



Hudson Public Schools

155 Apsley Street

Hudson, MA 01749

Tel: 978-567-6100 Fax: 978-567-6103

<http://www.hudson.k12.ma.us>

Dear Parent/Guardian:

Attached is the Kindergarten Registration Packet you requested.

- Please complete the packet and gather the required documents listed in the checklist below
- Mail the completed enrollment packet and supporting documentation by March 30, 2019 to

Hudson Public Schools
155 Apsley Street
Hudson, MA 01749
Attention: Kindergarten Registration

OR

Make an appointment to submit your completed enrollment packet with supporting documentation by visiting

https://www.ptcfast.com/schools/Hudson_Public_Schools

This appointment will take approximately 10 minutes.

Appointment Dates and Times

Monday 2/25/19, Wednesday 2/27/19, and Friday 3/1/19 from 9:00 am to 12:00 pm.

Tuesday 3/5/19 and Thursday 3/7/19 from 12:30 pm to 4:00 pm.

Monday 3/11/19, Wednesday 3/13/19 and Friday 3/15/19 from 12:30 pm to 4:00 pm.

Tuesday 3/19/19 and Thursday 3/21/19 from 9:00 am to 12:00 pm

<u>Document Checklist</u>	<u>Required Medical Documentation **</u>
<ul style="list-style-type: none"><input type="checkbox"/> HPS Student Registration Packet<input type="checkbox"/> Student Birth Certificate or Passport<input type="checkbox"/> 2 Documents for Residency Verification (See Residency form for details)<input type="checkbox"/> Parent Identification	<ul style="list-style-type: none"><input type="checkbox"/> Physical Exam: Copy of child's most recent physical exam from 2018-2019<input type="checkbox"/> Vision Screening: Documentation of distance acuity and stereopsis<input type="checkbox"/> Lead: documentation AND results<input type="checkbox"/> Immunization Record: Must be up to date showing:<ul style="list-style-type: none"><input type="checkbox"/> DTaP/DTP 5 doses<input type="checkbox"/> Polio 4 doses<input type="checkbox"/> Hepatitis B 3 doses<input type="checkbox"/> MMR 2 doses<input type="checkbox"/> Varicella 2 doses <p><i>**Your child may not be able to receive certain immunizations until on or after their 5th birthday; however send in what your child has had so far.</i></p>

Please do not hesitate to contact me with questions.

Tiago X. Duarte
District Registrar PK-Grade 12
Hudson Public Schools
155 Apsley Street
Hudson, MA 01749
(978) 567-6100 ext. 153
txduarte@hudson.k12.ma.us

Revised 12/2018

Hudson Public Schools

155 Apsley Street
Hudson, Massachusetts 01749



Office of Superintendent of Schools

Tel: 978-567-6100
Fax: 978-567-6103
www.hudson.k12.ma.us

Dear Parent(s)/Guardian(s);

Please complete the attached Hudson Public Schools Enrollment Packet and gather the required supporting documentation. When the packet is ready contact me at 978-567-6100 ext. 153 or via email at txduarte@hudson.k12.ma.us to drop the packet off or if you have any questions. We look forward to welcoming your family to the Hudson Public Schools.

Tiago Duarte
District Registrar
Hudson Public Schools
155 Apsley St.
Hudson, MA 01749

Hudson Public Schools

155 Apsley Street
Hudson, Massachusetts 01749



Office of Superintendent of Schools

Tel: 978-567-6100

Fax: 978-567-6103

www.hudson.k12.ma.us

Enrollment Checklist

In order to enroll your child in Hudson Public Schools the following information is required:

- HPS Student Registration form
- School Enrollment Residency Information
 - Parent Statement of Residency
 - Two (2) Proofs of Residency
- Transportation Form
- Confidential Student Health Information form
- Photo Restriction form given to parent(s). (Return not required)
- Home Language Survey
- Free/Reduced Lunch Application form (if applicable)—Only one form per household.
- School records including last report card, standardized test scores, and special education services. (Transfer students only)
 - Completed Release for Confidential School Records form
- Copy of Student Birth Certificate or Passport. (Verify student name and age)
- Medical records including immunizations and last physical exam.

If child is not living with parents:

- Caregiver Authorization Affidavit (notarization required)

If you have questions or need additional information, please contact Tiago Duarte, District Registrar at:

(978) 567-6100 extension 153

Or

txduarte@hudson.k12.ma.us



Hudson Public Schools

PreK-12 Student Registration and Data

REQUIRED REGISTRATION DOCUMENTS: Current Physical, Immunizations, Birth Certificate, 2 Proofs of Residency, Transcripts/Grades, Discipline Record, Copy of I.E.P. for Special Education Student and State Transfer Form.

PRECISA-SE DESTES DOCUMENTOS PARA A MATRICULA: Exame médico atual, Cartão de vacina, Certidão de nascimento, 2 Comprovações de residência, Histórico Escolar, Nota das disciplinas, Cópia do I.E.P para alunos de educação especial e Formulário de transferência de estado.

DOCUMENTOS REQUERIDOS PARA LA MATRICULA: Examen físico reciente, registro de vacunas, certificado de nacimiento, 2 comprobantes de residencia/domicilio, expediente academico/calificaciones, registro de disciplina, copia del P.E.I. para los alumnos de educación especial, y el formulario de traslado estatal.

Student Name: _____
First (Primeiro nome) (Nombre) **Middle** (Nome do meio) (Segundo nombre) **Last** (Último nome) (Apellido)

Male () **Female** () **Grade:** _____
 (Masculino) (Feminino) (Femenino) (Série) (Grado)

Home Address: _____ **Apt. #** _____ **PO Box #** _____
 (Endereço residencial) (Domicilio)

City of Residence of Student: _____ **Phone:** _____
 (Cidade de residência do aluno) (Ciudad donde vive el alumno) (telefone) (teléfono)

Student Date of Birth: **Month** _____ **Day** _____ **Year** _____
 (Data de nascimento do aluno) (mês) (dia) (ano)
 (Fecha de nacimiento del alumno) (Mes) (Día) (Año)

Place of Birth: **City** _____ **State** _____ **Country** _____
 (Local de nascimento) (Cidade) (Estado) (País)
 (Lugar de Nacimiento) (Ciudad)

Ethnicity: **Hispanic** *OR* **Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)**

(Espano ou Latino (Cuba, México, Porto Rico, America do Sul ou Central, ou outra cultura Espana ou origem, não dependendo da raça.)
 (Hispano o Latino (Cubano, Mexicano, Puertorriqueño, Suramericano o Centroamericano, o otra cultura o origen hispano, (sin importar la raza.)

Race: (Check all that apply) **White** **American Indian Alaskan Native**
 (Raça: (Escolha uma ou mais) (Branco) (Índio Americano ou Nativo do Alasca)
 (Raza: (Escoja una o más) (Blanco) (Indio Americano Indio o Nativo de Alaska)

Hawaiian Native or Pacific Islander **Black** **Asian**
 (Nativo do Havaí ou Ilhas do Pacifico) (Negro) (Asiático)
 (Nativo de Hawaii o Islas Pacificas)

Has Student Previously Attended a US or Massachusetts School? **No** **Yes** **Start date:** _____
 (Este aluno já estudou em alguma escola em Massachusetts?) (Nao) (Sim) (data de começo)
 (Ha asistido este estudiante anteriormente a una escuela en Massachusetts?) (No) (Si) (fecha de comienzo)

Last School: _____ **Last Grade Completed:** _____
 (Última escola) (Ultima Escuela) (Útima série completada) (Ultimo año completado)

School Address: _____
 (Endereço da escola) (Direccion de la Escuela)

Has this Student Previously Attended a Hudson School? **No** **Yes**
 (Este aluno já estudou em alguma escola de Hudson?) (Nao) (Sim)
 (Ha asistido este estudiante anteriormente a una escuela en Hudson?) (No) (Si)

Name of Hudson School: _____
 (nome da escola em Hudson) (nombre de la escuela)

Has your child received any support services? Please check: **Special Education Services** **Title I**
 (Seu filho (a) recebeu qualquer apoio dos serviços?) (Por favor, marque:) (Serviços de Educação especial) (Título I)
 (Ha recibido su hijo(a) cualquier tipo de servicios de apoyo?) (Por favor marcar:) (Servicios de Educación Especial)

Speech Therapy **OT/PT** **Early Intervention** **ELL Support Services** **504 Plan**
 (Fonoaudióloga) (OT/PT) (Intervenção precoce) (Serviços de Apoio ELL) (504 Plan)
 (Terapia de Habla) (Terapia ocupacional/fisica) (Intervención Temprana) (Servicios de apoyo ELL)

OFFICE USE ONLY

LASID _____ SASID _____ School ID _____
 YOG _____ Homeroom _____ Bus _____ Date of Entry _____

Parent/Guardian Name: _____

(Nome do pai ou tutor) (Nombre del padre o tutor)

Relationship to student: _____

(vínculo com o auno) (vinculo con el alumno)

Address: _____

(endereço) (dirección)

Email: _____

Cell Phone #: _____

(telefone celular) (teléfono celular)

Home Phone#: _____

(telefone residencial) (teléfono de la casa)

Work Telephone # _____

(número de trabalho) (numero de teléfono del trabajo)

Parent/Guardian Name: _____

(Nome do pai ou tutor) (Nombre del padre o tutor)

Relationship to student: _____

(vínculo com o auno) (vinculo con el alumno)

Address: _____

(endereço) (dirección)

Email: _____

Cell Phone #: _____

(telefone celular) (teléfono celular)

Home Phone#: _____

(telefone residencial) (teléfono de la casa)

Work Telephone #: _____

(número de trabalho) (numero de teléfono del trabajo)

Emergency contacts should be people other than the student's parents or guardians.

Contatos de emergência devem ser outras pessoas além de pais ou tutores.

Los contactos de emergencia deben ser personas distintas de los padres o tutores del alumno.

Name of Emergency Contact: _____

(Contato de Emergência) (Nombre del contacto en caso de emergencia)

Relationship to Child _____

(Vínculo com o aluno) (Vínculo con el alumno)

Phone: _____

(telefone) (teléfono)

Name of Emergency Contact: _____

(Contato de Emergência) (Nombre del contacto en caso de emergencia)

Relationship to Child _____

(Vínculo com o aluno) (Vínculo con el alumno)

Phone: _____

(telefone) (teléfono)

List Siblings Enrolled in the Hudson Public Schools & Grade:

(Liste o nome de irmãos que estudam na escolas públicas de Hudson e suas séries) (Liste los hermanos(as) matriculados en las Escuelas Publicas de Hudson y el grado)

Custody: **Lives with Both Parents** **Joint Custody** **Mother Sole Custody** **Father Sole Custody**
(Guarda) (Vive com os pais) (Guarda Conjunta) (Guarda Exclusiva da Mãe) (Guarda Exclusiva do Pai)
(Custodia) (Vive con ambos padres) (Custodia compartida) (Custodia exclusiva de la madre) (Custodia exclusiva del padre)

DCF Custody **Name of Worker** _____ **DCF Office** _____
(Guarda do DCF) (Nome do Agente) (Localização do escritório do DCF)
(Custodia de DCF) (Nombre del trabajador) (Oficina de DCF)

For your child's safety, is there legal paperwork that the school should have copies of? **No** **Yes**
(Pela segurança de seu filho(a), a escola deve ter uma cópia de algum documento legal) (Não) (Sim)
(Para la seguridad de su hijo(a), hay papeleo legal del cual la escuela deba tener copias?) (No) (Si)

Do you require separate mailing? **No** **Yes** **Who? (mother, father, DCF, DYS)** _____
(É necessário enviar correio separado?) (Não) (Sim) (Quem?) (mãe, pai, DCF, DYS)
(¿Necesita correo por separado?) (No) (Si) (¿Quién?) (madre, padre, DCF, DYS))

Military Family Status (Military Interstate for Children's Compact Commissions)

Student is a child enrolled in K-12 in the household of a full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Section 1209 and 1211? No _____ Yes _____

Student is a child of a member or veteran of the uniformed services who was severely injured and medically discharged or retired for a period of one year after medical discharge or retirement? No _____ Yes _____

Student is a child of a member of the uniformed services who died on active duty or as a result of injuries sustained on active duty for a period of one year after death? No _____ Yes _____

Every person shall have the right to attend the public schools of the town where he/she resides. Any misrepresentation of the parent(s)' and/or child's status as actually residing in Hudson may be required to remit full restitution to the town of improperly attended public schools.

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND ACCURATE.

(Ao melhor do meu conhecimento, as informações acima são verdadeiras e exatas)

(Según mi leal saber y entender, la información anterior es verdadera y exacta)

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

(Assinatura do pai/ responsável)
(Firma del padre/tutor)

(Fecha data)
(Fecha)



Hudson Public Schools

155 Apsley Street

Hudson, MA 01749

Tel: 978-567-6100 Fax: 978-567-6103

<http://www.hudson.k12.ma.us>

RESIDENCY REQUIREMENTS

At registration, parents/guardians MUST supply the following:

Child's Birth Certificate, Copy of the child's latest physical examination and record of immunizations,

Copy of parent/ guardian identification, Two proofs of residency (1 from each column) from the table below

Column A	Column B
Copy of most recent mortgage statement	Utility Bill (Gas, Oil, Electric, Telephone, Cable, Water)
Copy of current Purchase & Sale Agreement	Electric turn on receipt
Copy of Lease and record of most recent rent payment	Cable Work order
HUD lease or HUD settlement statement	Insurance Bill
	Property Tax Bill
	Excise Tax Bill
	Bank Statement (dated within the past 60 days)

Documents may be faxed to the District Registrar at 978-567-6103

- If the above cannot be provided, a Legal Affidavit from the Landlord and a copy of the most recent rental payment must be provided. Please see the Hudson Public Schools District Registrar for assistance.

Parent Statement of Residency

Under Massachusetts General Laws, enrollment of students in the Hudson Public Schools is available only to students who actually reside in the Town of Hudson unless the school or grade is open to school choice.

Therefore, as a condition of enrollment, a student's parent/guardian is required to certify under the pains and penalties of perjury that the student and a parent/guardian reside in Hudson. False statements on this form may result in serious penalties and tuition will be charged.

As the parent(s)/guardian(s) of _____ I/we
certify under the pain and penalties of perjury that he/she resides in the Town of Hudson at:

_____.

Name of Parent/Guardian (Please Print)

Address

Signature of Parent/Guardian

Date



Hudson Public Schools
155 Apsley Street
Hudson, MA 01749
Tel: 978-567-6100 Fax: 978-567-6103
<http://www.hudson.k12.ma.us>

SCHOOL YEAR TRANSPORTATION

Requires Morning Transportation Yes No

Requires Afternoon Transportation Yes No

All students will be assigned to the bus stop closest to his/her home address.

If your child will be picked-up or dropped off at an alternate address (within your school district), please complete the following information:

Morning Daycare* Name	Daycare Address (within school district) & Phone #
Afternoon Daycare* Name	Daycare Address (within school district) & Phone #

The term "daycare" refers to all types of before or after school care, including daycare centers, home daycares, grandparents, aunts, uncles, friends etc.

If your child is eligible for the bus, but will not be taking the bus please indicate how he/she will be getting:

To School

Parent Transport

Walking

Other (please indicate) _____

From School

Parent Transport

Walking

Other (please indicate) _____

IT IS THE PARENT'S RESPONSIBILITY TO NOTIFY THE SCHOOL, IN WRITING, OF ANY CHANGES TO THIS INFORMATION.

Hudson Public Schools

155 Apsley Street
Hudson, Massachusetts 01749



Office of Superintendent of Schools

Tel: 978-567-6100
Fax: 978-567-6103
www.hudson.k12.ma.us

Release for Confidential School Records

Student Name _____

Birthdate _____ Grade _____

Name of Last School Attended _____

School Address _____

Telephone: _____ Fax: _____

I authorize the above named Last School Attended to release any and all student records to the Hudson Public Schools.

Parent/Guardian Signature

Date



Hudson Public Schools Student Health Information

School Year _____

**** Please complete accurately and return it promptly to the School Nurse as this may accompany your child if emergency care is needed. ****

A school may disclose information regarding a student to appropriate parties in connection with a health or safety emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals. (Commonwealth of MA Regulations: 603 CMR 23.07) The school nurse may share health information that is necessary for the student's health and safety with authorized school personnel.

Student's Name _____ Grade _____ Teacher _____

Home Phone () _____ Last First Date of Birth _____ Language spoken at home: _____

Who does child live with? Both parents: _____ One parent _____ Parents share custody _____ Other (guardian) _____

Parent/Guardian Name _____ Cell phone () _____

Employer _____ Work phone () _____

Parent/Guardian Name _____ Cell phone () _____

Employer _____ Work Phone () _____

Parent Email Address _____ Check if school nurse may communicate by email _____

Siblings/School/grade _____

Emergency Contact Name (must be other than Parent/Guardian) _____ Relationship to child _____

Emergency Contact Home phone () _____ Work phone () _____ Cell phone () _____

Physician/Health Care Provider _____ Phone () _____

Does your child have Health Insurance? No Yes Does your child have Mass Health? No Yes
Does your child have Dental Insurance? No Yes **If your child does not have health insurance, please contact the School Nurse who will provide you with information.**

Please list medications your child regularly takes at home or school _____

If your child requires medication or special care at school, please contact the nurse. A signed order from a licensed prescriber and written parental permission is required for medicine or treatment given at school (except as noted below).

Please place an "X" in the box below for all that apply to your child.	If your child sees a Specialist for a health condition, please write the Specialist's name below:
Severe Allergy requiring EpiPen (for example food, insects) _____	
ADD/ADHD	
Allergies – other Not requiring EpiPen	
Asthma	
Concussion History- Medically diagnosed: _____ How many? _____	
Dental/Teeth Concern	
Diabetes	
Emotional, behavioral or mental health concerns	
Hearing problem: _____ Right ear _____ Left ear _____	
Heart Condition	
Migraines (confirmed by medical provider)	
Seizures	
Vision problem: _____ Glasses _____ Contacts _____	
Other health condition – specify _____	

• I give permission for the School Nurse to administer the following medication to my child for the duration of this school year:

Indicate by placing a "X": Acetaminophen (Tylenol) Ibuprofen (Motrin/Advil)
 Skin application of calamine or caladryl lotion

Parent Signature _____ Date _____



Student Photo Restriction Form

This form does not need to be returned if you wish to allow your child's photo to appear in school and district publications including the web site, local newspapers, and bulletin board displays.

During the school year, we often take photographs of students, parents, teachers, and school activities and may include these pictures on school bulletin boards, school and district publications, home and school publications, and on the district's/schools' web site. In most circumstances only a first name of a student or a general description of the picture will appear in the caption. However, there are times when local newspapers do come into the schools to take photographs of school/student activities and may print a full name of the student. Students' addresses and phone numbers will not be included with any information posted on the district or school web site.

If you **DO NOT** want your child's photo to appear in these public places, please complete the form below and return it to your child's school by October 1. This policy shall not limit the right to publish photographs of any student participating in school sports, school plays or concerts or other activities in the public domain.

As the parent or legal guardian of the minor student stated below, I do not want my child's picture to appear in the following places (please check mark all that apply).

Student's Name _____

School _____ Grade _____ Teacher's Name _____

- Do not use my child's photo on the school/district website.
- Do not use my child's photo for school projects, such as class-made books.
- Do not use my child's photo for bulletin boards and displays within the school.
- Do not use my child's photo for displays within the community.
- Do not use my child's photo for local newspapers.
- Do not have my child videotaped and put on the school/district website.
- Do not have my child videotaped by HUDTV, to be aired on local cable channels.

Parent/Guardian (Print Name) _____

Parent Signature _____ Date _____

For Students 18 Years Old or Older

I do not want my picture to appear on school bulletin boards, in school and district publications, in local newspapers, and on our web site.

Student (Print Name) _____

Address: _____

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 _____ _____ Country of Birth _____	Middle Name _____ _____ / _____ / _____ Date of Birth (mm/dd/yyyy) _____
Last Name _____ _____ / _____ / _____ Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____	Gender F <input type="checkbox"/> M <input type="checkbox"/>
School Information	
Start Date in New School (mm/dd/yyyy) _____ / _____ /20____	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 - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
What language did your child first understand and speak? _____	Which language do you use most with your child? _____
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 a language other than English? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____
Parent/Guardian Signature: X _____	_____ / _____ /20____ Today's Date: (mm/dd/yyyy)

Early Childhood Education Experience Survey

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select one option only, and Indicate hours where applicable. Thank you!

Name of child: _____

Date of Birth: _____

- My child did not have any formal early childhood program experience
- My child did not have formal early childhood program experience but participated in **Coordinated Family and Community Engagement (CFCE) services.**
- My child did not have formal early childhood program experience but participated in Parent Child Home program (PCHP) services.
- My child did not have formal early childhood program experience but participated In **BOTH** Coordinated Family and Community Engagement (CFCE) **AND** Parent Child Home Program (PCHP) services.
- My child attended a Licensed Family Child Care Provider (Indicate hours below)
- __ for less than 20 hours per week
- __ for 20+ hours per week
- My child attended a Center Based Program (Indicate hours below)
- __ for less than 20 hours per week
- __ for 20+ hours per week
- My child attended BOTH a licensed Family Child Care Provider AND a Center Based Program (Indicate hours below)
- __ for less than 20 hours per week
- __ for 20+ hours per week

Definitions:

Coordinated Family and Community Engagement (CFCE) Services: locally based programs serving families with children birth through schoolage (e.g. parent/child playgroups, parent-child activities).

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

Licensed Family Childcare: refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.

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

Hudson Public Schools
Kindergarten
Developmental History

Student's Name _____ Male Female
Last First Middle
Home Address _____ Telephone # _____
Birth Place _____ Birth Date _____

Do you feel that your child was delayed in any of the following?

Sitting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Toilet training	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Crawling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Feeding self	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Walking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Premature birth	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Using simple words	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Normal delivery	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Using full sentences	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:	_____	

The following questions refer to problems in such areas as hearing, vision, speech, language, and physical, intellectual, social and emotional development.

Do you have any reason to suspect your child might be in need of any special services or considerations in his/her school setting or curriculum? Yes No If Yes, Please explain: _____

Has your child ever received Early Intervention Services (E.I.) through the Bureau of Family and Community Health? Yes No
If Yes, where: _____

Would information regarding the E.I. and/or treatment be available for appropriate school personnel? Yes No

If Yes, please give name(s) and address(s) of person(s) or agency(ies) from whom this information may be obtained: _____

Is your child presently enrolled in any special education school program? Yes No If Yes, Please explain: _____

What words best describe your child?

<input type="checkbox"/> shy	<input type="checkbox"/> self-confident	<input type="checkbox"/> cooperative
<input type="checkbox"/> happy	<input type="checkbox"/> jealous	<input type="checkbox"/> affectionate
<input type="checkbox"/> excitable	<input type="checkbox"/> nervous	<input type="checkbox"/> other _____
<input type="checkbox"/> negative	<input type="checkbox"/> talkative	

What hand does your child prefer? right left no preference

What words best describe your child's feelings about coming to school?

<input type="checkbox"/> enthusiastic	<input type="checkbox"/> eager	<input type="checkbox"/> other _____
<input type="checkbox"/> fearful	<input type="checkbox"/> happy	
<input type="checkbox"/> indifferent	<input type="checkbox"/> apprehensive	

Is your child's speech easily understood by people other than family? _____

Does he/she have a speech or language difficulty? Yes No

If Yes, Please explain: _____

Does your child have any fears, such as:

<input type="checkbox"/> thunderstorms	<input type="checkbox"/> being alone	<input type="checkbox"/> the dark
<input type="checkbox"/> dogs or other animals	<input type="checkbox"/> noises	<input type="checkbox"/> other _____

Does your child have any special problems?

- vision
- hearing
- eating
- nail-biting
- finger-sucking
- bed-wetting
- speech
- stubbornness
- temper tantrums
- "accidents" in pants
- other _____

Does your child have any physical condition that would prevent him/her from participating in an active kindergarten program? Yes No

If Yes, Please explain: _____

Does your child play with:

- brother (s)/sister (s)
- alone
- younger children
- older children
- neighborhood children
- one close friend

Can your child:

- zip
- button
- stay willingly with a babysitter
- snap
- dress self
- stay willingly with a relative
- tie shoes
- take care of toilet needs
- stay willingly with others

Does your child use at home:

- scissors
- crayons
- paste or glue
- puzzles
- pencils
- paint
- clay
- blocks
- books

Has your child been to preschool? Yes No

If Yes, Name of preschool: _____

of years: _____

Does your child have friends or relatives who will be attending kindergarten during the same school year: Yes No

If Yes, Name of child(ren): _____

Does your child have siblings who are/did attend Hudson Public Schools? Yes No

If Yes, Name of teacher(s): _____

Siblings:

- Name: _____ Grade: _____ School: _____
- Name: _____ Grade: _____ School: _____
- Name: _____ Grade: _____ School: _____
- Name: _____ Grade: _____ School: _____

Does student or family receive Transitional Aid of Families Benefits, or is eligible for food stamps. Yes No

Is there any other information you feel the school should know? Yes No

If Yes, please comment: _____

Information supplied by:

Signature

Date

Relationship to Child



Hudson Public Schools

155 Apsley Street

Hudson, MA 01749

Tel: 978-567-6100 Fax: 978-567-6103

<http://www.hudson.k12.ma.us>

Dear Parent/Guardian:

Our goal is to ensure that every student attends school regularly.

Showing up for school has a huge impact on a student's academic success starting in kindergarten and continuing through high school. Even as children grow older and more independent, families play a key role in making sure students get to school safely every day and understand why attendance is so important for success in school and in life.

We realize some absences are unavoidable due to health problems or other circumstances. But, we also know that when students miss too much school— regardless of the reason – it can cause them to fall behind academically. Your child is less likely to succeed if he or she is chronically absent—which means missing 18 or more days (a month of school!) over the course of an entire school year. Research shows:

- Children chronically absent in kindergarten and 1st grade are much less likely to read at grade level by the end of 3rd grade.
- By 6th grade, chronic absence is a proven early warning sign for students at risk for dropping out of school.
- By 9th grade good attendance can predict graduation rates even better than 8th grade test scores.

Absences can add up quickly. **A child is chronically absent if he or she misses just two days every month!!**

Clearly going to school regularly matters!

We don't want your child to fall behind in school and get discouraged. Please ensure that your child attends school every day and arrives on time. Here are a few practical tips to help support regular attendance:

- Make sure your children keep a regular bedtime and establish a morning routine.
- Lay out clothes and pack backpacks the night before.
- Ensure your children go to school every day unless they are truly sick
- Avoid scheduling vacations or doctor's appointments when school is in session.
- Talk to teachers, school nurses and counselors for advice if your children feel anxious about going to school.
- Develop back up plans for getting to school if something comes up. Call on a family member, neighbor, or another parent to take your child to school.

Let us know how we can best support you and your children so that they can show up for school on time every day. We want your child to be successful in school! If you have any questions or need more information please contact your child's school.

Sincerely,

Hudson Public Schools