Dear Parents/Guardians,

Welcome to the Wilmington Public Schools. Kindergarten is a special time for young children. While starting school can mean many things, for most children kindergarten represents their first real, and formal, entry into elementary school. In Wilmington, the kindergarten program strives to create an experience that encourages the development of each child’s fullest potential. Clearly, no two children are alike, and they progress and learn at different rates with different learning styles. The kindergarten curriculum recognizes these variations and, using carefully prepared activities, it provides substance that enables young children to successfully negotiate early learning issues. Kindergarten provides a broad range of activities geared toward developing children’s skills with careful attention to individual differences. As with preschool, development in kindergarten hinges on children’s active interaction with their environment. We are pleased to be providing a full day program for your child.

This packet is filled with information and forms that you will need to register your child for kindergarten. Please pay close attention to the dates that the forms need to be returned by. When the forms have all been received and your child has been screened, he/she will be considered registered and you will receive his/her assignment in the summer. In August, you will receive log-in information to activate your child’s Aspen account. It is critical that you log in and complete all portions of the portal before your child begins school.

We encourage your support and assistance throughout the school year so that your child will have a successful and rewarding experience in kindergarten.

Sincerely,

[Signature]
Glenn Brand
Superintendent of Schools

Notice of Non-Discrimination

All educational and non-academic programs, activities and employment opportunities at Wilmington Public Schools are offered without regard to race, color, sex, religion, national origin, ethnicity, sexual orientation, gender identity, homelessness, age and/or disability, and any other class or characteristic protected by law.
Wilmington Public Schools

School Registration for Grades K-12

To register a student for school, the parent or guardian must bring the following information to the school the child will attend:

- Massachusetts Transfer Slip (if enrolling from another MA district) with SASID number
- Birth Certificate (Original ~ must have seal)
- Current IEP (if applicable) with parent signature
- Health record (listing up-to-date immunizations)
- Proof of Wilmington Residency (see residency policy below)
- Proof of Physical Custody (if applicable)

RESIDENCY POLICY/PROCEDURE

The Wilmington School Committee adopts the following policy regarding the residency and admissions of students. The staff is directed to ensure that all forms and regulations are fully executed and conform to this policy.

I. RESIDENCY (Legal Reference: M.G.L. Chapter 76, Section 5)

In order to attend the Wilmington Public Schools, a student must actually reside in Wilmington, unless the exception (set forth in Part V below) applies. The residence of a minor child is ordinarily presumed to be the legal residence of the child’s parent or legal guardian having physical custody of the child. A student’s actual residence is considered to be the place where he or she lives permanently. In determining residency, Wilmington Public Schools (WPS) retains the right to require the production of a variety of records and documentation and to investigate where a student actually resides.

A determination that a student does not actually reside in the Town of Wilmington renders the student ineligible to enroll in the WPS or, if the student is already enrolled in the WPS, shall result in the termination of such enrollment. A parent, legal guardian, or student who has reached the age of majority (18), who is aggrieved by a determination of residency, may appeal the determination to the Superintendent of Schools, whose decision shall be final.

II. VERIFICATION OF RESIDENCY

Before any student is enrolled in the WPS, his or her parent or legal guardian must provide:

1. A signed Statement/Affidavit of Occupancy (see below); and
2. Proof of Residency in Wilmington (3 documents)

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.
The Principal, or his/her designee, shall verify the home address and home telephone number of each student at least once during the school year. Any irregularities shall be reported promptly to the Superintendent of Schools. Parents are required to notify the school of any changes of their address or the address of the student within five business days of the change.

### III. ENFORCEMENT

Should a question arise concerning any student’s residency elsewhere while attending the WPS, the student’s residency will be subject to further inquiry and/or investigation. Such questions concerning residency may arise on the basis of incomplete, suspicious, or contradictory proofs of address; anonymous tips; correspondence that is returned to the WPS because of an invalid or unknown address, or other grounds.

The Superintendent may request additional documentation, may use the assistance of the School Department’s Attendance Officer, and/or may obtain the services of police or investigative agency personnel to conduct investigations into student residence. The Attendance Officer and/or residency investigator(s) will report his or her findings to the Superintendent of Schools, who shall make final determination of residency.

Upon an initial determination by the Superintendent of Schools that a student is actually residing in a city or town other than Wilmington, the student’s enrollment in WPS shall be terminated immediately.
IV. PENALTIES

In addition to termination of enrollment and the imposition of other penalties permitted by law (M.G.L. Chapter 76, Section 5), the WPS reserves the right to recover restitution based upon the costs of educational services provided during the period of non-residency.

V. EXCEPTION

1. The Residency Requirements shall not apply to the following:

   a. Students who are entitled to attend the Wilmington Public Schools under the McKinney-Vento Homeless Assistance Act.

   b. Students already enrolled in the WPS who move out on or after February 1st of a given school year, or in the case of 8th graders and Wilmington High School seniors who move out on or after October 1st of a given school year, may complete the current school year provided they have made the Superintendent of Schools aware of the move in writing within 5 business days of such move.

   c. Students whose parents divorce or separate and share physical custody, provided one custodial parent remains a resident of Wilmington and the student resides at least 50% of the time with the parent who resides in Wilmington. (Legal documentation must be provided to school office)

VI. POTENTIAL WAIVER WHEN RESIDENCY IS IN TRANSITION

For students whose residency is in transition, the following exceptions to the general policy may apply, with prior written approval from the Superintendent of Schools:

1. Pending Purchase of Dwelling
   The children of families who have signed and accepted Purchase and Sale Agreement to purchase and reside in a dwelling in the Town of Wilmington may be enrolled up to 30 calendar days in advance of the time actual physical residence occurs. If actual residence occurs later than 30 days after enrollment, students may be asked to leave the Schools until actual residence occurs.

2. Construction of New Dwelling
   Children of families which are building a primary residence in Wilmington may enroll in the Schools at the beginning of the school year if they have obtained a certificate of occupancy from the Town.

VII. NOTIFICATION

The Wilmington Public School residency requirements, verification procedures, and consequences of falsifying or misrepresenting residency will be published in the Wilmington Public School’s Policy Manual, and published in each school handbook.

Legal Reference: M.G.L. Chapter 76, Section 5
Wilmington Public Schools
Occupancy Statement/Affidavit

I/We, the parent(s), legal guardian(s) or responsible adult of __________________________ hereby certify as follows:

(Print student’s full name)

1. I/We wish to enroll the above named student in the Wilmington Public Schools. I/We understand that pursuant to Massachusetts General Law (Chapter 76, Section 5) and Wilmington Public School’s Policy, students who actually reside in the Town of Wilmington may attend the Wilmington Public Schools (WPS) and students who do not actually reside in the Town of Wilmington may not attend the Wilmington Public Schools.

2. I/We hereby certify that effective ____________________, 20___, the above named student is/will be residing at the following address in Wilmington, Massachusetts, with:

____________________________________________________________________________________
Printed Name(s) of Parent(s)/Guardian(s)/Responsible Adult(s)
________________________________________________________
Wilmington, MA  01887
No.                   Street                   Apt/Unit No.
Home Telephone:  ______________________________
Cell Phone:  ______________________________ Work Phone:  ______________________________

3. I/We acknowledge that I am/we are required to notify the Wilmington Public Schools or the above student’s school, in writing, of any change in said student’s address within five (5) business days of such change of address.

4. I/We understand that this Occupancy Statement will be relied upon by the Wilmington Public Schools for the purpose of determining the above student’s eligibility to attend the Wilmington Public Schools on the basis of residency. If said student is enrolled in the Wilmington Public Schools based upon the information provided and it is subsequently determined that the student does not actually reside in Wilmington, I/we understand that the student’s enrollment in the Wilmington Public Schools will be promptly terminated and I/we will be jointly liable to the Wilmington Public Schools for the student’s tuition for the full academic year(s).

5. I/We further certify that I am/we are the parent(s), legal guardian(s), or responsible adult of the above student.

6. I/We understand that all applicants must reside in the Town of Wilmington as outlined in Massachusetts General Laws Chapter 76, Section 5 which states:

Every person shall have a right to attend the public schools of the town where he/she actually resides, subject to the following section. No school committee is required to enroll a person who does not actually reside in the town unless said enrollment is authorized by law or by the school committee. Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly-attended public schools. No person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, religion, national origin or sexual orientation. (Amended by st. 1971, c.622, c.1; st. 1973, c. 925, s.9A, st. 1993, c.282; st.2004, c.352, s.33)

Signed under the pain and penalties of perjury on this _______ day of ______________, 20___:

_____________________________________________________________________________________________
Parent/Guardian/Responsible Adult  (Please circle Relationship)

_____________________________________________________________________________________________
Parent/Guardian/Responsible Adult  (Please circle Relationship)

This form and proof of residency must accompany this from with at least one document from each of the following three columns: A, B, and C.

Notice of Non-Discrimination
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<table>
<thead>
<tr>
<th>COLUMN A</th>
<th>COLUMN B</th>
<th>COLUMN C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Evidence of Residency</strong></td>
<td><strong>Evidence of Occupancy</strong></td>
<td><strong>Evidence of Identification (Photo ID)</strong></td>
</tr>
<tr>
<td>Record of recent mortgage payment and/or property tax bill</td>
<td>Gas/Oil Bill, Electric Bill, Home (not cell) Telephone Bill, Cable Bill, Water Bill (Note: Bill must be dated within the past 45 days and address and name must be stated)</td>
<td>Valid Driver’s License</td>
</tr>
<tr>
<td>Fully signed and executed Lease and/or Rental Agreement (Must be executed by both parties)</td>
<td>Recent bill dated within the past 45 days showing Wilmington address and name (Note: A Residency Statement/Affidavit is required with this option)</td>
<td>Valid Photo ID Card</td>
</tr>
<tr>
<td>Landlord/Owner of Property Affidavit (see Residency Statement/Affidavit below)</td>
<td>Occupancy Statement/Affidavit must be notarized if a bill cannot be provided prior to student’s enrollment.</td>
<td>Valid Passport</td>
</tr>
<tr>
<td>Fully signed and executed Purchase and Sale (P&amp;S) Agreement (provided occupancy date occurs within 30 days of enrollment)</td>
<td></td>
<td>Other Government issued Photo ID</td>
</tr>
<tr>
<td>Section 8 Agreement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Statement of Notary Public:

**Commonwealth of Massachusetts**

Middlesex County, ss.

On this ____ day of __________, 20__, before me, the undersigned notary public, personally appeared ______________________, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

Notary Public
My Commission Expires:

---

**Notice of Non-Discrimination**

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Wilmington Public Schools
Residency Statement/Affidavit

This form is to be completed by a Landlord/Property Owner* of said property of which the enrolling student(s) reside.

I ____________________________, swear under oath, that the following information is true:

(Please Print)
______________________________________________________________
child(ren) of school age is/are living at
______________________________________________________________
(List all applicable children)
______________________________________________________________, Wilmington, MA 01887 of which I am the owner* of said property on record.

I understand that the Wilmington Public Schools reserves the right to investigate residency if they feel that temporary residency was established for the sole purpose of attending the Wilmington Public Schools. I further understand that according to Massachusetts General Law (Chapter 76, Section 5) “Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly-attended public schools.”

Signed under the pain and penalties of perjury on this ______ day of ______________, 20___:

________________________________________________       ___________________________________
(Signature)           (Date)       (Print Name)

* Wilmington Public Schools reserves the right to validate property ownership by the Principal, or his/her designee, through the online Middlesex North Registry of Deeds.

Statement of Notary Public:

Commonwealth of Massachusetts

Middlesex County, ss.

On this ___ day of ____________, 20__, before me, the undersigned notary public, personally appeared ______________________ (name of document signer), proved to me through satisfactory evidence of identification, which were ______________________, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

________________________________________
Notary Public
My Commission Expires:
Wilmington Public Schools

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 M _______________________
Country of Birth ____________________________ Date of Birth (mm/dd/yyyy) ____________________________ Date first enrolled in ANY U.S. school (mm/dd/yyyy) ____________________________

School Information

Start Date in New School (mm/dd/yyyy) ____________________________ Name of Former School and Town ____________________________ Current Grade ____________________________

Questions for Parents/Guardians

What is the primary language used in the home, regardless of the language spoken by the student? ____________________________
Which language(s) are spoken with your child? (include relatives-grandparents, uncles, aunts, etc.- and caregivers)
__________________________ seldom / sometimes / often / always
__________________________ seldom / sometimes / often / always
What language did your child first understand and speak? ____________________________
Which language do you use most with your child? ____________________________
How many years has the student been in U.S. Schools? (not including pre-kindergarten) ____________________________
Which languages does your child use? (circle one)
__________________________ seldom / sometimes / often / always
__________________________ seldom / sometimes / often / always
Will you require written information from school in your native language? Y N ____________________________
Will you require an interpreter/translator at Parent-Teacher meetings? Y N ____________________________

Parent/Guardian Signature: X ____________________________
Today’s Date: (mm/dd/yyyy) ____________________________

Updated 1-2018

Notice of Non-Discrimination

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January 21, 2020

Dear Parent(s)/Guardian(s):

Welcome to the Wilmington Public Schools. In this packet you will find forms and information regarding screenings, medical information, a registration form and Wilmington Public Schools program offerings.

Attached you will find a questionnaire that will help us learn more about your child. The questions on the attached questionnaire concern your child’s everyday behavior and medical history. You know your child best so your careful answer to each question will be important.

Please try to complete every item on the questionnaire, as it is important for the School department to have this information on file. Upon completion please return the questionnaire as soon as possible and/or no later than March 29, 2020 to the school where you registered your child. Your cooperation in returning the questionnaire will make the screening process more efficient and smooth on the day of and your child’s arrival. The purpose of this screening is to assess your child’s developmental skills in the areas of communication, language, motor and pre-academic skills. During this screening your child will complete a variety of activities that show how your child is developing and learning. This allows children with weaknesses in these areas to be monitored during their kindergarten year.

If you have any questions please feel free to call our Student Support Services Office at 978-694-6032.

Sincerely,

Alice Brown-LeGrand
Director of Student Support Services

Kristen O’Toole
Kindergarten/Preschool Screening Coordinator

Enc.

Notice of Non-Discrimination
All educational and non-academic programs, activities and employment opportunities at Wilmington Public Schools are offered without regard to race, color, sex, religion, national origin, ethnicity, sexual orientation, gender identity, homelessness, age and/or disability, and any other class or characteristic protected by law.
PARENT QUESTIONNAIRE

DATE ________________________ SCHOOL ______________________ GRADE _____

NAME OF CHILD ____________________________ SEX: M___ F___

Last First Middle Name

BIRTH DATE ________________________ PLACE OF BIRTH ______________________

ADDRESS __________________________ TELEPHONE __________________________

FAMILY:

1. Who is filling out this questionnaire? Father ____ Mother ____ Other ____

2. Parent/Guardians

Father’s Name ________________________ Occupation ______________________

Business Name ______________________ Business Phone ______________________

Business Address ______________________

Mother’s Name ________________________ Occupation ______________________

Business Name ______________________ Business Phone ______________________

Business Address ______________________

Mother’s Maiden Name ______________________

3. Are both parents living in the home? Yes ____ No ____

If No, which parent is living in the home? ______________________

4. Others living in the home:

<table>
<thead>
<tr>
<th>NAME</th>
<th>Date of Birth</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

5. Language(s) spoken in the home ______________________

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SCHOOL HISTORY: (include preschool, nursery, Head Start, etc.)

Has your child attended school before? Yes___ No___
If Yes, name school(s) __________________________________________________________
If No, has your child had the opportunity to play frequently with other children? Please explain:
_____________________________________________________________________________
_____________________________________________________________________________

CHILD’S MEDICAL HISTORY:

Physician’s Name_______________________________________________________________

Any known medical problems (rashes, allergies, surgery, accidents, convulsions, etc.) _________
_____________________________________________________________________________
_____________________________________________________________________________

Is your child taking any medication regularly? Yes___ No___
If Yes, please explain _____________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

EYES: YES NO
Has your child ever had any trouble seeing?
Have your child’s eyes ever looked crossed?

EARS: YES NO
Has your child had frequent ear infections?
Has your child had any trouble hearing?

NOSE: YES NO
Has your child had frequent nosebleeds?

THROAT: YES NO
Has your child had frequent sore throats or strep?

LUNGS: YES NO
Has your child ever had asthma?
Has your child ever had pneumonia?

When did your child begin to walk? ________________________________________________

When did your child begin to talk? ________________________________________________

CHILD’S DEVELOPMENTAL HISTORY: YES NO DON’T KNOW

Is your child:
  a. highly active (acts as if driven by a motor)?
  b. Very quiet?
  c. Generally a happy child?
Does your child have:  

<table>
<thead>
<tr>
<th>Option</th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Behavioral challenges?</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>If yes, please describe below</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Emotional challenges?</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>If yes, please describe below</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is your child:  

<table>
<thead>
<tr>
<th>Option</th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Able to speak most sounds correctly?</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>b. Afraid to speak?</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>c. Understandable by a person unfamiliar with him/her?</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>

Is your child:  

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaking in full sentences?</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>

Does your child have any special fears? (dogs, darkness, etc.)? If so, please explain:  

_____________________________________________________________________________________
_____________________________________________________________________________________

What special skills does your child have? (i.e., art, naming colors and shapes, coloring, saying alphabet and numbers, writing name, getting along with other children, etc.)  

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Has your child ever been screened or evaluated before?  Yes___ No ___  
If YES, please indicate the facility or agency that completed the evaluation.  

_____________________________________________________________________________________

Was your child found eligible for services by the facility or agency?  Yes___ No ___  

Is your child currently receiving any special education services?  Yes___ No ___  
If YES, please list the service(s) below (i.e. Speech, Occupational Therapy, Physical Therapy, etc).  

_____________________________________________________________________________________
_____________________________________________________________________________________

If needed, would you be willing to have records of the evaluation released to the Wilmington Public School System?  Yes___ No ___  

If there is anything further you wish to mention about your child, please use the space below or add another sheet if necessary. (such as: death in the family, separation or divorce of parents, accidents, etc.)  

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

3
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: __________________________

☐ 01 - My child did not have any formal early childhood program experience.

☐ 02 - My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.

  *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 at a library or recreation center) funded through the MA Department of Early Education and Care.

☐ 03 - My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.

  *Parent Child Home Program (PCHP):* home visiting model program funded through the MA Department of Early Education and Care.

☐ 04 - 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.

☐ 05/06 - My child attended a Licensed Family Child Care Provider (indicate hours below)

  ___ for less than 20 hours per week
  ___ for 20+ hours per week

  *Licensed Family Child Care:* 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.

☐ 07/08 - My child attended a Center-Based Program (indicate hours below)

  ___ for less than 20 hours per week
  ___ for 20+ hours per week

  *Center-Based Program:* refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.

☐ 09/10 - 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
On behalf of the Transportation Department, I would like to welcome you and your families to the Boutwell/ Wildwood Early Childhood Centers. Transportation can be a new, fun and exciting experience for your child and we strive to make it a short, safe and enjoyable extension of their school day.

In an effort to provide and maintain the most accurate routes, account for ridership and to avoid unnecessary stops, we will be assigning buses by request only at the Early Childhood Centers. **We ask in an effort to ensure a smooth start to the upcoming school year, all requests for transportation be submitted to your child’s school no later than May 1, 2020.**

Please fill out the necessary information in regard to your needs for the 2020-2021 school year. We do understand transportation needs may change during the year. If you need to request a change in your child’s transportation, please email transportation@wpsk12.com or call 978-694-6000 Ext 9. In most cases your request can be made within 48 hours of your request.

**Lisa Jareta**
Transportation Coordinator
Wilmington Public Schools
Office: 978-694-6000 Ext. 9

-----------------------------------------------------------------------------------------------------------------------------

<table>
<thead>
<tr>
<th>Students Name: _____________________________</th>
<th>Date ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: _________________________________</td>
<td>Students School</td>
</tr>
<tr>
<td>Name &amp; Phone of Parent/ Guardian Contact:</td>
<td></td>
</tr>
<tr>
<td>__________________________________________</td>
<td>-------------------</td>
</tr>
</tbody>
</table>

**Please Check the Appropriate Box:**

- [ ] YES, I would like bus transportation for my child.
- [ ] NO, bus transportation will not be needed at this time.
- [ ] Unsure at this time. I will contact the Transportation Department at a later date.
WILMINGTON PUBLIC SCHOOLS
HEALTH SERVICES

PLEASE RETURN ALL **SIGNED** HEALTH FORMS TO SCHOOL NURSE

**NO LATER THAN JUNE 30, 2020**

By Postal Mail, Hand Delivery to School, Via Email or Fax

<table>
<thead>
<tr>
<th>Boutwell School</th>
<th>Wildwood School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention: School Nurse</td>
<td>Attention: School Nurse</td>
</tr>
<tr>
<td>17 Boutwell St.</td>
<td>182 Wildwood St.</td>
</tr>
<tr>
<td>Wilmington, MA 01887</td>
<td>Wilmington, MA 01887</td>
</tr>
<tr>
<td>Fax: 978-694-6009</td>
<td>Fax: 978-694-6008</td>
</tr>
<tr>
<td>Email: <a href="mailto:laura.hilliard@wpsk12.com">laura.hilliard@wpsk12.com</a></td>
<td>Email: <a href="mailto:michelle.yeomelakis@wpsk12.com">michelle.yeomelakis@wpsk12.com</a></td>
</tr>
<tr>
<td>Phone: 978-694-6026</td>
<td>Phone: 978-694-6028</td>
</tr>
</tbody>
</table>

MA regulation requirements for school entry:

- PHYSICAL EXAM – Dated between August 31, 2019– August 31, 2020
- IMMUNIZATION RECORD including Lead Screening results/date & TB testing results/date or risk status

Your Child’s Registration is NOT complete until all required forms have been returned. Please contact the School Nurse with questions.

“Children must be healthy to learn and must learn to be healthy”
# MASSACHUSETTS SCHOOL HEALTH RECORD

Health Care Provider’s Examination

## Name

☐ Male ☐ Female  Date of Birth: ____________________________

## Medical History

__________________________________________________________

## Pertinent Family History

## Current Health Issues

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

☐ 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.*

<table>
<thead>
<tr>
<th>Physical Examination</th>
<th>Date of Examination</th>
</tr>
</thead>
</table>

Hgt: ____________________ (___ %)  Wgt: ____________________ (___ %)  BMI: ____________________ (___ %)  BP: ____________________

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

☐ General

☐ Lungs

☐ Extremities

☐ Skin

☐ Heart

☐ Neurologic

☐ HEENT

☐ Abdomen

☐ Other

☐ Dental/Oral

☐ Genitalia

## Screening:

<table>
<thead>
<tr>
<th>Vision: Right Eye</th>
<th>Hearing: Right Ear</th>
<th>Postural Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Pass ☐ Fail</td>
<td>☐ Pass ☐ Fail</td>
<td>☐ Pass ☐ Fail</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Left Eye</th>
<th>Left Ear</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Pass ☐ Fail</td>
<td>☐ Pass ☐ Fail</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stereopsis</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Pass ☐ Fail</td>
<td></td>
</tr>
</tbody>
</table>

## Laboratory Results:

☐ Lead Date ☐ Other

## Targeted TB Skin Testing:

☐ Med-to-High risk (exposure to TB; born, lived, travel to TB endemic countries; medical risk factors)

<table>
<thead>
<tr>
<th>TB Test Type</th>
<th>IGRA Date</th>
<th>Result</th>
<th>Indeterminate/Borderline</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ TST ☐</td>
<td></td>
<td>☐ Positive ☐ Negative ☐</td>
<td></td>
</tr>
</tbody>
</table>

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

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

☐ Vision ☐ Emotional/Social ☐ Fine/Gross Motor Deficit

☐ Hearing ☐ Speech/Language

☐ Behavior ☐ 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.

__________  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  01/03/18
CERTIFICATE OF IMMUNIZATION

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

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date</th>
<th>Vaccine Type</th>
<th>Date</th>
<th>Vaccine Type</th>
</tr>
</thead>
</table>
| **Hepatitis B**  
(e.g., HepB, HepB-Hib,  
DTaP-HepB-IPV,  
HepA-HepB) | 1    |                                     | 1    |                                     |
|                          | 2    |                                     | 2    |                                     |
|                          | 3    |                                     | 3    |                                     |
|                          | 4    |                                     |      |                                     |
| **Diphtheria,**  
**Tetanus,**  
**Pertussis**  
(e.g., DTP, DTaP, DT,  
DTaP-Hib,  
DTaP-HepB-IPV,  
DTaP-IPV/Hib,  
DTaP-IPV, Td, Tdap) | 1    |                                     | 1    |                                     |
|                          | 2    |                                     | 2    |                                     |
|                          | 3    |                                     | 3    |                                     |
|                          | 4    |                                     | 4    |                                     |
|                          | 5    |                                     | 5    |                                     |
|                          | 6    |                                     | 6    |                                     |
|                          | 7    |                                     | 7    |                                     |
| **Haemophilus influenzae type b**  
(e.g., Hib, HepB-Hib,  
DTaP-Hib, DTaP-IPV/Hib,  
Hib-MenCY) | 1    |                                     | 1    |                                     |
|                          | 2    |                                     | 2    |                                     |
|                          | 3    |                                     | 3    |                                     |
|                          | 4    |                                     | 4    |                                     |
| **Polio**  
(e.g., IPV,  
DTaP-HepB-IPV,  
DTaP-IPV/Hib,  
DTaP-IPV) | 1    |                                     | 1    |                                     |
|                          | 2    |                                     | 2    |                                     |
|                          | 3    |                                     | 3    |                                     |
|                          | 4    |                                     | 4    |                                     |
|                          | 5    |                                     | 5    |                                     |
| **Pneumococcal Conjugate**  
(PPV7, PCV13) | 1    |                                     | 1    |                                     |
|                          | 2    |                                     | 2    |                                     |
|                          | 3    |                                     | 3    |                                     |
|                          | 4    |                                     | 4    |                                     |

**Serologic Proof of Immunity**

<table>
<thead>
<tr>
<th>Test (if done)</th>
<th>Date of Test</th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Mumps</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Rubella</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Varicella*</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
</tbody>
</table>

**Chickenpox History**

☐ Check the box if this person has a physician-certified reliable history of chickenpox.

Reliable history may be based on:
- physician interpretation of parent/guardian description of chickenpox
- physical diagnosis of chickenpox, or
- serologic proof of immunity

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: __________________________

Certificate of Immunization  Massachusetts Department of Public Health 7-13
The MIIS is a new statewide system to keep track of immunization records for you and your family. These records list the vaccinations (shots) you and your children get to protect against measles, chickenpox, tetanus, and other diseases. The goal is to make sure that everyone in Massachusetts is up-to-date with their shots and that your records are available when you need them – such as when your child enters school, when you need emergency medical help, or when you change healthcare providers.

What is the MIIS?
- A computerized system that collects and stores basic immunization information for people who live in Massachusetts.
- A secure and confidential system, as required by Massachusetts law.
- A system that is available for people of all ages, not just children.

How will it help me?
The MIIS:
- Helps you and your family get the best care wherever you go for your healthcare.
- Makes sure that you and your children don’t miss any shots or get too many.
- Can print a record for you or your children when you need it – if you move, if your doctor retires, or when your child starts school or camp.

Why is this important?
As you know, the schedule of shots needed to keep healthy can be very complicated. The MIIS:
- Helps your healthcare provider keep track of which shots are due and when they should be given.
- Keeps all your immunization records together for you, your family, and your healthcare provider.
- Provides proof of vaccination for your children.
- Helps prevent outbreaks of disease like measles and the flu in your community.
- Keeps shot records safe during natural disasters such as flooding or hurricanes.
What information is kept in the MIIS?

- A list of shots that you or your children have received as well as any that you or your children get in the future.
- Information needed for safe and accurate immunization of each patient, such as:
  - Full name and birth date.
  - Gender (male or female).
  - Mother’s maiden name (for children).
  - Address and phone number.
  - Provider office where each shot is given.

What if I don’t want my information shared?

- You have the right to limit who can see your information.
- To limit who can see your information, you need to fill out the ‘Objection or Withdrawal of Objection to Data Sharing’ form which you can get from your healthcare provider.
- If you decide to limit who can see your information, your current healthcare provider will be able to see the shots they have given to you or your children, but may not be able to see your complete immunization history.
- If you decide to limit who can see your information, you will not have access to all of the benefits of the MIIS, like sharing your immunization records with schools and emergency rooms, and a complete record of shots in a single place.
- You can change your mind (decide to share or not share your information) at any time.

Who has access to my records?

- The Department of Public Health (DPH) uses modern technology to make sure that all information entered into the MIIS is kept secure and confidential.
- The information in the MIIS is only available to:
  - Healthcare providers or others ensuring appropriate immunization, as authorized by DPH.
  - Schools.
  - Local boards of health.
  - DPH, including the WIC program, and other state agencies or programs that provide education and outreach about vaccines to their clients.
  - Studies specially approved by the Commissioner of Public Health which meet strict legal safeguards.

How does this information get into the system?

- Information about children is added when a child is born or when a child gets his or her first shots.
- Your healthcare provider can add your records or your family’s records if they are not already in the MIIS.

How can I get more information?

Please visit our website at www.mass.gov/dph/miis, contact the Massachusetts Immunization Program directly at 617-983-6800 or 888-658-2850, or ask your healthcare provider for more information.
Dear Parents/Guardians:

In order to meet the Immunization and Tuberculosis (TB) screening requirements set by the Massachusetts Department of Public Health upon school entry, **ALL NEW students FROM outside of the United States** must call the Public Health Nurse **prior to the beginning of the school year**. Please have a copy of your immunization record available when calling. If a series of immunizations is needed, the Public Health Nurse will provide information on local clinics.

**Proof of MA required immunizations and TB status are necessary before school entry.** In order to avoid delay in starting school, please call the Wilmington Board of Health as soon as possible.

Sincerely,

Public Health Nurse
978-658-4298