



# Ipswich Public Schools

1 Lord Square, Ipswich MA 01938 Phone: 978-356-2935 Fax: 978-356-0445

## ELEMENTARY SCHOOL Student Enrollment Checklist

Kindergarten

Grades 1-5

*(MUST be 5 years old ON or  
BEFORE August 31st)*

### Residency Validation Documentation

(You must provide ONE from each list)

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

Mortgage Payment or Property Tax

Lease or Rental Payment Receipt

Landlord Affidavit and Rental Payment Receipt

Section 8 Housing Agreement

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

Gas or Oil Bill

Electric Bill

Cable Bill

Excise Tax Bill

Home Phone or Cell Phone Bill

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

Valid Driver's License

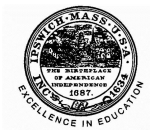
Valid MA Photo ID Card

Passport

### Enrollment Forms (Please check off once completed)

|  |   |
|--|---|
| <input type="checkbox"/> Birth Certificate                               | <input type="checkbox"/> Home Language Survey                               |
| <input type="checkbox"/> Immunization Record                             | <input type="checkbox"/> Ethnicity Form                                     |
| <input type="checkbox"/> Most Recent Physical (within 1 year)            | <input type="checkbox"/> Military Status Survey                             |
| <input type="checkbox"/> Authorization for Release of Records            | <input type="checkbox"/> Web Publishing Guidelines                          |
| <input type="checkbox"/> Student Enrollment Form                         | <input type="checkbox"/> Technology Acceptable Use Agreement                |
| <input type="checkbox"/> Personal Inventory Form: <b>Grades K-5 ONLY</b> | <input type="checkbox"/> Health History                                     |
| <input type="checkbox"/> Contact Information Update Form                 | <input type="checkbox"/> Health Update/ Authorization for Medical Treatment |

**Kindergarten ONLY:** Early Childhood Education Experience Survey



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## Residency Validation Requirement

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><br>(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<br>Valid MA Photo ID Card<br>Passport |
| Copy of Lease and record of recent rental payment          | Gas Bill<br>Oil Bill<br>Electric Bill                             |  |
| Landlord Affidavit and recent rental payment               | Home Phone Bill<br>Cable Bill<br>Excise Tax Bill                  |  |
| Section 8 Housing Agreement                                |   |  |



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## Authorization for Release of Student Records

### KINDERGARTEN

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

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

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

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

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

I authorize the above named preschool to release pertinent school information to the Ipswich Public Schools regarding my child.

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

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

Relationship to Student:  Parent  Legal Guardian  Student

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### TO BE COMPLETED BY PRESCHOOL

Dear Preschool,

What information do you feel we should have to make this child's transition to kindergarten as comfortable as possible?

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Please attach extra sheets as necessary.

Preschool Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to : Office of the Superintendent  
One Lord Square  
Ipswich, MA 01938



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## Authorization for Release of Student Records

### Grades 1-12

Paul F. Doyon Memorial School  
216 Linebrook Road  
Ipswich, MA 01938 (fax) 978-356-8574

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

Ipswich Middle School  
130 High Street  
Ipswich, MA 01938 (fax) 978-412-8169

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

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

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

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

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

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

\*\*\*\*\*

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

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

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

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

\*\*\*\*\*

### 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 Record

Test Scores (Standardized)

Attendance Records

Discipline Records

Health Records

School Activities

Special Education Records,  
Education Plans, Evaluations

Other  
\_\_\_\_\_

\*\*\*\*\*

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

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

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

Relationship to Student:  Parent  Legal Guardian  Student



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## Student Enrollment Form

### 1. Student Information:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name Student Goes By: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Primary Telephone: \_\_\_\_\_

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

Language Spoken at Home: \_\_\_\_\_ Nationality: \_\_\_\_\_

Student Lives With: Both Parents: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian: \_\_\_\_\_

Other Children in Household: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Please specify if student have a sibling at either DOYON or WINTHROP(**Elementary Enrollment ONLY**) \_\_\_\_\_

Does the student have an Individual Education Plan (IEP)? \_\_\_\_\_

### 2. Emergency Contact:

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Second Telephone: \_\_\_\_\_

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

### 3. Parent/Guardian/Caregiver Information:

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

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

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

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

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

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

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

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

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work  
Address \_\_\_\_\_

Work  
Address \_\_\_\_\_

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

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

### **For Office Use Only:**

ID # \_\_\_\_\_ Homeroom: \_\_\_\_\_ Locker # \_\_\_\_\_ Grade: \_\_\_\_\_



# Ipswich Public Schools

## Elementary School Personal Inventory Form

The following information will help the school stand 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 siblings | <input type="checkbox"/> prefers screen time over play |  |

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

Do they eat breakfast? \_\_\_\_\_ Lunch? \_\_\_\_\_ Dinner? \_\_\_\_\_

Do you wish to comment on your child's eating habits, appetite, favorite foods, etc.?

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What does your child like to do when they are not in school?

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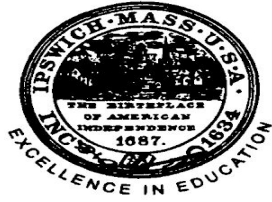
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What has been your child's reaction to previous group experiences (camp, pre-school, etc.)?

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# Ipswich Public Schools

## Elementary School Personal Inventory Form

### Developmental History:

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

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

At what age did your child first...

First put words together: \_\_\_\_\_ Acquire bowel control: \_\_\_\_\_

First walked: \_\_\_\_\_ Acquire bladder control: \_\_\_\_\_

What problems, if any, did you have in feeding your child during infancy?

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

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Dentist's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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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 contact information in the order of which you wish to be contacted. Please indicate all phone numbers as a home, cell, or work number.

### Phone Numbers

#### Used for the Blackboard Connect Outreach/Emergency system

##### Primary Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please circle one: Cell Home Work

##### Second Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please circle one: Cell Home Work

##### Third Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please circle one: Cell Home Work

### Email Address

#### (Used for the Blackboard Connect Outreach/Emergency system)

##### Primary Contact:

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

##### Second Contact:

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





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## 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 _____  |
| Country of Birth _____  | Date of Birth (mm/dd/yyyy) <u>  </u> / <u>  </u> / <u>  </u>   |
|   | Date first enrolled in ANY U.S. school (mm/dd/yyyy) <u>  </u> / <u>  </u> / <u>  </u>  |
|   | Last Name _____  |
|   | Gender F <input type="checkbox"/> M <input type="checkbox"/>   |
| School Information  |  |
| Start Date in New School (mm/dd/yyyy) <u>  </u> / <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> /20 <u>  </u>   | 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?<br>_____   | Which language(s) are spoken with your child?<br>(include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers)<br>_____ seldom / sometimes / often /<br>always<br>_____ seldom / sometimes / often /<br>always |
| What language did your child first understand and speak?<br>_____   | Which language do you use most with your child?<br>_____   |
| How many years has the student been in U.S. Schools? (not including pre-kindergarten)<br>_____  | Which languages does your child use? (circle one)<br>_____ seldom / sometimes / often /<br>always<br>_____ seldom / sometimes / often /<br>always  |
| Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/><br>If yes, what language? _____ | Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/><br>If yes, what language? _____   |
| Parent/Guardian Signature:<br>X   | Today's Date: <u>  </u> / <u>  </u> / <u>  </u> <u>  </u> / <u>  </u> /20 <u>  </u><br>(mm/dd/yyyy)  |



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## Student Ethnicity Form

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

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

**Please answer BOTH questions 1 and 2:**

**1. Is this student Hispanic or Latino? (please 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? (please 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)
- Asia (a person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)
- Black or African American (a person having origins in any of the original people 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: \_\_\_\_\_



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## Military Status Survey

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

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. Please circle yes if any of the following applies:

YES NO Active duty members of the uniformed services, National Guard and Reserve on active duty orders

YES NO Members or veterans who are medically discharged or retired within the past year

YES NO Members who have died not covered above

YES NO Department of Defense personnel, federal agency civilians, and contract employees not defined as active duty.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## WEB PUBLISHING GUIDELINES

The Ipswich Public Schools' website 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 ensure the safety of our students and the accuracy and security of district information, the guidelines and procedures listed below must be followed:

- No student's personal information, such as last name, home address, and telephone number may be posted on the web site.
- Requests to post material on the Ipswich Public School Website 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.
- All copyrighted material used must have the express written permission of the person or organization that owns the copyright.
- Logos or Trademarks used must have written permission from the person or organization that owns the trademark.
- All official home pages must have at least one link back to the District home page.
- Student directory information may not be published.
- Students will not have access to the District server to either upload or edit information.
- The creator of the home page is responsible for ensuring 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.
- 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.
- Parent's signature is valid for the entire time of the student's attendance in an Ipswich School building.

**Parent/Guardian Signature:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

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



# Ipswich Public Schools

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## 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 email, 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 email 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/Guardian 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).**



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## Welcome to Ipswich Elementary School Health Services

Please complete the Annual Health History Update and Authorization for Emergency Treatment forms included in this packet. In addition, please include the following information/documents:

- Current proof of physical from your child's Primary Care Provider (PCP). Physicals must be dated within 13 months of enrollment date.
- Up to date immunization record; see below for requirements. For vaccine exemption, proper documentation must be on file prior to enrollment as per state law.
- [Parent](#) and [Provider](#) Forms for students who require prescription medications during the school day.

|             |  |
|-------------|--|
| Hib         | <b>1-4 doses;</b> the number of doses is determined by vaccine product and age the series begins   |
| DTaP        | <b>4 doses</b>   |
| Polio       | <b>3 doses</b>   |
| Hepatitis B | <b>3 doses;</b> laboratory evidence of immunity acceptable   |
| MMR         | <b>1 dose;</b> must be given on or after the 1 <sup>st</sup> birthday; laboratory evidence of immunity acceptable                                      |
| Varicella   | <b>1 dose;</b> must be given on or after the 1 <sup>st</sup> birthday; a reliable history of chickenpox* or laboratory evidence of immunity acceptable |

**All Students: \*NEW\* Influenza Requirement:** 1 dose; seasonal influenza vaccine for the current flu season must be received annually by December 31st.

For questions or concerns, please contact your child's school specific nurse.

**Paul F. Doyon Memorial School:** Siobhan Lemire, BSN, RN, (978) 356-5506

**Winthrop School:** Jon Stafford, BSN, RN, (978) 356-2976

# Ipswich Public Schools

## Health History Form

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**Allergies:** Please list and describe any allergies (food, drug and/or environmental):

| Allergy | Reaction<br>Include trigger(s) for food allergies | Treatment |
|---------|---|-----------|
|         |   |           |
|         |   |           |
|         |   |           |

**Food Restrictions** (vegetarian, etc.): \_\_\_\_\_

**Health Conditions** (Check all that apply):

|  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> ADD/ADHD                        |  | <input type="checkbox"/> Mental health condition |  |
| <input type="checkbox"/> Asthma/Respiratory condition    | <input type="checkbox"/> Inhaler   | <input type="checkbox"/> Neurologic condition    |  |
| <input type="checkbox"/> Autism                          |  | <input type="checkbox"/> Operation               |  |
| <input type="checkbox"/> Blood disorder                  |  | <input type="checkbox"/> Scoliosis               |  |
| <input type="checkbox"/> Dental injuries, braces         |  | <input type="checkbox"/> Seizure disorder        |  |
| <input type="checkbox"/> Diabetes                        |  | <input type="checkbox"/> Skin condition          |  |
| <input type="checkbox"/> Ear infections/impairment       | <input type="checkbox"/> Hearing aids <input type="checkbox"/> cochlear implants | <input type="checkbox"/> Speech condition        |  |
| <input type="checkbox"/> Frequent sore throats/strep     |  | <input type="checkbox"/> Skin condition          |  |
| <input type="checkbox"/> GI conditions (crohn's, reflux) |  | <input type="checkbox"/> Substance abuse         |  |
| <input type="checkbox"/> Headaches/ migraines            |  | <input type="checkbox"/> Urinary condition       |  |
| <input type="checkbox"/> Heart condition                 |  | <input type="checkbox"/> Vision impairment       | <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts |
| <input type="checkbox"/> Hospitalization                 |  | <input type="checkbox"/> Other:                  |  |

**Current Medications:** If your child requires specific medication during the school day, please contact your school nurse. Certain forms MUST be completed for medication to be dispensed during school hours.

|                  | Name(s) and Dose(s) |
|------------------|---------------------|
| Given at school: |                     |
| Taken at home:   |                     |

**Is there any condition that would prevent your child from participating in physical education or sports?**

If yes, please describe: \_\_\_\_\_

**Is your child followed by any specialty physicians/providers?**

If yes, please list: \_\_\_\_\_

**Please list any additional concerns or pertinent information:** \_\_\_\_\_

\_\_\_\_\_

*I give permission for the school nurse to share information with the child's teacher(s) as needed for the benefit of my child's health and educational needs. \_\_\_\_\_ YES \_\_\_\_\_ NO*

Parent/Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_





# Ipswich Public Schools

1 Lord Square, Ipswich MA 01938 Phone: 978-356-2935 Fax: 978-356-0445

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parent/Guardian 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_ Secondary Contact Number : \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Contact Number : \_\_\_\_\_ Secondary Contact Number : \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Permission to Receive Over the Counter (OTC) Medications

*The School Nurse has my permission to administer the following medications (check all that apply):*

\_\_\_\_\_ Ibuprofen (Advil, Motrin)

\_\_\_\_\_ Tums

\_\_\_\_\_ Tylenol (acetaminophen)

\_\_\_\_\_ Sunscreen (>30 SPF)

\_\_\_\_\_ Cough syrup (Robitussin)

\_\_\_\_\_ Bug Repellent (<30 DEET)

\_\_\_\_\_ Cough drops

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent for Medical Professional Collaboration

There may be occasions on which the school nurse may need to contact your physician or dentist for health information. If you agree to this communication, please sign below.

*I give permission for the school nurse to contact my child's provider(s) when necessary: \_\_\_ YES \_\_\_ NO*

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

Insurance Carrier: \_\_\_\_\_ Physician: \_\_\_\_\_

Other Instructions/Concerns: \_\_\_\_\_

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

If your contact information has changed from last year, please indication by checking here: \_\_\_\_\_

# KINDERGARTEN ONLY

## 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.