

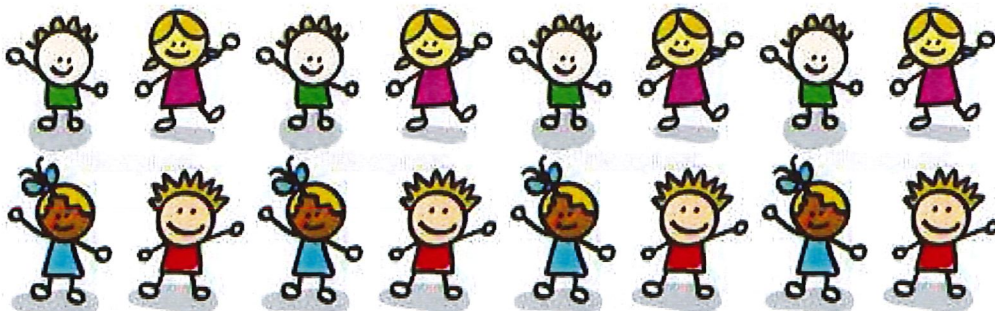
Welcome to Peebles Elementary School

Dear Caretakers,

We hope this checklist is helpful to assist you in correctly completing your child's new school registration. All of this information must be submitted before your child may start school. We are here to answer any questions and help you in any way possible to ease this process.

☐ **Completed Student Registration Packet Includes**

- Student Registration Packet (3 pages)
 - Request for Records form (only if child attended school previously)
 - **Documents to add to Student Registration Packet**
 - Copy of Birth Certificate
 - Proof of Residence form (lease agreement/utility bill)
 - **Complete Health Information** (submit with registration packet)
 - Proof of Mandated Immunizations with a copy of most recent physical
 - **Documents included in Health packet** (attached)
 - Student Emergency Form & Permission to Administer Protocol Medications
 - Student Health History (2 pages)
 - Permission to Participate in the Fluoride Program
 - Potassium Iodide Consent form
- ☐ **IEP signed by parent/guardian** (this applies to Special Education Students only)





Bourne Public Schools

Student Registration Packet

Student Information

First Name _____	Middle Name _____	Last Name _____	Nickname _____
Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Non-Binary			
City/State/Country of Birth _____	Date of Birth (mm/dd/yyyy) _____	Date first enrolled in ANY US school (mm/dd/yyyy) _____	Has student ever attended a school in MA _____
20____-20____	_____/_____/_____	_____/_____/_____	_____/_____/_____
School Year	Start Date in New School (mm/dd/yyyy)	Current Grade	Enrollment Grade

Does the student have a Mass Health Card? ☐ Yes ☐ No

Is the student in custody of the Department of Children and Family (DCF)? ☐ Yes ☐ No

Does the student receive benefits through the office of Transitional Assistance? ☐ Yes ☐ No

Is the student eligible for free or reduced lunch? ☐ Yes ☐ No ☐ Need more information

Federal and state regulations require BPS to gather information on ethnicity and race for statistical reports. Contact school for parent advisory. (Note: both Ethnicity and Race must be selected)

ETHNICITY: Hispanic or Latino? ☐ Yes ☐ No

RACE: Select at least one:

☐ American Indian or Alaskan Native ☐ Asian ☐ Black ☐ Native Hawaiian or Other Pacific Islander ☐ White

Military Family: Is the student a member of a military family? Please check the box if:

☐ One or more parents/guardians are active members of the military. [A copy of orders is required at the time of registration.]

☐ One or more parents/guardians were medically discharged or retired from the military within the past year.

☐ One or more parents/guardians were members of the military who died on active duty.

McKinney-Vento Program – guarantees that students, no matter their living situation, have access to public education, including transportation to and from school. Checking the boxes below will help our school staff determine if your student is eligible for additional support through this program. Please check the box if:

☐ You are staying in a motel, car or campsite until you can find affordable housing.

☐ You lost housing due to economic hardship

☐ Your child is living with a relative/friend/or anyone other than his/her biological parent(s)

☐ You are living in a shelter, temporary housing or moving from place to place without permanent housing

☐ You are experiencing housing difficulties related to finances and would like to be contacted about services ☐ At Home ☐ Through School

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.

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) (circle one) _____ (seldom / sometimes / often / always) _____ (seldom / sometimes / often / always)
What language did your child first understand and speak?	Which language do you use most often with your child?
How many years has your student been in U.S. schools? (not including pre-kindergarten)	Which language 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you require an interpreter/translator at Parent-Teacher meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Signature: _____	_____/_____/20_____ Today's Date (mm/dd/yyyy)

Parent/Guardian Information* – Contact phone numbers and email addresses will be used to distribute important school and district information.

Child Lives With: ☐ Both Parents ☐ Mother ☐ Father ☐ Grandparent ☐ Guardian ☐ Foster Parent
☐ Other: _____

Family Home Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Family Primary Phone _____ *Note: Family Primary Phone will be used for attendance and emergency notifications*

Parent/Guardian of Residence (a parent/guardian living with the student who has permission to pick up the student):

Relationship to student: ☐ Mother ☐ Father ☐ Guardian ☐ Other: _____

Legal First Name _____ Legal Last Name _____

Work Phone _____ Cell Phone _____ Primary Email _____

Interested in Volunteering? ☐ Yes ☐ No Live on federal property ☐ Yes ☐ No
 Work on federal property ☐ Yes ☐ No

Second Parent/Guardian of Residence (second parent/guardian living with the student who has permission to pick up the student):

Relationship to student: ☐ Mother ☐ Father ☐ Guardian ☐ Other: _____

Legal First Name _____ Legal Last Name _____

Work Phone _____ Cell Phone _____ Primary Email _____

Interested in Volunteering? ☐ Yes ☐ No Live on federal property ☐ Yes ☐ No
 Work on federal property ☐ Yes ☐ No

Additional Non-Resident Parent (an additional parent not currently living with the student, who has permission to pick up the student):

Relationship to student: ☐ Mother ☐ Father ☐ Guardian ☐ Other: _____

Legal First Name _____ Legal Last Name _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____

Requesting Additional Mailing to this parent (i.e. Report Cards): ☐ Yes ☐ No

***If any restraining order is in effect, a copy must be on file in the school office. If there is any other information of which the school should be aware, contact the main office of your child's school immediately.**

Additional Emergency Contacts – In an emergency, parent/guardian(s) listed above will be called first. By listing a person below as an emergency contact, you are authorizing him/her to pick up your child at school if you cannot be reached.

First Name _____ Last Name _____

Relationship to Student _____

Primary Phone _____ Secondary Phone _____

First Name _____ Last Name _____

Relationship to Student _____

Primary Phone _____ Secondary Phone _____

First Name _____ Last Name _____

Relationship to Student _____

Primary Phone _____ Secondary Phone _____

Program and Previous School Information

Does the student have an Individualized Education Plan? ☐ Yes ☐ No

Does the student have a current Section 504 Plan? ☐ Yes ☐ No

Previous School Information

Previous School Attended: _____

Previous School Address (if outside BPS) _____

Previous School Phone No. (if outside BPS) _____

Dates Attended _____

Siblings-Please list student's sibling(s) currently attending or enrolling a Bourne Public School

Sibling First Name _____ Sibling Last Name _____

Relationship to Student _____ School _____ Grade _____

Sibling First Name _____ Sibling Last Name _____

Relationship to Student _____ School _____ Grade _____

Sibling First Name _____ Sibling Last Name _____

Relationship to Student _____ School _____ Grade _____

By signing this form, I agree that all the information is true. If it is determined that the address I have provided is false, I acknowledge that my student could be removed from the school immediately. All parents/guardians and emergency contacts listed on this form have permission to pick up my child.

Signature of Parent/Guardian (required) _____ Date _____

Signature of Parent/Guardian _____ Date _____

Bourne Public Schools

Request for Records

Name of School: _____

Street Address: _____

City/State/Zip Code: _____

Phone Number: _____

Fax Number: _____

The following student _____ DOB _____,
has enrolled in grade _____ in **Peebles Elementary School**. Please forward the records indicated
below to the school check at the bottom of this request:

All contents of cumulative records or specifically those checked here:

- ☐ Scholastic records
- ☐ Health records
- ☐ Special Education records
- ☐ Test scores
- ☐ Attendance records
- ☐ Discipline records

I hereby authorize _____ to release the information
(name of school)
requested above.

Parent/Guardian signature

- ☐ Bourne High School, 75 Waterhouse Road, Bourne, MA 02532 * fax # 508-759-0677
- ☐ Bourne Middle School, 77 Waterhouse Road, Bourne, MA 02532 * fax # 508-759-0695
- ☐ Peebles Elementary School, 70 Trowbridge Road, Bourne, MA 02532 * fax # 508-759-0619; pesoffice@bourneps.org
- ☐ Bournedale Elementary School, 41 Ernest Valeri Road, Bournedale, MA 02532 * fax # 508-743-3801

Proof of Residency (necessary for registration and entry into Full Day Lottery)	
<u>Acceptable Proof of Residency*</u> Real Estate Tax Bill Current Signed Lease with Dates and Address Mortgage Statement Utility Bill (Electric, Gas, Cable, Oil)	<u>Not Acceptable as Proof of Residency</u> Excise Tax Bill Cell Phone Bill W-2 Paystub Credit Card Statement Driver's License Medical Bill

*Must include your name and physical address (no PO Boxes) and be the most recent of the documents listed

Bourne Public Schools

Health Office - Student Emergency Form

Name: (LAST) _____ (FIRST) _____ (MI) _____ Nickname: _____
Date of Birth: _____ SEX: _____ Bus # _____ Grade: _____ Teacher: _____
Street: _____ Town: _____ ZIP: _____
Mailing Address (if different): _____
Primary Language: _____
Mother/Guardian: _____ Home Phone: _____ Cell#: _____
Employer: _____ Occupation: _____ Work #: _____
Father/Guardian: _____ Home phone: _____ Cell#: _____
Employer: _____ Occupation: _____ Work #: _____

Name and age of Siblings:

1. _____ 3. _____
2. _____ 4. _____

Student lives with: _____ Both Parents _____ Mother Only _____ Father Only _____ Guardian

IF PARENTS CANNOT BE REACHED, list **TWO** alternatives who will assume responsibility and transportation from school.

Name/Relationship: _____ Phone #: _____
Name/Relationship: _____ Phone #: _____

IN CASE OF EMERGENCY, the school will attempt to contact the parents/guardian before calling the emergency medical system. Your child will be transported by ambulance to an emergency care facility if necessary. Please check hospital of choice. (We will try to honor your choice)

Falmouth Hospital: _____ Cape Cod Hospital _____ Jordan Hospital: _____ Tobey Hospital: _____

Family Doctor: _____ Phone: _____ Last seen: _____
Family Dentist: _____ Phone: _____ Last seen: _____

Does your child have Health Insurance? YES -NO Company _____ Policy# _____
Does your child have Dental Insurance? YES- NO Company _____ Policy # _____

IF YOU HAVE NO HEALTH INSURANCE, Massachusetts has health insurance plans that will provide uninsured children affordable health care. Any child or teen up to the age of 19 without insurance in Massachusetts is eligible for either Mass Health or the Children's Medical Security Plan. Please contact the school nurse for more information.

Please check ALL that apply to your child: ADHD _____ Asthma _____ Diabetes: _____ Migraines: _____ Seizures: _____

Other: _____

Allergies to food, medications, etc. (SPECIFY) _____ Bees? _____

Does your child take any Medications? (SPECIFY) _____

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give my permission to exchange information with my child's physician for the purpose of referral, diagnosis, and treatment as needed. In the event of an emergency I give permission to transport my child to the nearest hospital via ambulance.

Parent /Guardian Signature _____ Date: _____

Bourne Public Schools

Permission to Administer Protocol Medications

The School Nurse, with your permission, is authorized to administer certain medications and therapies during school hours. Listed below are the medications we have available for students. The School Nurse will NOT be able to administer these medications unless there is a signed permission form on file in the Health Office.

Please fill in the requested information, check all medications that apply to your child, and return this signed form to your School Nurse.

Students Name: _____

Grade: _____ Teacher: _____ Homeroom: _____

Any medications your child is currently taking:

Allergies: _____

Telephone Numbers (Home): _____ (Cell): _____ (Work): _____

I authorize the School Nurse to administer the following medication(s) to my child: (if deemed necessary)

☐ Acetaminophen (such as Tylenol) Dosage according to label recommendations.

☐ Ibuprofen (such as Advil) Dosage according to label recommendations.

☐ Calamine lotion (anti-itch)

Print Parent Name: _____

Parent Signature: _____

Date: _____

Parent/Guardian Informed Consent Form

Potassium Iodide Administration During School Hours In The Event Of A Nuclear Emergency

Reason for Taking Potassium Iodide

In the event of an accident at a nuclear power plant or what is known as a radiological emergency, radioactive iodine will be released into the air. This material may be inhaled or ingested and enter the thyroid gland where it can cause cancer and/or disease. Children and infants are the most vulnerable to this occurrence. When taken by pill, Potassium Iodide (KI) floods the thyroid with non-reactive iodine and prevents the thyroid from absorbing the radioactive material. Potassium Iodide needs to be given before or shortly after exposure to radiation. Potassium Iodide works only to prevent the thyroid from absorbing radioactive iodine.

Potential Side Effects of Potassium Iodide

It is possible to experience any or all of the following side effects when taking Potassium Iodide:

- Upset stomach
- Rash
- Allergic reaction – *A reaction can range from mild (rash, metallic taste in the mouth, sometimes stomach upset and diarrhea) to severe (fever, joint pain, swelling of parts of the face and body, and at times severe shortness of breath requiring immediate medical attention.)*

Risks of Taking Potassium Iodide

Taking Potassium Iodide is safe for most people*. Potassium Iodide should not be taken if someone:

- Is allergic to iodine
- Has Graves Disease
- Has any other thyroid illness
- Take thyroid medication

*Parents/guardians are requested to contact their child's physician if they have specific questions regarding the safety of KI administration to their child prior to returning this consent form to the school nurse.

Administration of Potassium Iodide

Potassium Iodide will only be given:

- In the event of a radiological emergency
- If it is recommended by public health officials
- If a parent/guardian signs a consent form for a child under the age of 18 years

Informed Consent: Please complete the following information and return to the school nurse at your child's school.

- ☐ I do want my child to be given Potassium Iodide in the event of a nuclear emergency
☐ I do not want my child to be given Potassium Iodide in the event of a nuclear emergency
Can your child swallow pills? ☐ Yes ☐ No

Child's Name _____ Age _____ Date of Birth _____

Child's School _____ Teacher _____ Grade _____

Parent/Guardian Name _____ Telephone Number _____

Parents Address _____

Parents Signature _____ Date _____

Dear Parent or Guardian,

Our school has an opportunity to participate in the Weekly Fluoride Mouthrinse Program this year. The program will be coordinated and funded by the Massachusetts Department of Public Health Office of Oral Health.

The Food and Drug Administration has approved the 0.2% weekly sodium fluoride mouthrinse as a safe and effective means of preventing tooth decay. This simple method of applying fluoride has been demonstrated to be safe and effective in reducing tooth decay 20%-40%. Under supervision, participating students will rinse their mouths in school with 10ml (2 tsp.) of 0.2% neutral sodium fluoride solution for one minute each week. The solution is not swallowed. There are no known adverse effects associated with this procedure.

This program will help improve the dental health of your child, although it will not take the place of regular dental check-ups and proper tooth care at home.

FLUORIDE MOUTHRINSE IS BENEFICIAL. IT IS NOT MEANT AS A SUBSTITUTE FOR ANY OTHER FLUORIDE YOUR CHILD MAY BE GETTING, EITHER BY FLUORIDATED WATER, FROM YOUR DENTIST, OR BY PRESCRIPTION.

Participation in the mouthrinse program is voluntary and there is no cost to you. We encourage you to allow your child to participate in this valuable health program. Your child can participate in this program only if you give your permission by signing and returning the bottom half of this letter to your child's teacher. Please return the slip whether you check "YES" or "NO"

If at any time you have a question about the program, you may call Donna Beers, RN, program coordinator, or Jane Norton, Principal at (508) 759-0680.

Please sign the form below and return it to your child's teacher by September 23, 2017.

Sincerely,

Donna Beers, RN, BSN, NCSN

.....

_____ Yes, I want my child to participate in the weekly fluoride mouthrinse program.

_____ No, I do not want my child to participate in the weekly fluoride mouthrinse program.

_____	_____	
Name of Student	Signature of Parent/Guardian	
_____	_____	_____
Teacher	Room	Date

Bourne Public Schools

Student Health History

Students Name: _____ Date of Birth: _____

Place of Birth: _____

Address: _____ Phone: _____

Mailing Address: (if different from above) _____

Father: _____ Occupation: _____

Mother: _____ Occupation: _____

Guardian is: ☐ Mother ☐ Father ☐ Other

If other: Name and Relationship: _____ Phone: _____

Where did your child last attend school? _____

Names and birth dates of other children in your family:

Name	Birth Date

Immunizations: Massachusetts Law requires that all children enrolling in Public School must be immunized. Your child's immunization record will be photocopied and returned to you.

Child's Pediatrician/Physician: _____ Phone: _____

Date of Last Physical: _____

Child's Dentist: _____ Phone: _____

Other Specialists: _____ Phone: _____

Is your child capable of participating in a full program of school activities including recess and physical education?

☐ Yes ☐ No

Bourne Public Schools

Student Health History

Student Name: _____

CURRENT HEALTH CONCERNS	YES	NO	IF YES, PLEASE EXPLAIN
Does your child have allergies			<input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Medications <input type="checkbox"/> Other
Does your child have vision problems or wear glasses?			
Does your child have any hearing problems?			
Is your child taking any prescribed medications on a daily basis?			
Will your child be taking any medication at school?			
Does your child have asthma?			
Does your child have diabetes?			
Does your child have a chronic illness or condition?			
Does your child have headaches?			
Does your child have bowel or bladder problems?			
Is there anything else we should know about your child's health?			
PAST HEALTH CONCERNS			
Does your child have any history of heart problems?			
Has your child ever had surgery?			
Has your child ever had seizures?			
Has your child ever had chicken pox?			
Does your child have any other health concerns?			

Do you have any questions or concerns regarding emotional or physical health issues which you would like to discuss with a nurse or school psychologist? ☐ Yes ☐ No

Parent Signature: _____ Date: _____