

# PARENT GUIDE TO STARTING KINDERGARTEN

## FAQs Of Parents



### HOW DO I START THE PROCESS?

You will need to fill out a registration packet - you can pick one up in person at either Shay Memorial or Amesbury High School, or you can find it online at <https://schools.amesburyma.gov/>

### WHAT DO I NEED FOR REGISTERING MY CHILD INTO KINDERGARTEN?

- ☐ Completed Registration Packet
- ☐ Proof of Parent/Guardian identity - Valid Driver's License/Real ID/Photo ID Card/Passport (Proof of custody may be necessary. Legal guardianship requires additional documentation from a court or agency)
- ☐ Original Birth Certificate - the original certificate will NOT be retained by the district
- ☐ Medical Records - including proof of up to date immunizations and a recent physical examination
- ☐ Proof of Residency (see below for accepted documents which must be pre-printed with the parent/guardian's name and address)

### YOU MUST PROVIDE ONE OF THE FOLLOWING TO PROVE RESIDENCY:

- ☐ Property Deed or Current Mortgage Payment or Property Tax Bill
- ☐ Fully signed and executed Purchase and Sale Agreement (occupancy date must fall within 30 days of enrollment)
- ☐ Notarized letter from builder or realtor
- ☐ Fully signed and executed Lease/Rental Agreement


### YOU MUST ALSO PROVIDE TWO OF THE FOLLOWING TO PROVE RESIDENCY:

- ☐ Landline telephone bill dated within last 60 days
- ☐ Gas/Oil bill dated within last 60 days
- ☐ Electric bill dated within last 60 days
- ☐ Cable bill dated within last 60 days
- ☐ Water bill
- ☐ Bank statement dated within the last 60 days
- ☐ Voter Registration Record from Town Hall
- ☐ Payroll stub dated within last 30 days

## WHEN DO THESE DOCUMENTS NEED TO BE RECEIVED AND WHERE DO I BRING THEM?

**June 6, 2025** is the deadline to enroll your child for the 2025-2026 school year with a screening (more on screening next).

**August 1, 2025** is the deadline to enroll your child for the 2025-2026 school year to ensure that there is enough time to register for the bus for the first day of school. This deadline is critical in building bus routes. Once you have your complete registration packet with all supporting documents you will need to contact our central registrar - **Julie Hartshorn** at [julie.hartshorne@amesburyma.org](mailto:julie.hartshorne@amesburyma.org) to set up a time to drop these documents off at Amesbury High School, 5 Highland Street.



### WHAT IS THE SCREENING?




Once your registration packet is complete, you will be contacted at the end of March to set up an appointment for your child to attend a screening at Shay Memorial. Screenings will be scheduled on one of the final days of school in June. Your child will meet with one of our Kindergarten teachers, while you stay in the office lobby to fill out paperwork. They will get to see one of the kindergarten classrooms and do a vision and hearing test. The purpose of the screening is to create balanced classrooms.

### HOW DO I CALL MY CHILD OUT ABSENT?

You can call the main phone line at 978-388-3659 before 9am or email the office secretaries at [SMILES-Notes@amesburyma.org](mailto:SMILES-Notes@amesburyma.org).

### WHO CAN DISMISS MY CHILD?

The office will provide you with a form with authorized people who can dismiss your child from school. Only people who are listed on this form will be allowed to dismiss your child. All individuals who dismiss your child will be required to show their ID until the office staff are familiar with you. Please be prepared or tell whomever is picking up your child to be prepared to show identification.




### WHAT TIME DOES SCHOOL START AND END?

The doors to school open at 8:15am for breakfast, the doors open to school at 8:25am for the start of school. We ask that you get your child to school by 8:30 am - your child will be marked tardy if they arrive after 8:40am. Dismissal starts at 2:51 pm and everyone has been dismissed by the office by 3:05pm.

### WHERE IS PARENT DROP OFF AND PICK UP?

If you are dropping your child off - the car lane for Shay Memorial is on the right side of the entrance to the schools. If you have students in both Cashman and Shay you would enter on the left side of the entrance. Pick up for Kindergarten is in the car lane which enters at the teacher parking lot. Students will be with their teacher at the bridge. You will be given a yellow car sign with your child's last name on it at the start of school. This should go on your dashboard on the passenger side.



### HOW DO I SIGN UP FOR THE SCHOOL BUS?

After July 8, 2025 registration for the bus will be open on the district website. Look for the bus icon. [www.amesburyma.org](http://www.amesburyma.org). More information will be provided on the website at that time.

**AMESBURY PUBLIC SCHOOLS**

Where children come first!

Jordan Shay Lower Elementary School  
P: 978-388-3659 / F: 978-388-4479

Amesbury Middle School  
P: 978-388-0515 / F: 978-388-1626



Cashman Elementary School  
P: 978-388-4407 / F: 978-388-447

Amesbury Innovation High School  
P: 978-388-8037 / F: 978-388-807

Amesbury High School

P: 978-388-4800 / F: 978-388-3393

**Kindergarten Registration**

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

**Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

Please ensure the following items are turned in to the Registrar's Office at Amesbury High School, 5 Highland St. For questions contact [Julie.Hartshorn@amesburyma.org](mailto:Julie.Hartshorn@amesburyma.org)

- ☐ Completed Registration Packet
- ☐ Proof of Parent/Guardian identity - Valid Driver's License/Real ID/Photo ID Card/Passport  
Proof of custody may be necessary - Legal guardianship requires additional documentation from a court or agency
- ☐ Original Birth Certificate - A copy will be made. The original certificate will NOT be retained by the district
- ☐ Medical Records - including proof of up to date immunizations and a recent physical examination. Most pediatricians call this a "School/Camp Form."
- ☐ 3 Documents to Prove Residency/Occupancy (see below for accepted documents which must be pre-printed with the parent/guardian's name and address)


You must provide **ONE** of the following to prove residency:

- ☐ Property Deed  
or Current Mortgage Payment  
or Property Tax Bill
- ☐ Fully signed and executed Purchase and Sale Agreement (occupancy date must fall within 30 days of enrollment)
- ☐ Notarized letter from builder or realtor
- ☐ Fully signed and executed Lease/Rental Agreement

You must **ALSO** provide **TWO** of the following to prove occupancy:

- ☐ Landline telephone bill dated within last 60 days
- ☐ Gas/Oil bill dated within last 60 days
- ☐ Electric bill dated within last 60 days
- ☐ Cable/Internet bill dated within last 60 days
- ☐ Water bill
- ☐ Bank statement dated within the last 60 days
- ☐ Voter Registration Record from Town Hall
- ☐ Payroll stub dated within last 30 days

## Student Data

	Student's Legal First Name: _____	Date of Birth: _____
	Preferred First Name: _____	Grade: _____
	Legal Middle Name: _____	Gender: _____
	Legal Last Name: _____	Preferred Pronouns: _____
Street Address: _____		Place of Birth: _____
City: _____ State: _____		(City) _____ (State) _____
School Last Attended: _____ City/State: _____		(Country) _____
Who has legal custody of this student? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (please explain): _____		Siblings Name(s)/D.O.B: _____
Who does the student live with? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		

### Special Services:

Is the student currently accessing the curriculum with the assistance of any of the following?	
<input type="checkbox"/> Individualized Education Plan (IEP) <input type="checkbox"/> 504 Plan <input type="checkbox"/> English Language Services <input type="checkbox"/> Title 1 <input type="checkbox"/> Other _____ <input type="checkbox"/> None	

### Ethnicity & Race:

<b>Ethnic Background:</b> <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
<b>Race (you may select one or more races):</b> <input type="checkbox"/> White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa <input type="checkbox"/> Black or African American: a person having origins in any of the black racial groups of Africa <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Native Hawaiian or other Pacific Islanders: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

### Parent/Guardian Information:

<b>Parent/Guardian #1:</b>  Name: _____  Address: _____  Relationship: _____  Primary Phone: _____  Email: _____	<b>Parent/Guardian #2:</b>  Name: _____  Address: _____  Relationship: _____  Primary Phone: _____  Email: _____
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**\*The answers you provide to the following questions help us to determine if you or your family may be eligible for supplemental services and/or immediate enrollment\***

<b>Where is the student currently living?:</b> (Please check <u>ONE</u> ) <input type="checkbox"/> In permanent housing <input type="checkbox"/> In a shelter <input type="checkbox"/> With another family or person (sometimes referred to as "doubled-up") <input type="checkbox"/> In a hotel/motel <input type="checkbox"/> In a car, park, bus, train, or campsite <input type="checkbox"/> Other temporary living situation (please describe): _____  <b>Military Family Status - Students who are children of:</b> <input type="checkbox"/> Active duty members of the uniformed services, National Guard and Reserve on active duty orders <input type="checkbox"/> Members or veterans who are medically discharged or retired within one year <input type="checkbox"/> Members who die on active duty	<b>In the past 3 years, have you or someone you lived with:</b> <b>A. Moved from one city or country to another city?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>B. Worked or looked for work in any of the following areas?</b> Please check if yes:  <input type="checkbox"/> Fish/Shellfish Processing <input type="checkbox"/> Farm Work (including tobacco) <input type="checkbox"/> Vegetable/Fruit/Meat Processing <input type="checkbox"/> Dairy Industry <input type="checkbox"/> Plant Nursery
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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Emergency Contact Information

Student Name: \_\_\_\_\_  
(First) (Middle) (Last)

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

Who has legal custody of this student? ☐ Both Parents ☐ Mother ☐ Father ☐ Other (please explain): \_\_\_\_\_

### CONTACT 1:

### CONTACT 2:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City/Town: _____ Zip _____	City/Town: _____ Zip _____
Home Phone: _____ Work: _____	Home Phone: _____ Work: _____
Cell: _____	Cell: _____
Primary Email: _____	Primary Email: _____
Does this contact live with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this contact live with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No
This contact may pick up the student <input type="checkbox"/> Yes <input type="checkbox"/> No	This contact may pick up the student <input type="checkbox"/> Yes <input type="checkbox"/> No

In the event contacts #1 and #2 cannot be reached please list an additional 2 contacts below:

### CONTACT 3:

### CONTACT 4:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City/Town: _____ Zip _____	City/Town: _____ Zip _____
Home Phone: _____ Work: _____	Home Phone: _____ Work: _____
Cell: _____	Cell: _____
Does this contact live with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this contact live with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No
This contact may pick up the student <input type="checkbox"/> Yes <input type="checkbox"/> No	This contact may pick up the student <input type="checkbox"/> Yes <input type="checkbox"/> No

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 _____
Country of Birth _____	Date of Birth _____ (mm/dd/yyyy)	Date first enrolled in ANY US 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 and caregivers - grandparents, uncles, aunts, etc.) _____ 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 language(s) does your child use? _____ seldom / sometimes / often / always
Will you require written information from school in your native language? If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? If yes, what language? _____

Parent/Guardian Signature \_\_\_\_\_ Today's Date \_\_\_\_\_



## Kindergarten Readiness Parent Checklist

Child's Name: \_\_\_\_\_

1. Has your child had Early Intervention services?  
If yes, starting at what age? Please explain

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Can your child draw recognizable pictures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Can your child print all or part of their name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does your child show interest in books?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does your child play comfortably and successfully with others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does your child have the ability to dress and undress by themselves?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Can your child name colors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Can your child count objects up to 5?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does your child sing simple songs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does your child invite others to play?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does your child show interest in playing with others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does your child have the ability to follow 2-3 part directions? (for example, "Go to your room, get your shoes, and put them on")	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Can your child hold and use scissors correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Can your child hold a pencil with a 3-finger grasp or a grip that is comfortable and effective for them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Can your child listen to a story from the beginning to the end?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Can your child recognize their name in print?	<input type="checkbox"/> Yes <input type="checkbox"/> No

17. Is your child usually cooperative?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Does your child seem fearful or anxious when you are leaving?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. My child uses pencils/crayons/markers:	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
20. My child uses scissors:	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never

21. Does your child have any behavioral concerns?  
If yes, please explain

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22. My child's strengths:

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23. Areas in which I would like my child to improve:

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24. Please indicate the area(s) you feel your child needs extra attention:

<input type="checkbox"/> Participation in a small group	<input type="checkbox"/> Fine Motor Skills
<input type="checkbox"/> Gross Motor Skills	<input type="checkbox"/> Language/Speech Skills
<input type="checkbox"/> Book Handling	<input type="checkbox"/> Exposure to Literature
<input type="checkbox"/> Socialization in Small Group Settings	<input type="checkbox"/> Beginning Counting
<input type="checkbox"/> Self-Help Skills	<input type="checkbox"/> Boosting Self Confidence

25. Are there any specific peer relationships you anticipate may not work and might be a reason to separate your child from another child?

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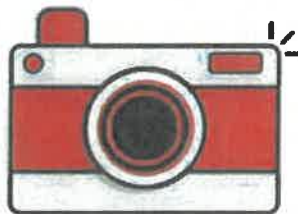
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## Kindergarten Screening Photo Permission Slip

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**Say Cheese!!**



Amesbury Public Schools would like to photograph your child for the sole purpose of visual identification during the kindergarten placement.

Please check yes or no and sign below.

**Child's Name:** \_\_\_\_\_

☐ **Yes**

☐ **No**

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

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Amesbury Innovation High School  
P: 978-388-8037 / F: 978-388-8073

Amesbury High School  
P: 978-388-4800 / F: 978-388-3393

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Information about the use of your child's photograph



We are very proud of the accomplishments that our students make and we enjoy sharing that news with the community. There may be times throughout the school year when photos are taken and shared online, with the newspaper or published on our website.

**\*ONLY** fill out this form if you **DO NOT** want your child's photo to be used online or shared with the newspaper\*

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I **DO NOT** want my child's name/photo to be published in the paper or online. I understand that the only exception will be for the yearbook.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian's Name (please print): \_\_\_\_\_

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

## Student Health History Form (Page 1 of 2)

To Parent/Guardian,

To better serve your child and provide them with the best educational experience, we request that you complete a detailed health assessment so we can address your child's needs in the classroom. Information will only be shared with school personnel who have a legitimate educational interest in the information.

This is a general assessment so we can better understand your child. Should your child require medications, or other special health treatments or procedures, additional paperwork will need to be completed. Please complete this form and contact your school nurse as needed.

PLEASE PRINT CLEARLY

Student Name (Last, First, Middle)		Birth Date (Month/Day/Year)		Today's Date: _____	
School (Circle One):		Born: Male <input type="checkbox"/> Female <input type="checkbox"/>			
SES	CES	AMS	AHS	AIHS	
Grade		Primary Care Provider Name		Clinic Name	MD Phone #

### PERMISSION TO EXCHANGE INFORMATION (OPTIONAL)

I, \_\_\_\_\_, authorize and request my child's primary care provider to exchange  
Name of Parent/Guardian  
information about my child's health and development with Amesbury Public Schools. The information may be provided by phone, fax, mail, or in person. I understand that the disclosed information will be considered confidential and will be used for the health and educational benefit of my child and family. Except as needed to comply with federal and state regulations, it will not be re-disclosed to any other person, school, or agency without my consent. I understand that this form will expire in one year unless I choose to cancel my permission in writing before that time.

Name of School requesting information	Signature of Parent/Guardian	Date
_____, Amesbury, MA 01913		
School Mailing Address	Signature of Witness	Date
School Telephone Number	School Fax Number	Signature of School Nurse
		Date

### SCHOOL NURSE CONTACT INFORMATION:

Jordan Shay Memorial Lower Elementary School: 193R Lions Mouth Rd School Phone: 978-388-3659 Fax: 978-388-4961

**SMS** School Nurse: Nicole Quadros, BSN, RN Email: Nicole.Quadros@AmesburyMA.org

**CES** Cashman Elementary School: 193 Lions Mouth Road School Phone: 978-388-4407 Fax: 978-388-4479  
School Nurse: Kieran Ford, RN Email: Kieran.Ford@AmesburyMA.org

**AMS** Amesbury Middle School: 220 Main Street School Phone: 978-388-0515 Fax: 978-955-2562  
School Nurse: Jody Omohundro, BSN, RN, NCSN Email: Jody.Omohundro@AmesburyMA.org

**AHS** Amesbury High School: 5 Highland Street School Phone: 978-388-4800 Fax: 978-388-4919  
School Nurse: Michelle Parsons, BSN, RN Email: Michelle.Parsons@AmesburyMA.org

**AIHS** Amesbury Innovation High School: 71 Friend Street School Phone: 978-388-8037 Fax: 978-388-8073  
School Lead Nurse: Kristin Tierney, FNP-C, NCSN Email: Kristin.Tierney@AmesburyMA.org

## Student Health History Form (Page 2 of 2)

**Student Name** (Last, First, Middle) \_\_\_\_\_

**Date of birth** (Month/Day/Year) \_\_\_\_\_

Does your child have health insurance? Yes No  
Does your child have dental insurance? Yes No

If you answered "No" to either of these questions, please contact the nurse for further assistance.

*Please answer these health history questions about your child to the best of your ability.*

Seasonal allergies	Yes	No	Immunity Problems	Yes	No	Is your child toilet trained?	Yes	No
Allergies to food	Yes	No	"Mono" (past 1 year)	Yes	No	Has only 1 kidney or testicle	Yes	No
Allergies to medication(s)	Yes	No	Chest pain	Yes	No	Sickle Cell Disease	Yes	No
Allergy to bee / insect stings	Yes	No	Heart (Cardiac) history/problems	Yes	No	Any problems with vision	Yes	No
Anaphylaxis	Yes	No	High / Low blood pressure	Yes	No	Limited physical activity	Yes	No
Any other allergies	Yes	No	Fainting or blacking out	Yes	No	Problems running	Yes	No
Concussion(s) / Head injury	Yes	No	Bleeding more than expected	Yes	No	Uses contacts or glasses	Yes	No
Headaches	Yes	No	Asthma treatment (past 3 years)	Yes	No	Any problems hearing	Yes	No
Migraines	Yes	No	Any smoking in the household	Yes	No	Any problems with speech	Yes	No
Traumatic brain injury	Yes	No	Problems breathing or coughing	Yes	No	Birth Defects	Yes	No
Seizure treatment (past 2 years)	Yes	No	Dental braces, caps, or bridges	Yes	No	Concerns with sleeping habits	Yes	No
Musculoskeletal problems (including cerebral palsy)	Yes	No	Does your child require a special diet?	Yes	No	Mental health/behavioral concerns (i.e., depression)	Yes	No
Any broken bones or dislocations	Yes	No	Bowel problems	Yes	No	ADHD / ADD	Yes	No
Any muscle or joint injuries	Yes	No	Stomach problems	Yes	No	Lead Poisoning	Yes	No
Any neck or back injuries	Yes	No	Excessive weight gain/loss	Yes	No	Surgeries	Yes	No
Any daily medications	Yes	No	Bladder problems	Yes	No	Any other health concerns	Yes	No
Diabetes	Yes	No	Any hospitalizations, or had any operations, procedures, or special tests?				Yes	No

If you answered "Yes" to any of the above questions, please further explain your answers here: \_\_\_\_\_

All medications taken in school abide by Amesbury Public Schools Policies and Procedures for the Administration of Medications

Does your child take ANY medications? Please list name(s) of medication(s): \_\_\_\_\_

Please list any **medications** your child will need to take **during** school hours: \_\_\_\_\_

Will your child require any emergency medication (e.g. epinephrine auto-injectors, inhalers, glucagon, diastat, etc.) to be administered in school? \_\_\_\_\_

Does your child require any special health treatments or procedures (e.g. tube feeding or catheterization)? Yes No

*If "Yes," please contact the school nurse for a meeting (contact info on Page 1).*

Would you like to request a meeting with your school nurse to discuss your child's needs? Yes No

By signing below I agree that the above information in regards to my child have been answered to the best of my ability. Should there be any changes to my child's health status, I acknowledge that it is my responsibility to notify the nurse as soon as possible.

Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Parent/Guardian Signature of Parent/Guardian Today's Date

Nicole Quadros, BSN, RN  
Sgt. Jordan Shay Memorial  
Lower Elementary School  
P: 978-388-3659 / F: 978-388-4961



Jody Omohundro, BSN, RN, NCSN  
Amesbury Middle School  
P: 978-388-0515 / F: 978-955-2562

Kieran Ford, RN  
Cashman Elementary School  
P: 978-388-4407 / F: 978-388-4479

Lead Nurse: Kristin Tierney, FNP-C, NCSN  
Amesbury Innovation High School  
P: 978-388-8037 / F: 978-388-8073

Michelle Parsons, BSN, RN  
Amesbury High School  
P: 978-388-4800 / F: 978-388-4919

## New Student Registration Health Requirements Checklist

Please bring the following health information to your child's registration appointment:

*From your child's primary care:*

### • PHYSICAL EXAMINATION

- ☐ A copy of your child's most recent physical exam. The physical should be completed within one year of school entrance, and preferably, by the student's own physician.

*For kindergarten students, we understand that your child may not have completed their 5-year physical exam. We kindly request that you provide the most recent copy of your child's physical exam and immunization records. If your child is set to have their physical exam or receive immunizations after kindergarten screening or during the summer, please make sure this updated documentation is sent to the school nurse as soon as possible. It is essential for us to confirm that all students are current with their health records before the start of the school year in the fall.*

### • IMMUNIZATIONS

(Per School Immunization Law, Chapter 76, Section 15)

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> <b>Pre-Kindergarten</b> <ul style="list-style-type: none"><li>• Hib: 1-4 doses</li><li>• DTaP: 4 doses</li><li>• Polio: 3 doses</li><li>• Hepatitis B: 3 doses</li><li>• MMR: 1 dose</li><li>• Varicella: 1 dose</li></ul> | <input type="checkbox"/> <b>K-6th Grade</b> <ul style="list-style-type: none"><li>• DTaP: 5 doses</li><li>• Polio: 4 doses</li><li>• Hepatitis B: 3 doses</li><li>• MMR: 2 doses</li><li>• Varicella: 2 doses</li></ul> | <input type="checkbox"/> <b>7th-12th Grade</b> <ul style="list-style-type: none"><li>• DTaP: 5 doses</li><li>• Polio: 4 doses</li><li>• Hepatitis B: 3 doses</li><li>• MMR: 2 doses</li><li>• Varicella: 2 doses</li></ul> | <input type="checkbox"/> <b>7th-9th Grade</b> <ul style="list-style-type: none"><li>• Meningococcal: 1 dose</li></ul><br><input type="checkbox"/> <b>10th-12th Grade</b> <ul style="list-style-type: none"><li>• Meningococcal: 2 doses</li></ul> |
|---|---|--|---|

### • SCREENINGS

- ☐ TB Risk Assessment

*For Preschool and Kindergarten students ONLY:*

- ☐ Lead Screening Test  
☐ Hearing Test completed by your child's primary care or specialist.  
☐ Vision Test completed by your child's primary care or specialist.

*To be completed by parent/guardian:*

### • COMPLETED HEALTH FORMS

- ☐ Student Health History Form

*If your child is NOT starting at the beginning of the school year, then please also return:*

- ☐ Student Emergency Health Form

Please make sure that all the above documents are brought to Central Registrar and/or your designated school nurse.

Thank you in advance for making sure APS remains health compliant and safe!





### ILLNESS

- Fever (100°F or higher)
- Diagnosed with a contagious illness by a clinician
- Vomiting
- Diarrhea
- Persistent cough/cold
- Runny nose with excessive nasal discharge that may **not be clear**
- Unexplained rashes, sores, sore throat and/or crusty, inflamed eyes

When to  
**STAY  
HOME!!**

#### Your child may return to school when they...

- ✓ are fever-free without the use of fever reducing medication for 24 hours.
- ✓ complete 24 hours of antibiotics and a medical clearance note is obtained (in this case, please consult with your school nurse prior to returning).
- ✓ have stopped vomiting/having diarrhea for 24 hours, severe symptoms have resolved, and child is able to tolerate a normal diet.
- ✓ have been evaluated by a clinician for a persistent cough/runny nose/rash and they are able to return to school without being disruptive in class, and able to wear a mask if necessary to refrain from spreading any illness.
- ✓ test **NEGATIVE** for strep. Please stay home while awaiting results. Positive results must be on antibiotics for a full 12 hours, and student must be fever-free and vomiting-free for 24 hours **BEFORE** returning to school.



#### HEADS UP on concussions!

A doctor's note is required for a diagnosed concussion and classroom accommodations. Scan QR code to the left or click the link above.

### MEDICATIONS

All medications require a "Medication Administration Plan" (MAP), completed by a parent/guardian and submitted to the school nurse.

- **Over the counter medications** listed on our student health information form may be administered by the school nurse as needed, provided that permission is obtained by parent/guardian.
- **Prescription medications** prescribed for more than 10 days (unless it's a controlled medication) **MUST** have a doctor's order.

Medications **MUST** be brought to the school nurse by a responsible **PARENT / GUARDIAN**

- With written doctor's orders & RN approval, a student *may* carry:



- Inhalers
- Epi-pens
- Insulin
- Enzymes
- All medications are required to be submitted and stored in their original containers, clearly labeled by the pharmacy.
- It is the parent/guardian's responsibility to retrieve all medications as well as any medical equipment at the end of the school year. Anything remaining will be discarded.
- If needed, a parent/guardian may administer medications to their child at any time during school in the nursing office.

### INJURY / PHYSICAL EDUCATION (PE) EXCUSALS

If your child is returning to school with any injury or post any surgery, obtain a note from the doctor for the absence.

Notify your school nurse immediately of **ANY** physical injury (**including concussions**) or surgery:



- A parent may provide a written excuse from PE for ONLY 1-2 days
- A doctor's note is required for the use of crutches in school
- A doctor's note is required for casts, arm slings and use of any splints
- A doctor's note is required for return to play in sports after suspected or diagnosed concussion



A doctor's note should state the nature of the injury, any limitations or restrictions, the date(s) the child should be excused from any physical activity including physical education and recess.

### Health Concerns & Health Information...

Does your child have:

- asthma
- an anaphylactic allergy
- a seizure disorder
- diabetes
- or other health concerns

Then visit our website by clicking Amesbury Public School Nurses at the top of the page or by scanning this QR code:



Fill out and submit necessary forms.

Contact your designated school nurse (contact info on reverse side).

APS requires that a **Student Health Information form** be completed at the start of each school year.



**Are you a new student or kindergartener?**  
Complete your registration paperwork and submit it to  
Central Registrar:

*Julie Hartshorn* | Phone: 978-388-0531  
Email: Julie.Hartshorn@AmesburyMA.org

### HEALTH INSURANCE

If you require assistance with obtaining health insurance for your child and/or family, please contact your school nurse or Pettengill to complete an application for health care coverage:



**Pettengill House, Inc.**

Non Profit Community Social Service Agency  
21 Water Street, Suite 4A, Amesbury, MA 01913

Phone: 978-463-8801

### CLOTHING / SCHOOL DONATIONS

APS School Nurses are *always* grateful to accept donations.

**We are always accepting:**

- ✓ 8-16 oz bottled water
- ✓ Gallons of water
- ✓ Small paper cups
- ✓ Feminine products
- ✓ Tissues
- ✓ Antibacterial wipes
- ✓ Clothing, gently used of all sizes

Ask yourself, "would I want my child wearing this in school?"

- ✓ Coats / Jackets
- ✓ Boots / Shoes
- ✓ NEW underwear
- ✓ Gloves / Mittens
- ✓ Pants / Shorts
- ✓ Shirts / Sweatshirts



### STATE MANDATED SCREENINGS

The following state mandated screenings will be conducted throughout the school year for the following grades:

#### Vision Screening

Grades: Pre-K, 1-5, 7 and 10

#### Hearing Screening

Grades: K-3, 7 and 10

#### Growth Development Screening (BMI)

Grades: 1, 4, 7 and 10

#### Postural Screening

Grades: 5-9

#### SBIRT Screening

Grades: 7 and 9



\*Parent/guardian will be given a referral if necessary

#### To Opt-Out of Mandated Screenings:

- To **exempt** from screenings, the state requires that a parent/guardian notify the school nurse **in writing** which includes:
- 1) date,
  - 2) parent/guardian name,
  - 3) student name,
  - 4) specific screenings to be exempt from.

Written exemptions need to be submitted **YEARLY** at the **START** of each academic year.

### IMMUNIZATIONS / HEALTH RECORDS / PHYSICAL EXAMS

- Turn in a copy of your child's annual physical with immunizations (MA state law requires that a physical be turned in every 3-4 years).
- Updated immunizations are required to avoid exclusion from school.
- For immunization exemptions, a letter is required annually.
- Please refer to our APS Health Website for more information.

It is the sole responsibility of the parent/guardian of any student to update their designated school nurse with any changes and/or health needs for your child.

Please make sure all health forms are *up-to-date* to serve and provide your child with the best educational experience.

### APS School Nurse Contact Information

Grades	School	Nurse	Phone / Fax	Email
Pre-K - 2	Sgt. Jordan Shay Memorial Lower Elementary School	Nicole Quadros, BSN, RN	P: 978-388-3659 x 2006 F: 978-388-4961	<a href="mailto:nicole.quadros@amesburyma.org">nicole.quadros@amesburyma.org</a>
3 - 5	Cashman Elementary School	Kieran Ford, RN	P: 978-388-4407 x 5011 F: 978-388-4479	<a href="mailto:kieran.ford@amesburyma.org">kieran.ford@amesburyma.org</a>
6 - 8	Amesbury Middle School	Jody Omohundro, BSN, RN, NCSN	P: 978-388-0515 x 3085 F: 978-955-2526	<a href="mailto:jody.omohundro@amesburyma.org">jody.omohundro@amesburyma.org</a>
9 - 12	Amesbury High School	Michelle Parsons, BSN, RN	P: 978-388-4800 x 1206 F: 978-388-4919	<a href="mailto:michelle.parsons@amesburyma.org">michelle.parsons@amesburyma.org</a>
9 - 12	Amesbury Innovation High School Lead Nurse	Kristin Tierney, FNP-C, NCSN	P: 978-388-8037 x 4004 F: 978-388-8073	<a href="mailto:kristin.tierney@amesburyma.org">kristin.tierney@amesburyma.org</a>





## Early Childhood Education Experience Survey

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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 participate in **Coordinated Family and Community Engagement (CFCE)** services
- ☐ My child did not have formal early childhood program experience but participated the **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)**
- ☐ My child attended a **Center Based Program** (indicate hours below)
  - ☐ for less than 20 hours/week
  - ☐ for 20+ hours/week
- ☐ My child attended **BOTH a Licensed Family Child Care Provider AND a Center Based Program** (indicate hours below)
  - ☐ for less than 20 hours/week
  - ☐ for 20+ hours/week

### Definitions:

- ★ **Coordinated Family and Community Engagement (CFCE)**: Locally based programs serving families with child birth through school age (e.g. parent/child playgroups, parent-child activities).
- ★ **Parent Child Home Program (PCHP) services**: Home visiting model program funded through the Department of Early Education and Care.
- ★ **Licensed Family Child Care**: Refers to ECC 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.

The following 2 pages are  
only to be filled out, and  
notarized, if you are unable  
to provide the 3 documents  
to prove residency



# AMESBURY PUBLIC SCHOOLS

**ELIZABETH MCANDREWS**  
SUPERINTENDENT OF SCHOOLS

**MARTHA ROBINSON**  
INTERIM DIRECTOR OF STUDENT SERVICES



5 Highland Street  
Amesbury, MA 01913  
Tel : 978-388-0507  
Fax : 978-388-7224

**JOAN LIPORTO**  
DIRECTOR OF FINANCE AND OPERATIONS

**LYN JACQUES**  
DIRECTOR OF TEACHING & LEARNING

## PROOF OF RESIDENCY Property Owner Information

Three forms of identification are required from the parent/guardian to verify residency. These two pages need to be completed and notarized **ONLY IF** the parent can't produce the three required forms.

<b>Today's Date:</b>	<b>Student's Full Name:</b>	<b>Parent(s)/Guardian(s) Name(s):</b>
<b>Current Address:</b>	<b>Current Telephone Number:</b>	<b>Date Student will Enter School:</b>
<b>Property Owner:</b>	<b>Address of Property Owner:</b>	<b>Telephone Number of Property Owner:</b>

The undersigned do hereby certify that \_\_\_\_\_ is living in Amesbury, Massachusetts and that all records relating to the enrollment of \_\_\_\_\_ into Amesbury Public Schools are true. Any falsification of this information will subject me, as parent or guardian, to full tuition payment for the number of days he/she was not a legal resident of the City of Amesbury as well as the removal of the student from Amesbury Public Schools.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Property Owner's Signature

The following documentation must be provided along with this form:

- ☐ Copy of property owner's current real estate tax bill
- ☐ Copy of current utility bill with either the lessor or lessee's name (due within 30 days of actual residence)
- ☐ Proof of identification of property owner: Driver's License/Passport, etc.

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DIRECTOR OF TEACHING & LEARNING

## PROOF OF RESIDENCY Affidavit of Residency

*I Certify that:*

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Name(s) of Child(ren): \_\_\_\_\_

Reside at: \_\_\_\_\_

In the Amesbury Public School District, as of \_\_\_\_\_  
(Date)

Property Owner or Lessor Signature: \_\_\_\_\_

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

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

### Commonwealth of Massachusetts / County of Essex

Subscribed and sworn to me, a Notary Public, in and for said County and State,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public Signature: \_\_\_\_\_

Printed Name of Notary: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**\*My signature confirms that the information above and supporting documentation I have provided the School District to prove residency are true. I understand that fraudulent claims constitute perjury, punishable by law, and can also result in the expulsion of the student from school and immediate demand for tuition by the School district.**