact tel no: _____
Please list all current medications				
Other				

If you should have any further concerns, please list in detail below or contact the school nurse to schedule a confidential conference.

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\_\_\_\_\_  
Parent signature:

\_\_\_\_\_  
Date:



## STUDENT RECORDS

The Family Educational Rights and Privacy Act (FERPA), the federal law concerning access to student records, directs that:

*An educational agency or institution shall give full rights under the Act to either parent, unless the Agency or institution has been provided with evidence that there is a court order, state statute or legally binding document relating to such matters as divorce, separation, or custody that specifically revokes these rights.*

Similarly, the Massachusetts Student Records Regulations (603 CMR 23.00) define a "parent" as:

*A student's father or mother, or guardian, or person or agency legally authorized to act on behalf of the child in place of or in conjunction with the father, mother, or guardian. The term as used in 603 CMR 23.02 shall include a divorced or separated parent, subject to any written Agreement between parents or court order governing the rights of such a parent that is brought to the attention of the School Principal.*

As of 1998, Massachusetts law (General Laws Chapter 71, Section 34H) specified detailed procedures that govern access to student records by parents **who do not have physical custody of their children.**

In order for us to implement student record laws appropriately and communicate with you concerning news and school events pertaining to your child, please provide the following information.

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

This child lives at the above address with:

Mother     Father     Both Parents     Guardian(s)

Parents share custody of this child:

Mother's Address: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Parents do not share custody. However, the non-custodial parent may have access to school records, teacher conferences, report cards, etc. (If not, as the custodial parent you must provide the school with legal documentation that supports your position.)

There are issues of custody. (Please speak with the School Secretary or Principal).

\_\_\_\_\_  
Signature of Parent/Guardian completing this form:

\_\_\_\_\_  
Date:



60 Cabot Road  
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**RESIDENCY STATEMENT  
Attachment A**

(Complete if you own the home or the Rental or lease agreement is in your name)

I / We, the parent(s)/legal guardian(s) of: \_\_\_\_\_  
(Student name), hereby certify as follows:

1. I/We certify that I am/we are the parent(s), legal guardian(s), of the above named student.
2. I/We wish to enroll the above named student in the Danvers Public Schools. I/We understand that pursuant to Massachusetts law and Danvers Public Schools policy, students who actually reside in the Town of Danvers may attend the Danvers Public Schools. Students who do not actually reside in the Town of Danvers may not attend the Danvers Public Schools.

3. I/We hereby certify that effective \_\_\_\_\_ (date); the above-named student is/will be residing at the following address in Danvers, Massachusetts with:

Parent(s)/Guardian(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

4. I/We acknowledge that I am/we are required to notify the Danvers Public Schools, in writing, of any change in the student's address within ten (10) calendar days of such change of address.

5. I/We understand this Residency Statement will be relied upon by the Danvers Public Schools for the purpose of determining the above student's eligibility to attend the Danvers Public Schools on the basis of residency. I/We further understand that the Danvers Public Schools reserves the right to investigate the above-named student's residency and to require additional documentation to prove residency. If the said student is enrolled in the Danvers Public Schools based upon the information provided and it is subsequently determined that the student does not actually reside in Danvers, I/we will be liable to the Danvers Public Schools for the student's tuition for the full academic year(s).

6. I/We understand that all applicants must reside in the Town of Danvers pursuant to 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 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 excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, gender identity, religion, national origin or sexual orientation.*

Signed under the pains and penalties of perjury on this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

This form must be submitted at the time of registration, along with:

1. Certified documentation obtained by the Danvers Town Clerk sufficient to show Town Census was completed;
2. For students whose parents are divorced or separated, a divorce decree, custody agreement, proof of guardianship and/or other documents to verify that the student is a resident of Danvers;
3. At least one document from each of the three columns below:

Evidence of Residency	Evidence of Occupancy	Evidence of Identity
<ul style="list-style-type: none"><li>• Record of mortgage payment made within the past 60 days</li><li>• Lease and/or Rental Agreement identifying address, and effective dates and signed by both parties</li><li>• Signed Landlord Affidavit (attachment B)</li><li>• Section 8 Agreement</li><li>• Property tax bill within the last year with name and address stated</li></ul>	<ul style="list-style-type: none"><li>• Utility (gas, oil, electric, home phone, cable, water) bill or work order dated within the past 60 days with name and address stated</li><li>• Pay stub with name and address stated</li><li>• Excise tax bill with name and address stated Note: credit card and cell phone bills are not acceptable</li></ul>	<ul style="list-style-type: none"><li>• Valid MA driver's license</li><li>• Valid U.S. passport</li><li>• Valid MA Photo ID card</li><li>• Other</li></ul>

Individuals having difficulty producing the required documentation should contact the Superintendent.



60 Cabot Road  
Danvers, MA 01923

**LANDLORD RESIDENCY VERIFICATION  
Attachment B**

(Complete only if the home you are living in is owned or leased by a 3rd party)

I hereby certify that I: \_\_\_\_\_

am the legal owner of the property at:

\_\_\_\_\_ Danvers, MA 01923.

I also certify that \_\_\_\_\_ and his/her child(ren)

\_\_\_\_\_ (list all names) are my tenants and live at the above address.

Check one:

I have received rental payment within the last 30 days for the lease/sublease of said premises.

I hereby state that the above-named party resides at the address with no rental payment.

I understand that the Danvers Public Schools reserves the right to investigate residency. I further understand that according to Massachusetts General Law (Chapter 76, Section 5)

*"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."*

By signing below, I attest that the information that I have provided in this declaration is accurate.

Signed under the pains and penalties of perjury on this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

Landlord Signature: \_\_\_\_\_

Landlord Print: \_\_\_\_\_

Date: \_\_\_\_\_



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## KINDERGARTEN PLACEMENT LETTER

**Lisa Dana, Ed.D.**

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**Keith Taverna**

Assistant Superintendent  
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**Mary Wermers**

Assistant Superintendent  
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[wermers@danvers.org](mailto:wermers@danvers.org)

Kindergarten classes in our elementary schools are subject to class size cap. In the event that enrollment at any school exceeds the cap for the number of Kindergarten Classes at the school, children will be placed at one of the other elementary schools in our town.

You will be notified at the Parent Orientation if it is necessary for your child to attend another elementary school for their kindergarten year only. If it is necessary to assign your child to another elementary school, they will be returned to their home school for Grade 1.

The Danvers Public Schools will provide transportation to and from the receiving schools.

It is the policy of the Danvers Public Schools not to retain Kindergarten students for a second year in Kindergarten.

Your signature below indicates that you have read and fully understand the above statement.

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Student name (please print): \_\_\_\_\_

Date: \_\_\_\_\_



## KINDERGARTEN TRANSITION

In an effort to provide a successful transition for your child into Kindergarten, the Danvers Public Schools would like your permission for the Kindergarten teachers to contact your child's preschool teacher.

Child's name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

- Yes, I give permission. (Please complete the documents below)
- No, I do not give permission. (Please sign and date below)
- My child did not attend a preschool/child care/family child care program. (Please sign below)

Name of the preschool: \_\_\_\_\_

Address of the preschool: \_\_\_\_\_

Contact Person's name and telephone number: \_\_\_\_\_

Contact person e-mail address: (if known) \_\_\_\_\_

Number of years your child attended this preschool: \_\_\_\_\_

May we request a copy of your child's preschool evaluation:  Yes  No

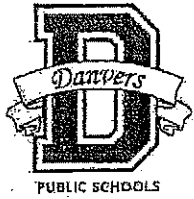
If your child has attended more than one program, please add the second program below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian name (Please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_



## Danvers Public Schools Parent Questionnaire

### CHILD INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female

### PRESCHOOL/CHILD CARE HISTORY

Did your child attend preschool/child care? Yes  No

If yes, for how long? 6 months  1 year  2 years  more than 2 years

Did your child have Early Intervention? Yes  No

If yes, what were the services? For how long? \_\_\_\_\_

Name of child's present or most recent school: \_\_\_\_\_

### DEVELOPMENTAL HISTORY

How old was the child when he/she:  
(Approximate age)

Estimate (please circle)

Sat unassisted _____	Early	Average	Late
Crawled _____	Early	Average	Late
Walked _____	Early	Average	Late
Single words _____	Early	Average	Late
Combined words _____	Early	Average	Late
Simple sentences _____	Early	Average	Late
Toilet Training _____	Early	Average	Late
Dress self _____	Early	Average	Late
Feed self _____	Early	Average	Late

Are there or have there been any feeding problems (i.e. sucking, swallowing, drooling, chewing, etc.)?

\_\_\_\_\_  
\_\_\_\_\_



**SOCIAL, EMOTIONAL, AND SELF-HELP SKILLS**

**Can your child:**

Feed him or herself using a spoon and/or a fork? Yes  No

Wash and dry his or her own hands? Yes  No

Help with dressing or dress with little assistance? Yes  No

Stay with a babysitter? Yes  No

Speak so that he or she can be understood by others? Yes  No

Express his or her thoughts and needs easily? Yes  No

Do you have any concerns about your child's appetite or willingness to try different foods? Yes  No

If yes, please explain: \_\_\_\_\_

**Is your child:**

Highly active? Yes  No  Very quiet? Yes  No

Toilet trained during the day? Yes  No  In need of help with toileting? Yes  No

**Does your child:**

Play with blocks, boxes, cups or other construction toys without help? Yes  No

Use crayons and/or markers to scribble or draw? Yes  No

Listen to stories being read? Yes  No

Turn pages of a book and look at pictures? Yes  No

Recall stories or events? Yes  No

Enjoy playing alone or with imaginary friends? Yes  No

Talk with your friends/relatives who come to visit? Yes  No

Follow simple, age-appropriate directions? Yes  No

What are your child's favorite activities? \_\_\_\_\_

Does your child have opportunities to play with other children? Yes  No

## 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.