

REGISTRATION INFORMATION - INCOMING KINDERGARTEN 2024-2025

Per Massachusetts law, children who turn 5 on or before August 31, 2024, are kindergarten eligible for school year **2024-2025**. Registration will be held on a rolling basis beginning in January this year with families returning their registration paperwork as noted below BEFORE March 22, 2024.

Please complete the following items which may be found in this mailing or at <https://abingtonps.org>:

1. Form # 2 – Registration Form (all 3 pages)
2. Form # 3 – Student Emergency Information
3. Form # 4 – Student Health History
4. Form # 5 – Home Language Survey
5. Form # 6 – Race/Ethnicity Form
6. Form # 7 – Massachusetts Early Childhood Experience Form
7. Form # 8 – Kindergarten Questionnaire

Please provide copies of the following:

- a. Birth Certificate
- b. Your child's current physical examination, including immunizations, lead test, and vision screening (dated 9/1/2023 or after, or most recent visit)
- c. Proof of Residency – See attached for explanation and requirements
- d. Signed court documents of custody rights if divorced or legally separated

Items 1-7 and a-d above may be emailed to Nicole Leach at nicoleleach@abingtonps.org, faxed to 781.982.2187, or placed in the drop-box at the entrance of Beaver Brook Elementary School by March 22, 2024.

We encourage you to visit the district website at www.abingtonps.org to sign up for the BBES Constant Contact list for important news and updates.

UPCOMING EVENTS: Kindergarten screenings will be conducted in May by appointment (we will contact you). Kindergarten orientation will be in September (information to follow in August).

We look forward to welcoming you and your child to Beaver Brook Elementary School!

Sincerely,

Julie A. Thompson

Julie A. Thompson, Principal



Se você precisar dessas informações em português, ligue para 781-982-2185.



FAQs about K at BBES...

Who is eligible for Kindergarten at BBES?

Abington residents who will turn 5 years old on or before August 31

When is registration?

Registration for K is rolling between January and March 22, 2024

When and what are K Screenings?

In May, registered incoming K students will come to screening for about 20-minutes. Staff will observe students' letter recognition, pre-reading skills, counting, noticing patterns, speaking, following directions, fine-motor skills, and independence.

What can we do at home to prepare for K at BBES?

Practice:

Zippering clothes and backpacks
Using the bathroom independently

Asking adults for help

Taking turns

Using pencils, scissors, and crayons

First/last name and address

Read and talk about stories with children

What does the K curriculum include?

Creativity and problem-solving

Thinking and feedback

Sight words, phonics, and learning to READ!

Number sense including number identification, pattern recognition, and counting

Integrated reading, writing, math, science, and social studies units of study

What is the K schedule?

Kindergarten is a full 6-hour day at BBES that includes lunch, snack, recess, literacy, math, science, music, art, technology, wellness (physical education and health), and social skills.

School Day: 9:00-3:05

Arrival: 8:45-9:00 am (Breakfast is served 8:30-9:15)

Dismissal: 3:05-3:15

More information about transportation and food services will be provided at registration or can be found online at www.abingtonps.org, where you may also join our mailing list to receive updates and information.

If you have more questions, please call us at 781-982-2185.

**PROCEDURES FOR
ENROLLMENT AND PROOF OF RESIDENCY**

Under MGL, Chapter 76, Section 5, every person “shall have the right to attend the public school of the town where she/he actually resides.” The following procedures will be followed in order to verify a student’s residency.

Before any student is enrolled in the Abington Public School District, the student’s parent or legal guardian* must prove legal residence in the town of Abington. Children whose primary residence is outside of Abington are not eligible to attend the Abington Public School District. Residency means the domicile where a child spends the majority of her/his time. The law is very clear that the determination for residency lies in the establishment of “domicile” – where the student resides, as determined by the establishment of where the center of her/his domestic, social and civic life is, and this is where one is to attend school. This standard must be the first step met before a family seeks to demonstrate the residency of the child.

All applicants must submit at least **three proofs of residency**. (*Column C may be submitted within 30 days of registration.*)

The documents must be pre-printed with the name and address of the student’s parent or guardian. *When registering a student for Abington Public Schools, the district will confirm residency. These documents also will be required for any **change of address**.

All applicants must submit at least one document from each of the following columns:		
Column A	Column B	Column C
<p><i>Must be showing an Abington current address**</i></p> <ul style="list-style-type: none"> • Valid driver’s license • Valid Massachusetts photo Identification card • Valid passport, dated within the past year <p><i><u>If license/ID does not show current address, you can go online to www.massdot.state.ma.us/rmv and click on Change of Address, they will email you a receipt. Please submit a copy.</u></i></p>	<ul style="list-style-type: none"> • Copy of Lease • Mortgage Statement • Section 8 Agreement • Legal affidavit from landlord affirming tenancy • Copy of deed or purchase and sales agreement 	<p><i>A utility bill or work order dated within the past 60 days including</i></p> <ul style="list-style-type: none"> • Gas bill • Oil bill • Electric bill • Telephone bill • Cable bill <p><i>Please note that utility companies provide online access to download your bills/statements.</i></p>

***Legal guardianship requires additional documentation from a court or agency.**
*The Abington Public School District residency policy does not apply to homeless students. (McKinney-Vento Act)
 Residency fraud impacts all tax payers*

*I/we understand that all applicants must reside in Abington (Massachusetts General Laws, Chapter 76, sec 5 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 actual 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 or any town, or in obtaining the advantages, privileges and courses of study of such public school on account or 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)

ABINGTON PUBLIC SCHOOLS STUDENT REGISTRATION

STUDENT INFORMATION

LAST NAME (LEGAL)	FIRST NAME (LEGAL)	MIDDLE NAME (LEGAL)
ENTERING GRADE	GENDER	DATE OF BIRTH
	Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified <input type="checkbox"/>	Month _____ Day _____ Year _____
Birth City/Town: _____		Date Student Entered the United States: _____
Student's Address: _____		Home Phone Number: _____
City: _____	State: _____	ZIP Code: _____
Student's Primary Language	Language Spoken In Home	Ethnicity:(Required by the MA Dept. of Education)
		<input type="checkbox"/> Hispanic or Latino

RACE: (PLEASE CHECK ALL THAT APPLY)

_____ American Indian/Alaskan Native	_____ White/Caucasian	_____ Asian
_____ Black/African-American	_____ Hawaiian/Other Pacific Islander	

ARE THERE ANY CUSTODY ISSUES OF WHICH WE SHOULD BE AWARE? ARE EITHER PARENT DENIED LEGAL ACCESS TO STUDENT RECORDS?

_____ No _____ Yes (★ If yes, please specify): _____

★ ***Current Legal documentation MUST be provided ANNUALLY to the Principal before restrictions can be implemented.***

PARENT INFORMATION

Name: _____		Relationship to Student: _____
Address: _____		Preferred Phone: _____
City: _____	State: _____	E-Mail: _____
Cell Phone: _____	Place of Employment: _____	Work Phone: _____
Parent(s) Marital Status: ___ Married ___ Separated ___ Single ___ Divorced ___ Widowed		

Student Lives With _____ **Yes** _____ **No**

Name: _____		Relationship to Student: _____
Address: _____		Preferred Phone: _____
City: _____	State: _____	E-Mail: _____
Cell Phone: _____	Place of Employment: _____	Work Phone: _____
Parent(s) Marital Status: ___ Married ___ Separated ___ Single ___ Divorced ___ Widowed		

Student Lives With _____ **Yes** _____ **No**

+ ***If applicable – Documentation must be provided.***

Who has physical custody?		Who has legal custody?
Name: _____		Name: _____
Address: _____		Address: _____
Relationship: _____		Relationship: _____
Preferred Phone: _____		Preferred Phone: _____

+ ***If student resides with a guardian, please complete this section. (Paperwork MUST be on file.)***

GUARDIAN INFORMATION

Name: _____	Name: _____
Relationship to student: _____	Relationship to student: _____
Address (if different) _____	Address (if different) _____
Preferred Phone (if different) _____	Preferred Phone (if different) _____

ABINGTON PUBLIC SCHOOLS STUDENT REGISTRATION

Form 2

Military Family Status _____ **Yes** _____ **No** **Please circle 1, 2 or 3**

Student is a child of either (1) an active duty member of the uniformed services or National Guard & Reserve on active duty orders, or (2) a member or veteran who are medically discharged or retired within one year, or (3) a member who died on active duty.

STUDENT'S PREVIOUS SCHOOL INFORMATION**Has this student ever attended a public school in Abington:** _____ **Yes** _____ **No**

If yes, which school? _____

Last school / preschool completed: _____

Location: _____

Last grade attended: _____ Date left previous school: _____

Has this student ever been expelled from school? _____ **Yes** _____ **No**

If yes, please state reason: _____

Check each that applies:

- Student has an Individual Education Program (Special Education). Student is receiving Title I services.
 Student is receiving English Language Learner (ELL) services. Student has a 504 Plan.

Please complete the following for students born outside the United States or who have been education outside the U.S.:

Has the student completed 3 years of schooling in the United States? **Yes** **No**

If no, how many full years were completed? _____

Date of first year of school in the United States: _____

Years of schooling at home/or in other country? _____

Highest grade completed at home/or in other country? _____

Siblings with birthdates and schools they attend: _____

Hospital Preference:

Doctor:

Insurance:

Policy Claim #

ALTERNATE CONTACT/EMERGENCY CONTACT PERSON (OTHER THAN PARENT/GUARDIANS)

Name:

Relationship:

Preferred Phone Number:

Cell:

Work:

Name:

Relationship:

Preferred Phone Number:

Cell:

Work:

Name:

Relationship:

Preferred Phone Number:

Cell:

Work:

SIGNATURE OF PARENT/GUARDIAN REGISTERING STUDENT**DATE**

Legal Last Name _____ First Name _____ Middle Name _____

--

MEDICAL CONTACTS – INSURANCE

Name of Primary Care Doctor		Phone No.	
Name of Dentist		Phone No.	
Health Insurance Yes No	Name of Insurance		
Health Insurance Number:		Is insurance through CommCare/Mass Health	Yes No

If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health insurance (restrictions may apply). If you are interested in more information about these programs, please contact the School Nurse.

Release of Information regarding Medicaid (Please Initial.) As parent/guardian of the child named above, I give permission to disclose information from my child's educational records to school districts and designees, State, and Federal Medicaid

Release of Information regarding Mass Health (Please Initial.) As parent/guardian of the child named above, I give permission to disclose information from my child's educational records to school districts and designees, State, and Federal administration

MEDICAL INFORMATION

(If applicable, please complete this section)

Medical Illnesses (for example: asthma, seizures, heart condition):
Medications:
Allergies/Alert:

MEDICAL PERMISSIONS AND CONSENTS

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 permission to exchange information with my child's primary care provider and/or emergency personnel for the purpose of referral, diagnosis and treatment.

I understand in the event of a medical emergency my child may be transported to the nearest local hospital by ambulance. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

(The School Nurse may administer specific medications to students during school hours based on written protocols for these medications that have been developed in collaboration with the school physician. Copies of the protocols are available by request.)

Parent/Guardian Signature _____ Date _____

STUDENT IMAGE AND SCHOOL WORK PERMISSIONS AND CONSENTS

The Abington Public Schools may use your child's **Image and/or schoolwork** for newspapers/print (including class pictures and yearbooks), TV/video and website/Internet.

Should you request that your child's image or schoolwork not be used for newspaper/print (including class pictures and yearbooks), TV/video and website/Internet, please provide your child's school with written notice as such.

I hereby release the Abington Public Schools, the Abington School Committee, employees, volunteers, agents and other personnel from any liability and legal or equitable claims of any kind arising from or related to, such publication.

Parent/Guardian Signature _____ Date _____

STUDENT PARENT HANDBOOK ACKNOWLEDGMENT

My student and I have access to and have read the Student Handbook, which is available online at www.abingtonps.org, and includes the school district's Computer/Network Acceptable Use Policy. We agree to adhere to the policies outlines in the Student Handbook.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

ADMINISTRATIVE GUIDELINES
PARENT INFORMATION LETTER

Re: Inclement Weather or
Emergency School Evacuation and Dismissal Policy

Dear Parent/Guardian:

In case it becomes necessary to dismiss our school, the following procedures have been worked out:

All schools (i.e., snow). Students will be sent home via regular method with dismissal being widely announced.

Individual School (i.e., emergency situation). Students will, in most cases, be transferred to a host location (e.g., Middle School to Frolio School Building) and released home at their regular time. Walkers will be supervised back to their regular school area and released; bus students will be transported from the host location. Dismissal will be widely announced.

Parents are requested to prepare a plan for their children if released home other than at regular school time.

EMERGENCY DISMISSAL POLICY

Received: _____

Child's Name _____

Comments or special instruction for the school:

Signature: _____

**ABINGTON PUBLIC SCHOOLS
HEALTH HISTORY**
(To be completed by parent or guardian)

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 & Relationship _____

Marital Status: Married Widow(er) Single Divorced Separated

Does either parent live at an address different from above? Yes No

If yes, name of parent: _____

Address: _____

Phone (home): _____ (cell) _____

Are there visitation restrictions? No Yes (if yes, a copy of legal documentation must be provided)

DCF Caseworker: Past Present Name: _____

Do you have: Health Insurance No Yes *Insurance provider:* _____

Dental Insurance No Yes *Insurance provider:* _____

Immunizations: Massachusetts law requires that all children enrolling in public school must be immunized. A physical exam completed within the last 12 months is also necessary.

Child's physician: _____ Phone: _____

Child's dentist: _____ Phone: _____

Date of last physical: _____

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

Yes No

Current health concerns		If yes, explain:
Does your child have allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Other
Does your child have any vision problems or wear glasses?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have any hearing problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Is your child taking prescribed medications on a daily basis?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Will your child be taking any medications at school?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have asthma?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have diabetes?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have a chronic illness or condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have headaches?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have bowel or bladder problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Is there anything else we should know about your child's health?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Past Health Concerns		If yes, explain:
Was your child born prematurely?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have any history of heart problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Has your child ever had surgery?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Has your child ever been hospitalized or been to the Emergency Room?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Has your child ever had seizures?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have any behaviors that concern you?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have any other health concerns?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Abington Public Schools

Home Language Survey (available in multiple languages)

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

Gender: M F

First Name _____ Middle Name _____ Last Name _____
 _____ / _____ / _____

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 NewSchool (mm/dd/yyyy) _____ Name of Former School and Town _____ Current Grade _____

Questions for Parents/Guardians

<p>What is the native language(s) of each parent/guardian? (circle one)</p> <p>_____ (mother / father / guardian)</p> <p>_____ (mother / father / guardian)</p>	<p>Which language(s) are spoken with your child?</p> <p>(include relatives -<i>grandparents, uncles, aunts, etc.</i> - and caregivers)</p> <p>_____ seldom / sometimes / often / always</p> <p>_____ seldom / sometimes / often / always</p>
<p>What language did your child first understand and speak?</p>	<p>Which language do you use most with your child?</p>
<p>Which other languages does your child know? (circle all that apply)</p> <p>_____ speak / read / write</p> <p>_____ speak / read / write</p>	<p>Which languages does your child use? (circle one)</p> <p>_____ seldom / sometimes / often / always</p> <p>_____ seldom / sometimes / often / always</p>
<p>Will you require written information from school in your native language?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p>Will you require an interpreter/translator at Parent-Teacher meetings?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p>
<p>Parent/Guardian Signature:</p>	<p>_____ / _____</p> <p>Today's Date: (mm/dd/yyyy)</p>

Name of Student _____

Grade _____

Name of Parent/Guardian _____

School _____

Please respond to the following two questions to guide you in completing the entire form:

1. Are you Hispanic or Latino? Select only one.

___ No, not Hispanic or Latino

___ Yes, Hispanic: a person of Cuban, Mexican, Chicano,
Puerto Rican, or other Spanish culture or origin regardless of race.

___ Yes, Latino: a person of South American or Central American origin.

2. What is your race? You may select one or more races.

___ White: a person having origins in any of the original peoples of
Europe, the Middle East, or North Africa.

___ Black or African American: a person having origins in any of the
black racial groups of Africa.

___ 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.

___ Native Hawaiian or Other Pacific Islander: a person having
origins in any of the original peoples of Hawaii, Guam, Samoa, or
other Pacific Islands.

Massachusetts DOE050
Early Childhood Education Experience Survey

Name of child: _____ **Date of Birth:** _____

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!

- My child did not have any formal early childhood program experience
- My child did not have any formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services. [*Self-Help, Inc is an example*]
- My child did not have any formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.
- My child did not have any 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 [*This is a licensed preschool such as Abington Public Preschool, Little School House, etc.*] (**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
- My child attended home-based daycare or was cared for by a family member or babysitter

KINDERGARTEN PARENT QUESTIONNAIRE

The questions listed below will help school staff and parents work together to promote your child's success in school.

1. What name does your child prefer? _____

2. When you read to your child, do you occasionally point out letters or sounds to help your child recognize them? **Yes** **No**

3. Has your child shown an interest in cutting? coloring? writing?

4. Does your child know his/her alphabet letters by name? **Yes** **No**

5. Can your child count to 10 and know the numbers by name? **Yes** **No**

6. Does your child recognize the shapes (square, circle, rectangle and/or triangle, etc.)? **Yes** **No**

7. Can your child identify and name colors (red, yellow, blue, green, etc.)? **Yes** **No**

8. Are there other children with whom he/she plays with in the neighborhood? **Yes** **No** Who?

9. Are there areas or points about him/her that concern or worry you? **Yes** **No** What?

10. Is there anything specifically that frightens him/her? **Yes** **No** What?

11. Are there any foods that your child cannot eat or is allergic to? **Yes** **No** What are they?

12. Is there anything else the school should know about your child in order to best meet his/her needs?

