



# Ipswich Public Schools

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**ELEMENTARY SCHOOL CHECKLIST - PLEASE CHECK OFF ALL THAT WAS COMPLETED IN THE ATTACHED PACKET**

**Residency Validation Documents (Must include one document from each in order to enroll student):**

**1. Evidence of Residency (*check one*)**

- Mortgage payment or property tax
- Lease or Rental payment receipt
- Landlord Affidavit and Recent Rental Payment Receipt
- Section 8 Housing Agreement

**2. Evidence of Occupancy (*check one*)**

Recent bill dated within the past 60 days showing Ipswich Address

- Gas Bill
- Oil bill
- Electric Bill
- Home Phone Bill
- Cable Bill
- Excise Tax Bill

**3. Evidence of Identification (*check one*)**

- Valid Drivers License
- Valid MA Photo ID Card
- Passport

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## Enrollment Forms

(Please check all forms that were completed in the packet, **All forms must be completed in order to enroll the student**)

- Birth Certificate
- Personal Inventory Form
- Enrollment Form
- Ethnicity Form
- Home Language Survey
- Technology Acceptable Use Agreement
- Web Publishing Guidelines
- Mass School Health Record (Health Care Provider's Exam)
- Certificate of Immunization
- Mass School Health Record
- Health History Form
- Authorization for Emergency Treatment
- Authorization for Release of Student Records
- Contact Information
- Military Status Form

***Please contact Linda Bettencourt at (978) 356-2935, extension 1110 with any questions. All enrollment forms should be mailed or delivered to the Central Office, One Lord Sq. Ipswich, MA 01938***



# Ipswich Public Schools

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Office of the Superintendent

## INFORMATION FROM THE SUPERINTENDENT

### RESIDENCY VALIDATION

Please be advised that, according to Massachusetts General Laws Chapter 75, Section 5, the Ipswich Public District is not required to enroll a student who does not reside in our community. The only exception is those students legally enrolled through the State’s school choice program.

Under Massachusetts General Laws Chapter 76, Section 5, only students who actually reside in Ipswich may enroll in the Ipswich School District. In order to verify residency within the Town, a student enrolling in the Ipswich School District must provide documentation of actual residence. In addition to providing such documentation at the time of initial enrollment, the school administration may request verification at any later time if there is doubt of actual residence. The School District reserves the right to require additional information to establish residence.

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). A parent, guardian, or student who is unable to produce the required documents should contact the Superintendent of Schools.

<b>Column A</b>	<b>Column B</b>	<b>Column C</b>
<u>Evidence of Residency</u>	<u>Evidence of Occupancy</u>	<u>Evidence of Identification</u> (Photo ID)
Record of recent mortgage payment and/or property tax bill	Recent bill dated within the past 60 days showing Ipswich address	Valid Driver’s License
Copy of Lease and record of recent rental payment	Gas Bill	Valid MA Photo ID Card
Landlord Affidavit and recent rental payment	Oil Bill	Passport
Section 8 Housing Agreement	Electric Bill	
	Home Phone Bill (Not Cell)	
	Cable Bill	
	Excise Tax Bill	

January 2015



# Ipswich Public Schools

## PERSONAL INVENTORY Confidential

Answers to the following questions are intended to help our school personnel in getting to know your child.  
This information will be kept for use by professional workers dealing with your child.

Student's Name \_\_\_\_\_  
last name first name middle name

Name student goes by (nickname): \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
month/day/year town state country

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

Home Phone # \_\_\_\_\_

Language spoken in home \_\_\_\_\_ Nationality \_\_\_\_\_

Student lives with:  Both Parents  Mother  Father  Guardian \_\_\_\_\_  
relationship to student

### Parent/Legal Guardian 1 Information

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
first last

Address if different from student \_\_\_\_\_ Cell# \_\_\_\_\_

Mailing Address \_\_\_\_\_ Occupation \_\_\_\_\_

Work # \_\_\_\_\_ Preferred Email \_\_\_\_\_

### Parent/Legal Guardian 2 Information

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
first last

Address if different from student \_\_\_\_\_ Cell # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Occupation \_\_\_\_\_

Work # \_\_\_\_\_ Preferred Email \_\_\_\_\_

Please specify if Student has a sibling attending either Winthrop School or Doyon School \_\_\_\_\_

Other children in household                      Date of Birth                      Relationship to Student

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

The following information will help the school staff understand your child better. Please check which of the following you observe in your child.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> nail biting                         | <input type="checkbox"/> becomes discouraged easily                                 | <input type="checkbox"/> selfish                   |
| <input type="checkbox"/> thumb sucking                       | <input type="checkbox"/> has many fears   | <input type="checkbox"/> excitable                 |
| <input type="checkbox"/> bed wetting                         | <input type="checkbox"/> is independent   | <input type="checkbox"/> angers easily             |
| <input type="checkbox"/> nightmares                          | <input type="checkbox"/> fearful of strangers                                       | <input type="checkbox"/> very easy to manage       |
| <input type="checkbox"/> shyness                             | <input type="checkbox"/> is generous with playmates                                 | <input type="checkbox"/> is orderly                |
| <input type="checkbox"/> happy disposition                   | <input type="checkbox"/> has many friends   | <input type="checkbox"/> is a leader               |
| <input type="checkbox"/> sleeps soundly                      | <input type="checkbox"/> prefers to be alone  | <input type="checkbox"/> is jealous                |
| <input type="checkbox"/> feeds him/herself                   | <input type="checkbox"/> helpful around home  | <input type="checkbox"/> plays with older children |
| <input type="checkbox"/> plays only with bothers and sisters | <input type="checkbox"/> watches television rather than playing with other children |  |

What time does your child usually go to bed? \_\_\_\_\_ and get up? \_\_\_\_\_

Does he/she eat breakfast? \_\_\_\_\_, lunch? \_\_\_\_\_, dinner? \_\_\_\_\_ Do you wish to comment on your child's eating habits, appetite, favorite foods, etc. \_\_\_\_\_

What does your child like to do when he/she is not in school? \_\_\_\_\_

Reaction to previous group experiences (camp – day or overnight, nursery school, etc.) \_\_\_\_\_

#### Developmental History

Were there any difficulties in connection with the pregnancy or birth of this child? If so, what? \_\_\_\_\_

Was this a premature birth? \_\_\_\_\_ If so, how many weeks/months premature? \_\_\_\_\_

Age at which child first put words together \_\_\_\_\_ Age when child walked \_\_\_\_\_

Age when child acquired bowel control \_\_\_\_\_ Bladder control \_\_\_\_\_

What problems, if any, did you have in feeding him/her during infancy? \_\_\_\_\_

Do you take your child to a private physician? \_\_\_\_\_ How often? \_\_\_\_\_ Date of last visit \_\_\_\_\_

Doctor's name \_\_\_\_\_ phone # \_\_\_\_\_

For what reason and when did you last take your child to a private physician or clinic? \_\_\_\_\_

Do you take your child to a private dentist or clinic? \_\_\_\_\_ How often? \_\_\_\_\_ Date of last visit \_\_\_\_\_

Dentist's name or Clinic \_\_\_\_\_ phone # \_\_\_\_\_

Are there any problems or other matters which you would like to discuss with the school staff? \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_



# Ipswich Public Schools

(Office Use Only)

Assignment (grade) \_\_\_\_\_  
Bus Route # \_\_\_ LASID \_\_\_\_\_  
SASID: \_\_\_\_\_

Name of Student \_\_\_\_\_ Date of Entry: \_\_\_\_\_  
Home Address (new) \_\_\_\_\_ Home Telephone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_  
Child Lives with: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_  
Is this child a foster child in your care? \_\_\_\_\_  
Entered from (previous school) \_\_\_\_\_  
Address \_\_\_\_\_ Grade \_\_\_\_\_

Did your child ever participate in the Ipswich Birth to Three Program? \_\_\_\_\_  
Which language did your child learn when he/she first began to talk? \_\_\_\_\_  
What language does your child most frequently use at home? \_\_\_\_\_  
What language do you use most frequently to speak to your child? \_\_\_\_\_

Additional Information (health, bus arrangements) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you now have or have teachers in the past ever expressed any concerns about your child's learning?  
If so, what is the nature of these concerns? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you say your child': (Please check one answer for each question)

Reading is	<input type="checkbox"/> Above grade level	<input type="checkbox"/> At grade level	<input type="checkbox"/> Below grade level
Writing is	<input type="checkbox"/> Above grade level	<input type="checkbox"/> At grade level	<input type="checkbox"/> Below grade level
Math is	<input type="checkbox"/> Above grade level	<input type="checkbox"/> At grade level	<input type="checkbox"/> Below grade level
Behavior in class is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Needs improvement
Ability to get along with others	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Needs improvement

Has your child ever received any of the following services? (Please check all that apply)

Counseling services \_\_\_\_\_ O.T./P.T. Services \_\_\_\_\_ Remedial Math \_\_\_\_\_  
Remedial Reading \_\_\_\_\_ SPED/504 Services \_\_\_\_\_ Vision Services \_\_\_\_\_

Please describe any of the above checked services provided to them: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Ipswich Public Schools

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Please answer BOTH questions 1 and 2.

1. Is this student Hispanic or Latino? *(choose only one)*

No, not Hispanic or Latino

Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

2. What is the student's race? *(choose one or more)*

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)

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)

Parent/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			
____/____/20____ Start Date in New School (mm/dd/yyyy)	_____ 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 - <i>grandparents, uncles, aunts, etc.</i> - and caregivers)  _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always		
What language did your child first understand and speak?	Which language do you use most with your child?		
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 _____	____/____/20____ Today's Date: (mm/dd/yyyy)		

**TECHNOLOGY ACCEPTABLE USE AGREEMENT**

Computers and the Internet are available to students and staff to enhance the curriculum and promote educational excellence. Use of all computers owned by the Ipswich Public Schools and the Internet is a privilege, not a right, and access will be provided to those who agree to act in a considerate and responsible manner. Information sent or received by e-mail, the Internet or other means over the computers available to students and staff is the property of the Ipswich Public Schools and may be accessed at any time by the Ipswich Public Schools for its review. In the event that a review reveals that this policy has been violated in any way, or that the privilege of using the computer and the Internet is being abused in any way, appropriate action will be taken against the individual or individuals involved. Violations will be referred to a school administrator for disciplinary or legal action. Building administrators, or in certain circumstances the Superintendent of Schools, will determine the consequence for inappropriate use that includes, but is not limited to, loss of computer/Internet use. Some consequences may be based on policies established in the Student Handbook. Federal and state law may cover other violations.

**Students, administrators, staff and faculty must:**

1. Respect the use of technology and computers for educational purposes:
  - Not intentionally access, transmit, copy, create, send, display or receive material that violates the school's code of conduct (such as messages, pictures or other media that are offensive, pornographic, threatening, rude, discriminatory, defamatory, abusive, obscene, profane, sexually oriented, racially offensive or intended to harass).
  - Not use e-mail to transmit spam, chain letters, unsolicited mass mailings, or for any other reason that violates the school's code of conduct.
  - Not buy, sell, advertise or otherwise conduct business, unless approved as a school project.
  - Not use computers/Internet to play non-educational games or other non-academic activities such as downloading of MP3s and other non-school related materials.
  - Not use computers/Internet for political lobbying.
  - Not participate in any type of teleconferencing or chat for reasons other than educational purposes.
2. Respect and protect the privacy of others:
  - Use only your assigned accounts.
  - Not view, use, or copy passwords, data or networks to which one is not authorized.
  - Not distribute private information about others or oneself.
3. Respect and protect the integrity, availability and security of all electronic resources:
  - Observe all network security practices.
  - Report security risks or violations to a teacher or network administrator.
  - Not access, destroy or damage data, networks or other resources that do not belong to oneself, without clear permission of the owner or instructional staff.
  - Conserve, protect and not share these resources with other students and Internet users.
  - Not change in any way the configuration of a computer or network without permission of instructional staff.
  - Not intentionally waste resources, such as paper, ink cartridges, ribbons, storage space, etc.
  - Not download files, programs or join listservs or newsgroups without express permission of instructional staff.
4. Respect and protect the intellectual property of others:
  - Not infringe copyrights (no making illegal copies of music, games or movies).
  - Not plagiarize.
  - Not use translation software in place of reading or writing foreign language activities.
5. Respect and practice the principles of network etiquette:
  - Communicate only in ways that are kind and respectful.
  - Report threatening or discomfoting materials to instructional staff.
  - Not use the resources to further other acts that are criminal or violate the school's code of conduct.
  - Not reveal personal names, addresses or phone numbers of oneself or others over the Internet.



Students (under the supervision of a teacher), administrators, staff and faculty may, only if in accord with this policy:

1. Design and post web pages and other material from school resources.
2. Use direct communications such as IRC (Internet Relay Chat), online chat, blogs, wikis, podcasts, YouTube or instant messaging.
3. Install or download software if also in conformity with federal and state laws and licenses.
4. Use the resources for any educational purposes.

**Consequences for Violation.** Violation of these rules may result in disciplinary action, including the loss of privileges to use the Ipswich Public Schools' information technology resources.

**Supervision and Monitoring.** School and network administrators and their authorized employees monitor the use of information technology resources to help ensure that uses are secure and in conformity with this policy. Administrators reserve the right to examine, use and disclose any data found on the Ipswich Public Schools' information networks in order to further the health, safety, discipline or security of any student or other person, or to protect property. They may also use this information in disciplinary actions and will furnish evidence of crime to law enforcement.

**I ACKNOWLEDGE AND UNDERSTAND MY OBLIGATIONS:**

Student's/Staff's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

**PARENTS, PLEASE DISCUSS THESE RULES WITH YOUR STUDENT TO ENSURE HE/SHE UNDERSTANDS THEM.**

**THESE RULES ALSO PROVIDE A GOOD FRAMEWORK FOR YOUR STUDENT'S USE OF COMPUTERS AT HOME, AT LIBRARIES OR ANYWHERE.**

**FOR MORE INFORMATION, SEE [www.cybercrime.gov](http://www.cybercrime.gov).**

**WEB PUBLISHING GUIDELINES**

The Ipswich Public Schools' web site is designed to provide an electronic environment to improve communication among teachers, students, staff, administration and the community. The sharing of ideas between students and the global community will enhance the learning process. Student material posted on the World Wide Web must reflect the high educational standards of the Ipswich Public Schools.

To insure the safety of our students and the accuracy and security of district information, the guidelines and procedures listed below must be followed:

1. No student's personal information, such as last name, home address, and telephone number may be posted on the web site.
2. Requests to post material on the Ipswich Public School Web site must have prior approval of the Principal or Superintendent. After approval, the material must be submitted in HTML on disk to the District Technology Coordinator or the designated school Web Master.
3. All copyrighted material used must have the express written permission of the person or organization that owns the copyright.
4. Logos or Trademarks used must have written permission from the person or organization that owns the trademark.
5. All official home pages must have at least one link back to the District home page.
6. Student directory information may not be published.
7. Students will not have access to the District server to either upload or edit information.
8. The creator of the home page is responsible for insuring that the information contained therein is of the highest editorial standards (spelling, punctuation, grammar, style, etc.). The information should be factually accurate and current. If errors are observed, the District Technology Coordinator or designated school Web Master should be contacted to make the necessary corrections.
9. Photo images, names, and student work are sometimes displayed on the web pages as a means of communicating and sharing student achievements with the community and other schools. Examples of such displays include sports teams and captains, play casts, art work/show winners, writing contests, etc. I understand that other persons accessing the World Wide Web who are not part of the educational community may view these images. I give my permission to Ipswich Public Schools to display on the school web pages pictures of my child, his/her work, and name (first name only), as they relate to activities, projects, and programs at the school.
10. Parent's signature is valid for the entire time of the student's attendance in an Ipswich School building.

Parent's Signature: \_\_\_\_\_  
Student's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Adopted Revision: June 7, 2001  
Reviewed by Policy Subcommittee on January 12, 2009

# MASSACHUSETTS SCHOOL HEALTH RECORD

## Health Care Provider's Examination

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

Medical History \_\_\_\_\_

### Pertinent Family History

### Current Health Issues

Y  N

Allergies: Please list: Medications \_\_\_\_\_ Food \_\_\_\_\_ Other \_\_\_\_\_  
History of Anaphylaxis to \_\_\_\_\_ Epi -Pen®:  Yes  No

Asthma: Asthma Action Plan  Yes  No (Please attach)

Diabetes:  Type I  Type II

Seizure disorder: \_\_\_\_\_

Other (Please specify) \_\_\_\_\_

**Current Medications (if relevant to the student's health and safety)** Please circle those administered in school; a separate medication order form is needed for each medication administered in school.

### Physical Examination

Date of Examination: \_\_\_\_\_

Hgt: \_\_\_\_\_ (\_\_\_\_ %) Wgt: \_\_\_\_\_ (\_\_\_\_ %) BMI: \_\_\_\_\_ (\_\_\_\_ %) BP: \_\_\_\_\_

(Check = Normal / If abnormal, please describe.)

<input type="checkbox"/> General _____	<input type="checkbox"/> Lungs _____	<input type="checkbox"/> Extremities _____
<input type="checkbox"/> Skin _____	<input type="checkbox"/> Heart _____	<input type="checkbox"/> Neurologic _____
<input type="checkbox"/> HEENT _____	<input type="checkbox"/> Abdomen _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dental/Oral _____	<input type="checkbox"/> Genitalia _____	

### Screening:

(Pass) (Fail)	(Pass) (Fail)	(Pass) (Fail)
Vision: Right Eye <input type="checkbox"/> <input type="checkbox"/>	Hearing: Right Ear <input type="checkbox"/> <input type="checkbox"/>	Postural Screening: <input type="checkbox"/> <input type="checkbox"/>
Left Eye <input type="checkbox"/> <input type="checkbox"/>	Left Ear <input type="checkbox"/> <input type="checkbox"/>	(Scoliosis/Kyphosis/Lordosis)
Stereopsis <input type="checkbox"/> <input type="checkbox"/>		

**Laboratory Results:**  Lead \_\_\_\_\_ Date \_\_\_\_\_  Other \_\_\_\_\_

**The entire examination was normal:**

**Targeted TB Skin Testing:**  Med-to-High risk (exposure to TB; born, lived, travel to TB endemic countries; medical risk factors):

TB Test Type:  TST  IGRA Date: \_\_\_\_\_ Result:  Positive  Negative  Indeterminate/Borderline

Referred for evaluation to: \_\_\_\_\_ Date: \_\_\_\_\_  Low risk (no TB test done)

This student has the following problems that may impact his/her educational experience:

<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Fine/Gross Motor Deficit
<input type="checkbox"/> Emotional/Social	<input type="checkbox"/> Behavior	<input type="checkbox"/> Other	

Comments/Recommendations: \_\_\_\_\_

Y  N This student may participate fully in the school program, including physical education and competitive sports. If no, please list restrictions: \_\_\_\_\_

Y  N Immunizations are complete: If no, give reason: Please attach Massachusetts Immunization Information System Certificate or other complete immunization record.

Signature of Examiner Circle: MD, DO, NP, PA Date \_\_\_\_\_

\_\_\_\_\_  
Please print name of Examiner.

Group Practice \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please attach additional information as needed for the health and safety of the student.

MDPH 08/15/13

\*This form may be replaced by doctor's form

## CERTIFICATE OF IMMUNIZATION

Name: \_\_\_\_\_ Date of Birth:     /     /     Sex:   M   F

Please indicate vaccine type (e.g., DTaP-Hib, etc.)

Vaccine		Date	Vaccine Type	Vaccine		Date	Vaccine Type
<b>Hepatitis B</b> (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)	1			<b>Rotavirus</b> (e.g., RV5: 3-dose series, RV1: 2-dose series)	1		
	2				2		
	3				3		
	4				1		
<b>Diphtheria, Tetanus, Pertussis</b> (e.g., DTP, DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, Td, Tdap)	1			<b>Measles, Mumps, Rubella</b> (e.g., MMR, MMRV)	1		
	2				2		
	3			<b>Varicella</b> (e.g., Var, MMRV)	1		
	4				2		
	5			<b>Meningococcal</b> Conjugate (MCV4), Hib-MenCY or Polysaccharide (MPSV4)	1		
	6				2		
	7				<b>Seasonal Influenza Inactivated</b> IIV3, IIV4, cclIIV3-IM, IIV3-ID, IIV3-HD RIV3-IM <u>Live Attenuated</u> LAIV, LAIV4	1	
<b>Haemophilus influenzae type b</b> (e.g., Hib, HepB-Hib, DTaP-Hib, DTaP-IPV/Hib, Hib-MenCY)	1			2			
	2			3			
	3			4			
	4			<b>2009 H1N1 Influenza</b> Inactivated or Live	1		
<b>Polio</b> (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV)	1				2		
	2			<b>Pneumococcal Polysaccharide</b> (PPSV23)	1		
	3				2		
	4				<b>Hepatitis A</b> (e.g., HepA, HepA-HepB)	1	
	5			2			
<b>Pneumococcal Conjugate</b> (PCV7, PCV13)	1			<b>Human Papillomavirus</b> (HPV4, HPV2)	1		
	2				2		
	3				3		
	4			<b>Other:</b>			

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"> <li>• physician interpretation of parent/guardian description of chickenpox</li> <li>• physical diagnosis of chickenpox, or</li> <li>• serologic proof of immunity</li> </ul>

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

## MASSACHUSETTS SCHOOL HEALTH RECORD

School Name \_\_\_\_\_ Female  Year of Graduation \_\_\_\_\_  
 Name \_\_\_\_\_ Male  DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Language Spoken (home) \_\_\_\_\_  
 Last First Middle Place of Birth \_\_\_\_\_  
 Street \_\_\_\_\_ City/Town, State, Zip Code \_\_\_\_\_

### Contact Information

### Emergency Contact Information

<b>(1) Parent/Guardian:</b>		<b>(2) Parent/Guardian:</b>		<b>(1) Emergency Contact</b>		<b>(2) Emergency Contact</b>	
Name & Mailing Address if different:		Name & Mailing Address if different:		Name & Phone Number:		Name & Phone Number:	
Phone Numbers		Phone Numbers		<b>Primary Care Provider</b>		<b>Dental Care Provider</b>	
Home		Home		Name:		Name:	
Work		Work		Phone Number:		Phone Number:	
Cell		Cell		<b>Health Insurance:</b>			
FAX		FAX		<b>Allergies:</b>			

Primary Custody (if not joint) \_\_\_\_\_

General				Growth			Vision						Hearing				Postural	
School District	Year	Grade	Age	Ht.	Wt.	BMI	Preschool Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>						Left Ear		Right Ear			
							Left Eye		Right Eye		Stereopsis							
							Pass	Refer	Pass	Refer	Pass	Refer	Pass	Refer	Pass	Refer		
		Pre K																
		K																
		1																
		2																
		3																
		4																
		5																
		6																
		7																
		8																
		9																
		10																
		11																
		12																

**Special Testing**  Lead Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Tuberculin 1. Date of PPD \_\_\_\_/\_\_\_\_/\_\_\_\_; result \_\_\_\_\_ mm; 2. Date of PPD \_\_\_\_/\_\_\_\_/\_\_\_\_; result \_\_\_\_\_  
 Low risk (no PPD done)

\*School District on Waiver in accordance with MGL c71,s57 indicated by \* in 'Grade' column.

• *Immunizations: Please attach complete Massachusetts Immunization Certificate/record*

• Due to software differences, this form may be used as a template for other formats. (All information on this form must be included.)

**Ipswich Public Schools  
Health History Form**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Health Conditions** -Please check any of the following that your child currently has or has had in the past.

- |   |   |
|---|---|
| <input type="checkbox"/> Abnormal Spine Curvature (Scoliosis) | <input type="checkbox"/> Heart Disease            |
| <input type="checkbox"/> ADD/ADHD                             | <input type="checkbox"/> Hepatitis                |
| <input type="checkbox"/> Allergies or Hayfever                | <input type="checkbox"/> Kidney Disease           |
| <input type="checkbox"/> Anemia                               | <input type="checkbox"/> Meningitis               |
| <input type="checkbox"/> Asthma/Wheezing                      | <input type="checkbox"/> Migraine Headaches       |
| <input type="checkbox"/> Behavior Problems                    | <input type="checkbox"/> Nervous twitches/tics    |
| <input type="checkbox"/> Birth/Congenital Malformations       | <input type="checkbox"/> Rheumatic fever          |
| <input type="checkbox"/> Cancer                               | <input type="checkbox"/> Seizures or epilepsy     |
| <input type="checkbox"/> Chronic Diarrhea or Constipation     | <input type="checkbox"/> Substance Abuse Suicide  |
| <input type="checkbox"/> Cystic Fibrosis                      | <input type="checkbox"/> Toothaches/dental issues |
| <input type="checkbox"/> Depression                           | <input type="checkbox"/> Tuberculosis             |
| <input type="checkbox"/> Diabetes                             | <input type="checkbox"/> Urinary Tract infections |
| <input type="checkbox"/> Eczema                               | <input type="checkbox"/> Urinary accidents        |
| <input type="checkbox"/> Emotional Disorders                  | <input type="checkbox"/> Other Health Issues      |
| <input type="checkbox"/> Frequent Headaches                   |   |
| <input type="checkbox"/> Frequent sore throat/infections      |   |

Explain checked items

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**Allergies** Please list and describe allergies/reactions to along with treatments to:

Foods: \_\_\_\_\_  
\_\_\_\_\_

Bee stings.insect bites: \_\_\_\_\_  
\_\_\_\_\_

Animals/plants/others: \_\_\_\_\_  
\_\_\_\_\_

**If your child requires medication for treatment of an allergic reaction during the school day, see your School Nurse for further information**

**Injuries and Illnesses-** please list any severe injuries or illnesses with dates

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Vision and Hearing {check all that apply}

- Frequent ear infections (3 or more per year)  
 Hearing loss Circle one Right / Left / Both  
 PE Tubes (date placed Still in Place? Yes / No)  
 Vision Problems  
 Wears Glasses / Contacts (circle one)

Additional Information:

Does your child see the doctor regularly for a chronic medical condition? Yes / No. If yes, please complete the following.

What is the medical condition \_\_\_\_\_

Doctors Name \_\_\_\_\_ Phone \_\_\_\_\_

What medications are given daily: \_\_\_\_\_

What medications are given frequently, but not daily: \_\_\_\_\_

If your child requires medication during the school day (prescription or over the counter), see your School Nurse. Certain forms must be completed for medication to be dispensed during the school hours.

Do you have other comments or concerns about this child's health, development, behavior, family or home life that you would like the school to be aware of? If yes, explain briefly \_\_\_\_\_

I give my permission for the school Nurse to share this information with my child's teacher(s) as needed for the benefit of my child's health and educational needs.

Yes \_\_\_\_\_ No \_\_\_\_\_

Parents Signature \_\_\_\_\_

Please call the School Nurse if you have any questions or concerns, or if any changes in your child's health condition occurs. All information is strictly confidential.



# Ipswich Public Schools

## Emergency Information

In the unlikely event that your child is injured or becomes sick at school, every effort will be made to contact you. Should you be unavailable, and the situation warrant, emergency treatment will be obtained. Depending on the circumstances, your child's physician or dentist identified below will be notified.

To ensure prompt care, please complete the authorization for emergency treatment form below and return it to school.

### AUTHORIZATION FOR EMERGENCY TREATMENT

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian to be Contacted: \_\_\_\_\_

Daytime Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Local person to contact in case parent/guardian cannot be reached: \_\_\_\_\_

Phone number for emergency contact: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Other Instructions: \_\_\_\_\_

\_\_\_\_\_

**I HEREBY AUTHORIZE EMERGENCY TREATMENT FOR THE ABOVE NAMED STUDENT.**

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_ High School

\_\_\_\_ Middle School

\_\_\_\_ Doyon School

\_\_\_\_ Winthrop School





# Ipswich Public Schools

Doyon Elementary School  
216 Linebrook Road  
Ipswich, MA 01938 (fax) (978)-356-8574

Winthrop Elementary School  
65 Central Street  
Ipswich, MA 01938 (fax) (978) 356-8739

Ipswich Middle School  
130 High Street  
Ipswich, MA 01938 (fax) (978) 356-8169

Ipswich High School  
134 High Street  
Ipswich, MA 01938 (fax) (978) 356-3720

## AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

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

Date of Birth: \_\_\_\_\_

New Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Former Address: \_\_\_\_\_

Check One:

Date of Transfer: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_ Grade: \_\_\_\_\_

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From Former School: \_\_\_\_\_ Phone: \_\_\_\_\_

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

To New School: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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## RECORDS

Student records are requested upon transfer, outside evaluation, admission to further education or employment. I hereby request that the records indicated below be forwarded to/from the Ipswich Public Schools (as indicated above):

**All contents of cumulative record, including those listed below**

Grade Records

Health Records

Test Scores (Standardized)

School Activities

Attendance Records

Special Education Records, Evaluations, Educational Plans

Discipline Records

Other: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_

Relationship to Student:  Parent  Legal Guardian  Student



# Ipswich Public Schools

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## Contact Information Update:

The Blackboard Connect system allows for two types of messages to be sent, an outreach message or an emergency message. An outreach message will be sent only to the Primary phone contact and the Primary email addresses. An emergency message will be sent out to all contact numbers and email addresses. Please list below your child's contact information in the order of which you wish to be contacted. Please indicate all phone numbers as a home, cell, or work number. Thank you.

**One contact, one number on each line**

**Primary Contact:** Name/Number \_\_\_\_\_

(Used for the Blackboard Connect Outreach/Emergency system)

Second contact Name/Number \_\_\_\_\_

Third contact Name/Number \_\_\_\_\_

Additional Contacts Name/Number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email information \* (does not need to be the same as the phone primary contact person)

**Primary E-mail address:** \_\_\_\_\_

(Used for Blackboard Connect Outreach/Emergency System)

Second Email Address: \_\_\_\_\_



# Ipswich Public Schools

## MILITARY STATUS SURVEY

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

**1. Do your children have a family member who is or has been in the military that makes them eligible for assistance under the compact?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**2. Choose yes if one of the following applies:**

- Active duty members of the uniformed services, National Guard and Reserve on active duty orders
- Members or veterans who are medically discharged or retired within the past year
- Members who have died not covered above
- Department of Defense personnel, federal agency civilians, and contract employees not defined as active duty.