Donna Lowell-Bettencourt
Principal

Mary Boyd
Assistant Principal

West Tisbury School
P. O. Box 250
West Tisbury, MA 02575
ph 508-696-7738 fx 508-696-7739
www.wtisburyschool.org

Suzy Cosgrave
School Counselor

Graham Houghton
Student Support & Intervention

January 5, 2026

Dear Parents,

Thank you for registering your child for kindergarten at the West Tisbury School. Please find enclosed paperwork that needs to be filled out and returned to the school.

This year's Parent Orientation Night is Thursday, May 14, from 5:00 p.m. - 6:00 p.m. and will take place at the West Tisbury School. At that time you will have the opportunity to sign your child up for his/her screening, in addition to his/her visiting day.

Your child will have the opportunity to visit the kindergarten room on a separate date. Thank you and we look forward to meeting you and your child.

Along with this paperwork, the following documents will be required for registration:

# Required Documents

- Student's Birth Certificate or Passport
- Immunization Record
- Parent/Guardian identification (i.e. MA Driver's license or passport)
- Proof of Residency (1 of 4 options)
    1. Current Property Tax Bill
    2. Fully Signed and Executed Purchase and Sale (P&S) Agreement (Occupancy date must be within 45 days of enrollment)
    3. Lease Agreement with children's names listed in the lease

4. Residency Affidavit – This document must be notarized.

- Proof of Occupancy (1 of 2 options)
    1. Current Utility Bill
    2. Notarized Occupancy Statement in lieu of a Utility Bill – This document must be notarized.

*** ALL DOCUMENTS must be submitted to complete registration. Your child will not be enrolled until all required documentation is received, reviewed, and processed. Documents may be dropped off in the front office, emailed to lschoenherr@mvyps.org or mailed to PO BOX 250, West Tisbury 02575.

Sincerely,

Donna Lowell-Bettencourt

DLB/ls



Dear Parents,

We look forward to seeing you at our kindergarten night on Thursday, May 14th. Please make sure you bring all completed paperwork. The following documentation must be submitted before your child can start school in September:

**YOUR CHILD'S MOST RECENT PHYSICAL EXAM** must be within one year of school enrollment, or within 30 days of the start of the school year.
**YOUR CHILD'S IMMUNIZATION RECORD WITH LEAD SCREENING** indicating that your child has received the following required vaccines:

5 doses DTaP (diphtheria, tetanus, and pertussis)
4 doses polio
3 doses Hepatitis B
2 doses MMR (measles, mumps and rubella)
2 doses chicken pox (varicella) vaccine, or physician documented evidence of natural disease. If your child is missing vaccines, or is behind schedule, please make an appointment with your pediatrician as soon as possible to bring your child up-to-date before the start of school.

**EMERGENCY CARD** (both sides filled out and signed by parent)

If your child has asthma and uses an inhaler, an allergy that requires an Epi-pen, or has been prescribed any other medication that will need to be administered at school, please plan to speak with the school nurse before the start of the school year. Also, please contact the school nurse if you have any concerns about your child's health, or if your child has any chronic medical conditions that the nurse should be aware of.

Kristine Cammorata RN
Phone (508)696-7738 x 405
Fax (508)696-8617
kcammorata@mvyps.org



# West Tisbury School
# Kindergarten Student Registration HOW-TO's

1. You MUST be a West Tisbury resident to enroll your child(ren) and provide Proof of Residency; Immunizations; Birth Certificate.

2. If you are a Martha's Vineyard resident hoping to enroll your child in West Tisbury School, please read our School Choice Policy in the About Our School(Policies) section on the website. You MUST register your child in the town in which you reside, and only then, can you apply for School Choice.

3. Once registration opens, please call the WT School Main Office to verbally register your child. In January, local newspapers will run the Superintendent's Kindergarten Registration Announcement, which will provide you with registration and visitation dates.

4. Please read over the following paperwork, print, fill out completely, and return to the Main Office, Attention: Lais Schoenherr

5. A hardcopy Emergency Medical/Contact Card will be provided by the School Office for you to fill out and return. This hardcopy card is used by our Nurse Kristine, in case of illness or emergency.

Any questions, please contact the Main Office.

# WEST TISBURY SCHOOL REGISTRATION

**Students Name:** _____ **Birth Date:** _____
I would like to receive communication in: _____

**Are there any custody issues that the school should be aware of? _____(yes or no)**
If yes, please attach an explanation and documents if not already provided to the school.
Child lives with:_____

**Address**
Parent #1 Name: _____
Parent #2 Name: _____
Other Parent Name: _____
Street Address: _____ Town of Residence: _____
Mailing Address: _____

**Phone Numbers On File**
Parent #1 Home: _____ Parent #1 DayTime:_____
Parent #1 E-Mail address _____
Parent #2 Home: _____ Parent #2 DayTime: _____
Parent #2 E-Mail address _____

If the person the child lives with is unavailable, please indicate below who may be contacted to pick up the child in a case of emergency. If divorced/separated and you would like the other parent to be able to pick up your child, please add their name below. The names below should match the names on the nurse's emergency card. Also, please add an extra piece of paper if you need to add names.
Contact #1:Name: _____ Relationship: _____Phone Number:_____
Contact #2:Name: _____ Relationship: _____Phone Number:_____
Contact #3:Name: _____ Relationship: _____Phone Number:_____

**Permissions**
Field Trip Permission: We/I give permission for our child to attend all island field trips as planned and approved by the administration. Since authorized chaperones will be in charge, we as parents or guardians give the right to enforce such reasonable rules as are necessary for the welfare of the child. Any incidents of inappropriate behavior will result in action as dictated by the school's discipline code.
**Permission (yes or no):**_____
Permission for Videotaping/Photography and Use of Art Work: I give the West Tisbury School permission to video or photograph my child, my child's name, voice, written report and artwork. This permission extends to the West Tisbury School's internet website, local television, national, state and local educational workshops, and conferences to demonstrate projects, student work and programs.
**Permission (yes or no):**_____(If "NO" permission here, see below.)
Class Pictures: I give permission for my child to appear in their class picture:
**Permission (yes or no):**_____

**Parent/Guardian Signature** _____ **Date** _____

# West Tisbury School
# Kindergarten and New Student Health History Form

Student's Name _____ Birth Date___/___/___ Today's Date: ___/___/___

Child's Birth Weight: _____
Any complications or problems with this pregnancy or birth?
Please explain: _____

Please check any allergies your child has:
____ Bee stings
____ Environmental – Please list: _____
____ Foods – Please list: _____
____ Latex
____ Medications – Please list: _____
____ Others: _____

Does your child have a doctor's order for an EPI-PEN? Yes
No

Are there any foods your child should/does not eat because of Family, religious or personal preferences?
_____

Are you concerend about your child's weight? Yes No

Does your child have trouble sleeping? Yes No

Does your child have a condition which limits her/her physical activity? Yes No
Please explain: _____

Has your child had any operations? Please give dates & details:
Appendix _____
Tonsils, Adenoids _____
Ear Tubes _____
Other _____

Please list any medicaitons you chid is currently taking:
_____

Please check if your child has any of the following :
____ Speech concerns
____ Hearing or ear problems
____ Vision Problems
___ Receives speech therapy
___ Wears hearing aids
___ Wears glasses
Instructions for wearing: _____

Please check any problems your child has had:
___ Asthma
___ Broken bones or other bone/joint problems
___ Cancer
___ Congenital Abnormality
___ Dental
___ Eczema or other Skin Disorder
___ Emotional
___ Kidney, Bladder or other Urinary Tract Disorder
___ Intestintinal Disorders
___ Serious Accidents
___ ADHD
___ Convulsions
___ cystic Fibrosis
___ Epilepsy
___ Heart Condition
___ Frequent Headaches
___ Nose Bleeds
___ Serious Head Injury

Please give dates & details: _____

Give dates if your child has had any of the following illnesses:
___ Chicken Pox
___ Measles
___ Herpes
___ Polio
___ Rheumatic Fever
___ Strep Throat
___ Tuberculosis
___ German measles
___ Meningitis
___ Mumps
___ Pneumonia
___ Scarlet Fever
___ Tonsillitis
___ Whooping Cough

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Molly Cabral
Guidance

Graham Houghton
Student Support & Intervention

Student's name: _____ Grade: _____

Please answer BOTH questions 1 and 2.

1. Is this student Hispanic or Latino? *(choose only one)*

- ☐ No, not Hispanic or Latino
- ☐ Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

2. What is the student's race? *(choose one or more)*

- ☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- ☐ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- ☐ Black or African American (A person having origins in any of the black racial groups of Africa.)
- ☐ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- ☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

Parent/Guardian Signature: _____ Date: _____

# Martha's Vineyard Public Schools
## School Year 2026-2027
## Parental Notification Regarding English Language Education

Dear Parent(s)/Guardian(s):

In order to comply with state requirements, school districts must inform parents of students whose home language is other than English of the rights they may have regarding English language education (ELE). The district will screen your child to determine if your child is an English learner. If your child is found to be an English learner and eligible for placement in an ELE program, you will receive further notification with your child's English proficiency test results and program placement information.

If your child is determined to be an English learner, you have the right to:

- choose an ELE program among those offered by the district as described in state law and regulations;
- visit an ELE program in the district;
- attend available conferences or meetings to learn more about the ELE programs offered in the district;
- request a new ELE program in accordance with state law; and
- withdraw your child from an ELE program.

Available ELE programs include :

- **Sheltered English Immersion (SEI)** – an ELE program in which sheltered grade-level content instruction is used. Sheltered content instruction is content instruction that is modified so that an English learner can comprehend it and participate in the class at his or her level of English proficiency. All instruction and materials are in English.

All English Language Education (ELE) programs include **English as a Second Language (ESL)** instruction. ESL classes provide direct English language instruction that focuses on developing speaking, listening, reading and writing skills in English.

**English Learner Parent Advisory Council (ELPAC)**

Districts serving 100 or more English learners or in which English learners comprise at least 5% of the student population, whichever is less, are required to establish an English learner parent advisory council (ELPAC). Similarly, any school designated as underperforming or chronically underperforming and operating an ELE program is required to establish an ELPAC. Parents of English learners are encouraged to participate in such councils.

**Massachusetts State Seal of Biliteracy**

The Massachusetts State Seal of Biliteracy recognizes students who are proficient in English and one or more languages. The insignia is placed on the diploma and/or transcripts upon graduation to inform institutions of higher education and potential employers of the graduate's multilingual skills. Martha's Vineyard Regional High School (MVRHS) offers the Massachusetts State Seal of Biliteracy to multilingual graduates.

For more information about the topics discussed in this notice, please contact: The ELL Director at 508-560-5847 or lpalmer@mvyps.org.

# MVYPS (English)

## Language Survey

Massachusetts is home to speakers of many different languages. This Language Survey helps us learn about your child's English language skills and provide support to your child if necessary to help them learn English. Please answer the questions below. If your response to any of the questions in SECTION 1 is a language other than English, the school district will give your child a test to see if they may benefit from English language support.

**If you need help completing this form, please ask for assistance.**

**Student Name:** _____

**Grade:** _____

**Date of Birth (mm/dd/yyyy):** _____

**Name of Parent/Guardian #1:** _____

**Name of Parent/Guardian #2:** _____

**SECTION 1:**
These questions will help the school identify students who may need English language supports. If your response to any question 1-3 is a language other than English, your child will be tested on their use and understanding of English to determine if English language supports are needed.

1. Please list the language(s) that parents and/or primary caregivers use to communicate with your child at home.

   _____

2. Please list the language(s) that your child currently uses to communicate with others.

   _____

3. Please list the language(s) your child first understood and used to communicate.

   _____

**SECTION 2: Interpretation and Translation Services**
This section will let the school know if you, the parents/guardians, need an interpreter or documents translated.

*This section is for informational purposes only and is not used to identify if your child needs support to learn English.*

4. In what language(s) would your family prefer to receive written communication from the school?

   Parent/Guardian # 1: _____

   Parent/Guardian # 2: _____

5. Would you prefer for the school to arrange for an interpreter to be available to you free of charge during meetings and phone calls with the school about your child (including American Sign Language or other types of sign language)?

   ___Yes ___No If yes, in which language(s)? _____

Parent/Guardian # 1: _____

Parent/Guardian # 2: _____

6. Is there anything else you think is important for the school to know about your child? (for example, special interests, talents, or concerns you have about your child's experience in school?)

_____

_____

_____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date (mm/dd/yyyy): _____

# West Tisbury School
# Permissions

## 2026-2027

Student's Full Name: _____

Grade: _____

### Field Trip Permission

We/I give permission for our child to attend all field trips as planned and approved by the administration. Any trip of this kind will be announced to you in advance. You will always have the option to give or withhold permission for your child's participation.

PERMISSION? YES/NO _____

### Permission for Video Taping/Photographing and Using Artwork

I give the West Tisbury School permission to video or photograph my child, my child's name, voice, written reports and artwork. These tapes and programs could also be used on local television and at national, state and local educational workshops and conferences to demonstrate projects, student work, and programs.

PERMISSION? YES/NO _____

### PTO Permission

The West Tisbury School has permission to share my email address with the PTO.

PERMISSION? YES/NO _____

PARENT SIGNATURE_____ DATE_____

*Martha's Vineyard Public Schools*
*Network Acceptable Use Policy For Students*

## *Definition of Networks and Systems Covered Under This Policy*

There are three basic levels of networks that are covered under this policy. The Local Area Network (LAN) consists of all networked computers at the Martha's Vineyard Public Schools (MVPS). The Wide Area Network (WAN) consists of the network connecting all Island schools, and in the future other Island institutions. The third level is our connection to the Internet. Within each of these networks, all hardware, software, and related peripherals used in connecting to or as a part of the network are included in this policy. In addition, all computers owned or leased by the Martha's Vineyard Public Schools shall be included under this policy.

## *Guidelines*

Access to the Martha's Vineyard Public Schools networks is for educational purposes only. This access includes connections made on any Island public school, through a dial up or other provided access, or through the Internet. Below are categories of acceptable and unacceptable activities for these networks.

### A. GENERAL

1. All users of these networks are representatives of the Martha's Vineyard Public Schools and should present themselves accordingly.
2. Access is for educational use only.
3. All users are expected to exercise responsible and ethical behavior when using these networks.
4. Students may only access the Internet under the supervision of a teacher or staff member.
5. Student use of the Internet should be for approved educational purposes only.
6. Activity on all network levels is subject to Martha's Vineyard Public Schools regulations, as well as all applicable local, state, federal, and international law.
7. Even though security measures are in place, be aware that sometimes information on networks can be accessed. Do not put information on line that you do not want others to have access to (i.e. credit card, bank account numbers, etc.)
8. Unauthorized use of copyrighted materials is prohibited.
9. Do not subscribe to any mail or listservs, or any service that will download large numbers of email messages to your mailbox without prior permission from a system administrator or Technology staff person.
10. Access to chat groups, video teleconferences, and the like are only to be done with the permission of a teacher or staff member and under their direct supervision.
11. If an email account is provided to a user, that person will use it for educational purposes only.

12. The MVPS reserves the right to examine, modify or remove any or all data stored in computers that are part of these networks to make sure that all users are in compliance with these regulations.

## B. SECURITY

1. Use only account(s) assigned to you.
2. All users with an account will be given a password - do not give your password to anyone else or use another user's password at any time - You will be responsible for all activities taking place on your account.
3. If you think someone has accessed your account, or has information about your account, notify the system administrator or technology staff immediately.
4. If you identify any security problems, notify a system administrator, technology staff, or Martha's Vineyard Public Schools administrator only. Do not show or identify a security problem to other users.

## C. VANDALISM/DESTRUCTION/UNAUTHORIZED ACCESS OF DATA OR FILES/HARASSMENT

1. Do not upload, download, or use any computer programs or hardware that will record or otherwise give access to passwords or other information to allow unauthorized access to a computer or account.
2. Do not upload or download any malicious program or other program designed to destroy or in any way compromise the operation of any computer, server, Network system or data.

## D. RESPONSIBILITIES

1. All users are responsible for their user accounts and activities on those accounts
2. Users are subject to all applicable laws when using these networks. Violation of any rules may result in disciplinary or legal action from within the Martha's Vineyard Public Schools as well as from outside legal authorities.
3. Users will not search for or participate in any activity on any network that is obscene, threatening, or contrary to educational pursuits.

## E. PENALTIES

1. Any user violating these provisions may lose network privileges temporarily or permanently.
2. Users are subject to all other rules and laws applicable when using these networks, and may be punished under Martha's Vineyard Public Schools regulations, as well as criminally prosecuted.
3. Users may be held responsible for any financial costs incurred as a result of malicious or intentional actions that cause damage to any aspect of the networked system.

4. School and district administrators will make the final determination on what constitutes unacceptable use. They will handle all punishments covered under this policy and school regulations.

The Martha's Vineyard Public Schools makes no warranties of any kind, whether expressed or implied, for the service it is providing. The Martha's Vineyard Public Schools will not be responsible for any damages a user may suffer, including loss of data. The Martha's Vineyard Public Schools will not be responsible for the accuracy or quality of information obtained through the Internet or other network connections.

I understand and will abide by the Martha's Vineyard Public Schools' Network Acceptable Use Policy. I further understand that any violation of this policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, I may be financially responsible for damages I have caused by malicious or deliberate actions, and district disciplinary action and/or appropriate legal action may be taken.

_____ _____

STUDENT SIGNATURE STUDENT-PRINTED NAME

*I, _____, parent and/or guardian of the above, agree to accept all liabilities that may result from my son/daughter's use of the Martha's Vineyard Public Schools computer networks (as explained in the opening paragraph of this document). (This is for all children under the age of 18)*

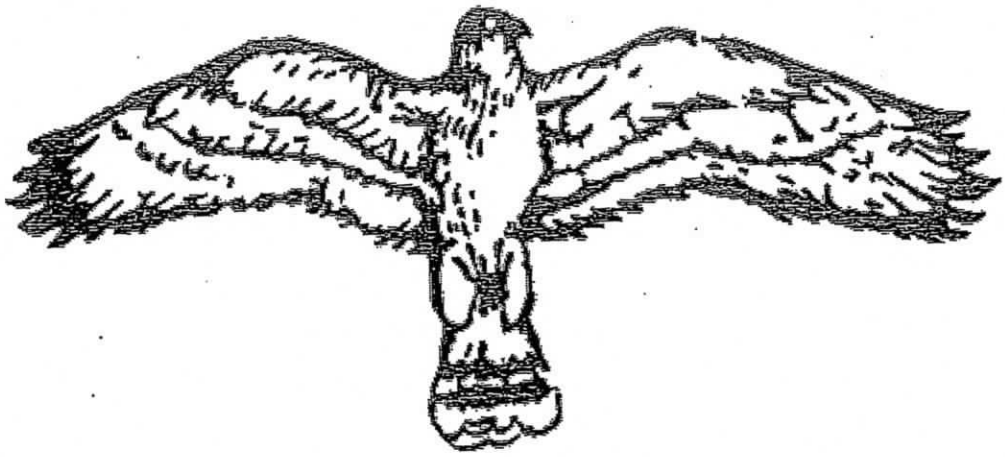
_____ _____

PARENT/GUARDIAN SIGNATURE
*(if child is under 18 years of age)*

PARENT/GUARDIAN - PRINTED NAME

_____

DATE



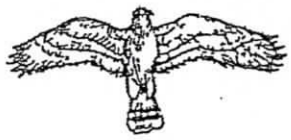
# Kindergarten Registration
# Parent Consent for Disclosure

I give my permission for _____
Name of PreSchool or Family Daycare Provider

To verbally share information regarding my child, _____
with the MArtha's Vineyard Public Schools Early Childhood Education Coordinator and staff of the West Tisbury School, for the purpose of kindergarten transition and educational planning.

_____ _____

Parent/Guardian Signature Date



# Military Families Survey

PLEASE RETURN THIS FORM, AND CHECK THE APPLICABLE BOX, IF you have a student enrolled at the West Tisbury School who is a child of:

_____ an active duty member of the armed services on active duty

_____ a member or veteran who was medically discharged or retired in the last year

OR

_____ a member who died on active duty in the last year

Student's Name: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____

# Levantamento de Famílias Militares

POR FAVOR, DEVOLVA ESTE FORMULÁRIO E VERIFIQUE A CAIXA APLICÁVEL, SE VOCÊ TIVER UM ALUNO ENVOLVIDADO NA ESCOLA TISBURY OCIDENTAL QUE É UM FILHO DE:

_____ um membro ativo das forças armadas na ativa

_____ um membro ou veterano que recebeu alta médica ou se aposentou no último ano

OU.

_____ um membro que morreu na ativa no último ano

Nome do Estudante: _____

Neme dos Pais: _____

Assinatura dos Pais: _____ Data: _____

OMB Control No. 1810-0021 (Exp. 06/30/2026)

# ED 506 Form
## Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**Student Information**

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

**Tribal Membership**

The individual with Tribal membership is the (select only one): ○ child ○ child's parent ○ child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ○ Federally Recognized Tribe
- ○ State Recognized Tribe
- ○ Terminated Tribe
- ○ Alaska Native
- ○ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ○ Membership or enrollment number establishing membership (if readily available) or
- ○ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

**Attestation Statement**

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____