



WEYMOUTH PUBLIC SCHOOLS

111 Middle Street 🐾 Weymouth MA 02189 🐾 781-335-1460 (P) 🐾 781-335-8777 (F)

Parent/Guardian Other Required Documents and Forms Checklist

(Step 4)

This is Step 4 of the registration process for grades PK or K

Instructions, checklists, and documents for Steps 1, 2, and 3 can be found at:

<http://www.weymouthschools.org/district/family/pages/registration-information>

Other Required Documents:

Please collect original copies of the following, as applicable, to bring with you when you go to your school appointment to complete your child's registration process (Step 4).

- ☐ Student Birth Certificate with Raised Seal
- ☐ Student record from former school (if applicable)
- ☐ Copy of recent physical examination
 - ☐ with documentation of required immunizations – see page 2 of this document
 - ☐ with documentation of lead screening – see page 2 of this document
 - ☐ with documentation of vision screening – see page 3 of this document
- ☐ Legal Information (e.g. custody/guardianship, if applicable)
- ☐ IEP (if applicable)
- ☐ 504 Plan (if applicable)

Other Required Forms:

- ☐ Developmental Questionnaire – page 4-5 of this document: please complete and sign
- ☐ Photo/Video Release Form – page 6 of this document: please complete and sign
- ☐ Record Release Consent – page 7 of this document: please complete and sign, if applicable

THE FINAL STEP OF THE REGISTRATION PROCESS IS TO CALL YOUR HOME SCHOOL, OR IN JULY THROUGH THE THIRD FULL WEEK OF AUGUST CALL KAREN MARIANI AT 781-335-1460 X20301, TO SCHEDULE AN APPOINTMENT. PLEASE BE SURE TO BRING ALL REQUIRED DOCUMENTS AND FORMS WITH YOU TO THAT APPOINTMENT.



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IMMUNIZATION RECORDS, STUDENT PHYSICAL, AND OTHER PERTINENT HEALTH RECORDS

(Step 4)

Massachusetts state law requires all kindergarten/newly enrolled students present a doctor's certification of immunizations and physical exam before entrance to school. When registering your child for school, please bring a copy of your child's most recent physical exam and documentation of the following required immunizations:

Five (5) doses of DTAP Vaccine unless the fourth dose was given after the fourth birthday.

Four (4) doses of Polio Vaccine, unless the third dose was given after the fourth birthday.

Three (3) doses of Hepatitis B Vaccine.

Two (2) doses of Measles, Mumps, Rubella (MMR) Vaccine.

Two (2) dose of Varicella Vaccine or a reliable history of chickenpox documented by the child's physician.

In addition:

Date of a Lead Screening is also required prior to entrance into kindergarten.

Date and results of a vision screening (stereopsis) done within 12 months prior to entry into kindergarten.

Children who do not meet the minimum immunization requirements for school entry will not be enrolled until they are brought up to date with their immunizations. PLEASE obtain your child's most recent immunization records from your health care provider to bring to your child's registration appointment for his/her permanent health record. If needed we can identify what is missing and make a plan for compliance prior to starting.

*****PLEASE BRING THESE FORMS WITH YOU WHEN YOU SUBMIT THIS
REGISTRATION PACKET.**



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(Step 4)

FOR INCOMING PRE-K & KINDERGARTEN STUDENTS ONLY

VISION SCREENING

Physicians and other Health care Providers

As of July 15, 2004 Chapter 181, requires that:

"Upon entering kindergarten or within 30 days of the start of the school year, the parent or guardian of each child shall present to school health personnel certification that the child within the previous 12 months has passed a vision screening conducted by personnel approved by the department of public health and trained in vision screening techniques to be developed by the department of public health in consultation with the department of education...For children who fail to pass the vision screening and for children diagnosed with neurodevelopmental delay, proof of a comprehensive eye examination performed by a licensed optometrist or ophthalmologist chosen by the child's parent or guardian indicating any pertinent diagnosis, treatment, prognosis, recommendation and evidence of follow-up treatment, if necessary, shall be provided. "

Thus, it is now mandated in Massachusetts that:

- All preschoolers have a vision screening done within 12 months prior to their entry into Kindergarten.
- All children with neurodevelopmental delay, and all children who fail the vision screening, be referred for a comprehensive eye examination by an ophthalmologist or optometrist.

As you know, Massachusetts General Law, Chapter 71, section 57 requires that each student have a physical examination at certain intervals. After completion, the Massachusetts Health Care Provider's Examination Form must be shared with the school to become part of the student's school health record. During the past year, the Massachusetts Department of Public Health has collaborated closely with school physicians, pediatricians and nurses to update the existing form. The goal of this process was to identify information needed by the school to protect the health and safety of the student and to meet certain legal requirements. Another goal was to create a single-page document for ease of implementation. The form may be found at MDPH's website located at (http://www.mass.gov/dph/fch/schoolhealth/health_record.htm) and it includes a place to record the results of a vision screening.

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The Weymouth Public School system does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, gender identity, transgender status, gender transitioning, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its programs, activities or operations. These include, but are not limited to, admissions, equal access to programs and activities, employment, provision of and access to programs and services, as well as selection volunteers, vendors and employers recruiting at the Weymouth Public Schools. We are committed to providing an inclusive and welcoming environment for all members of our staff, students, volunteers, subcontractors, and vendors. The following person has been designated to handle inquiries regarding the non-discrimination policies: Assistant Superintendent for Personnel (781)335-1460. Revised 1/2017



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DEVELOPMENTAL QUESTIONNAIRE

(Step 4)

Dear Parent/Legal Guardian,

This questionnaire is designed to help us get to know your child's development in the early years. This information will help us plan for your child's start in school. Please answer each question as accurately as possible in order for this information to be useful to us. Thank you.

Child's Name: _____ Date of Birth: _____

Parents:

Mother's Name: _____ Age: _____ Occupation: _____

Father's Name: _____ Age: _____ Occupation: _____

Address: _____

Home Phone: _____ Does your family have medical insurance? _____

With whom has the child been living for most of the past year?

_____ Both parents _____ Father _____ Mother _____ Other _____

Are Parents _____ Married _____ Separated _____ Divorced _____ Single _____ Widowed

Siblings: (names and ages) _____

Has your child attended school before? _____ If yes, where? _____

Has your child been in daycare? _____ If yes, with whom? _____

BIRTH HISTORY:

Were there any problems with your pregnancy with this child? _____

Was the birth: _____ Preterm _____ Around expected due date _____ Induced _____ Cesarean

Child was born at: _____ Hospital in city of _____

Child's birth weight was: _____ pounds _____ ounces Length of Labor? _____ hours

Was there any special care required? _____

Length of hospital stay: Child: _____ days Mother _____ days

Feeding: Breast fed _____ Bottle fed _____ Problems feeding? _____

HISTORY:

Has the child had any major medical problems? _____

Any family history of medical problems? _____

Any family history of learning disabilities? _____

Illnesses: _____

Allergies: _____

Emergency Room Treatment? _____

Hospital stays? _____

Is the child up-to-date on vaccinations? _____

Has your child ever had a fever of over 105 degrees? _____ Convulsions? _____

Does your child take any medication on a regular basis? _____ For what? _____

Has your child had any problems with: Vision? _____ Hearing? _____



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(Step 4)

DEVELOPMENTAL QUESTIONNAIRE - Cont.

GENERAL DEVELOPMENT:

Describe your child's sleep habits: _____ sleeps well _____ wakes often _____ resists bedtime _____ naps

Eating habits: _____

General level of activity: _____ Average _____ Quiet _____ Irritable _____ Overactive

Any behavioral or discipline concerns? _____

At what age was your child toilet trained? _____ Any toileting problems? _____

Does your child play with others of the same age? _____

Does your child respond verbally when asked a question? _____

Can your child do the following skills without adult help?

- a. Use a fork and spoon to eat? Yes No
- b. Drink from a cup without a lid or straw? Yes No
- c. Wash and dry hands? Yes No
- d. Use the bathroom independently? Yes No
- e. Be left with another caretaker without a fuss? Yes No
- f. Put on clothing? Yes No
- g. Play with toys? Yes No
- h. Clean up after playing or eating? Yes No
- i. Walk up and down stairs with alternating feet? Yes No
- j. Accept behavioral limits calmly? Yes No

Can your child hold a crayon and color? Yes No

Can your child cut with scissors? Yes No

Does your child like to be read to by an adult? Yes No

Can your child ride a tricycle? Yes No

Can your child throw and catch a ball? Yes No

Does your child trip, fall, or bump into things often? Yes No

Does your child cry easily? Yes No

Does your child often have temper tantrums? Yes No

Does your child sit close to the television screen? Yes No

Does your child react adversely to loud noise? Yes No

Does your child have a very short attention span? Yes No

Is your child's speech understandable to an unfamiliar adult? Yes No

Has your child been evaluated for special needs? Yes No

Does your child have an Individual Educational Plan? Yes No

COMMENT SECTION:

What are your child's strengths and interests?

Is there anything you would like us to know about your child that would be helpful to his or her success in a school setting?

This form was completed by: _____ Date: _____

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(Step 4)

PHOTOGRAPH POLICY

Video/photographs of Weymouth Public Schools' students may be taken by staff in celebration of the efforts and enthusiasm during Weymouth Public Schools related events/special programs. The photographs are often displayed in the classrooms, on the corridor bulletin boards, as part of individual projects, local newspaper publications and/or video programming that is displayed for school wide events. If you **do not** want photos or videos of your child to be used for such purposes, please indicate your preference by signing the appropriate option below.

_____ I give permission for pictures/videos to be taken of my child as long as it is directly related to the education of my child, celebrating the efforts of my child, and/or promotion of the Weymouth Public Schools. I understand that my child's photograph will be taken at his/her kindergarten screening appointment and attached to his/her registration application.

_____ I **DO NOT** want pictures or video taken of my child. I do not want my child's photograph to be taken at his/her kindergarten screening appointment. I understand that my child's photograph will not appear in the yearbook.




Student's Name: _____
(Please Print)

Parent/Guardian Signature: _____

Date: _____



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For Grades PreK-12

(Step 4)

CONSENT FOR RECORDS TO BE RELEASED TO WEYMOUTH PUBLIC SCHOOLS

I give permission for (Please print) _____
(former school name)

(street address)

(city/town/state) (phone)

to release the following:

_____ Official transcript, attendance, disciplinary information, standardized test scores

_____ Medical records (Immunizations)

_____ Special Education records (including IEP and evaluations)

_____ MCAS scores/ACCESS

_____ Exit or Withdrawal Grades

_____ Other (Please specify below)

PLEASE SEND TO: _____ (School Name)
_____ (School Address)
_____ (School Address)
_____ (School Fax Number)

Student's Name: _____
(Please print)

Signed: _____
(Parent/Student)