



# Douglas Primary School

17 Gleason Court, Douglas, MA 01516 (508) 476-2154 FAX (508) 476-4041 [www.douglasps.net](http://www.douglasps.net)

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Paul D. Vieira, Ed.D., Superintendent of Schools  
Cindy Socha, Principal

March 2023

Dear Families:

Welcome to Kindergarten! We are excited that you and your child will be joining us in September.

We will start accepting Kindergarten Registration paperwork on March 3, 2023. The Registration documents may be returned either in-person between 9:00am and 3:45pm, mailed, or via email to [phannon@douglasps.net](mailto:phannon@douglasps.net). Please return all forms by March 31<sup>st</sup>.

Children must be five years old on or before September 1, 2023 in order to attend Kindergarten during the upcoming school year. You will receive notification of the screening times (which will be held the first day and a half of the school year) as well as orientation (that will be held on the fourth day of the school year) at a future date.

Enclosed you will find:

- 1) Registration Form (new to District students only)
- 2) OneCallNow Notification Data Sheet (new to District students only)
- 3) Health Office Emergency Form (new to District students only)
- 4) Residency Affidavit (new to District students only)
- 5) Biographical Verification Sheet (returning students only)

**Please bring the completed forms, your child's original birth certificate or certified copy (if new to District), and latest physical/immunization information (all students).** No other document will be accepted. If not hand delivering the Registration paperwork, you must come in at some point in March to show the original birth certificate. If you have already provided a birth certificate previously, you do not need to provide it again. You are urged to make appointments with your pediatrician now to ensure that all physicals, immunizations, and health forms are completed before September. Also, please be advised that all children entering Massachusetts schools are required to have a lead test.

If you have any questions, please do not hesitate to contact the Primary School at 508-476-2154. We look forward to meeting you and working with you on behalf of your child!

Sincerely,

A handwritten signature in cursive script that reads "Cindy Socha".

Mrs. Cindy Socha,  
Primary School Principal

*Excellence in Education*

**DOUGLAS PUBLIC SCHOOLS**  
**STUDENT REGISTRATION FORM**

School Year: \_\_\_\_\_

ID# \_\_\_\_\_

**Student Information:**

\_\_\_\_\_

<b>First Name</b>	<b>Full Middle Name</b>	<b>Last Name</b>
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(Full Legal Name as shown on birth certificate)

**Gender:**  Female  Male

**Birthdate:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Ethnicity:** (Select one)

Hispanic/Latino

Not Hispanic Latino

**Nickname:** \_\_\_\_\_

Classroom Use Only

**Race:** (Select all that apply)

American Indian/Alaskan Native

Black/African-American

Asian

Hawaiian/other Pacific Islander

White

**Select the grade the student is enrolling into:**

PK3  PK4  K  1  2  3  4  5  6  7  8  9  10  11  12

**Student Address Information:**

<b>House #</b>		<b>P.O. Box #</b>	
<b>Street</b>		<b>City</b>	
<b>Apartment #</b>		<b>State, Zip</b>	
<b>City/State/Zip</b>			

**Mass Department of Education Data:**

Last School Attended: \_\_\_\_\_

	<b>School Name</b>	<b>City, State</b>
<b>Please circle one:</b>	Pre- School    Kindergarten    Elementary    Middle School    High School	

If student is entering from a Massachusetts Public School: Enter State Assigned ID# \_\_\_\_\_

If student is entering from another country, complete the following information:

Visa Type: \_\_\_\_\_ Admin # \_\_\_\_\_

What is the language first used by parent/guardian with child? \_\_\_\_\_

What language is primarily spoken in your home? \_\_\_\_\_

\_\_\_\_\_

Birth City	Birth State (Only if born in US)	Birth Country*
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**\*If birth country is not the United States**

- Has this student completed 3 years of schooling in the United States:  Yes  No
- Identify the first grade level and year completed in the United States: \_\_\_\_\_

**Guardian/Custodial Information:**

With whom does the student live:

\_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_ Parents \_\_\_\_\_ Sibling \_\_\_\_\_ Other (please describe)

Who is the student's legal guardian:

\_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_ Parents \_\_\_\_\_ Sibling \_\_\_\_\_ State Ward \_\_\_\_\_ Emancipated

Parent/Guardian - 1

Parent/Guardian - 2

Relationship to Student		
Name: Last, First		
Title: Mr., Mrs., Ms., Dr., etc.		
Home #		
Street		
Apartment #		
Town, State, Zip		
Home Phone		
Work Phone		
Cell Phone		
Occupation		
Email Address		

**Please check all that apply for each parent/guardian:**

\_\_\_\_\_ Has custody of student \*  
 \_\_\_\_\_ Lives with student  
 \_\_\_\_\_ Should receive mailings

\_\_\_\_\_ Has custody of student \*  
 \_\_\_\_\_ Lives with student  
 \_\_\_\_\_ Should receive mailings

**\*If sole custody, please provide office with original agreement**

**Legal restrictions in place regarding non-custodial parent** \_\_\_\_\_ Yes \_\_\_\_\_ No

**List all children residing with the student:**

Name	Relationship to Student	Date of Birth	School/Grade

**List three (3) responsible people to assume temporary care of your child in the event you cannot be reached:**

**Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Cell# or Work #** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Cell# or Work #** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Cell# or Work #** \_\_\_\_\_

**\*\* Please Note: Anyone picking up your child must do so at the school office and show a photo ID.**

# Douglas Public Schools Health Office

## NURSE EMERGENCY FORM

### STUDENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Home Address Street: \_\_\_\_\_ P.O. Box/Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

*If a parent/guardian cannot be reached please list emergency contacts who can be called to pick up your child:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### MEDICAL INFORMATION

Student Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Medical Condition Alerts and Their Treatments:**

*(i.e. allergies, seizure disorder, Diabetes, asthma, migraines, etc.)*

1. Condition: \_\_\_\_\_

Treatment: \_\_\_\_\_

2. Condition: \_\_\_\_\_

Treatment: \_\_\_\_\_

3. Condition: \_\_\_\_\_

Treatment: \_\_\_\_\_

**Sharing Medical Information**

- I give permission for 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 for the school nurse to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission for Over the Counter Medications**

Please note that medications may be given only once during the school day. The school nurse may use first aid treatments including topical ointments like calamine lotion and hydrocortisone for allergic rashes and insect bites, Orajel for toothaches, antibiotic ointments to prevent possible wound infections, burn ointment for minor burns and cough drops for minor throat irritation. There will also be the usage of alcohol-based hand foam rub for students.

My child has permission to take the following medication:

*(For grades PreK-5: the school nurse will contact a parent/guardian for permission prior to medicating their child)*

- Tylenol (acetaminophen)
- Motrin (ibuprofen)
- Tums (antacids)
- Cough drops

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Douglas Public Schools Health Office

## STUDENT HEALTH PROFILE

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_

A. Has your child had any of the following diseases?

Chickenpox	Yes	No
Meningitis	Yes	No
Pneumonia	Yes	No

B. Does your child currently have any of the following?

ADD/ADHD	Yes	No
Anxiety	Yes	No
Asthma	Yes	No
Autism Spectrum Disorder	Yes	No
Depression	Yes	No
Diabetes	Yes	No
Deafness	Yes	No
Fainting	Yes	No
Heart problems	Yes	No
Seizures	Yes	No
Migraine Headaches	Yes	No
Scoliosis	Yes	No
Vision impairment	Yes	No

C. Has your child had any operations?

Appendix	Yes	No
Hernia	Yes	No
Tonsil/Adenoids	Yes	No
Other	Yes	No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. Has your child had any of the following?

Broken bone	Yes	No
Serious accident	Yes	No
Concussion	Yes	No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. Has your child been hospitalized for any other reason?

Yes	No
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If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_

F. Does your child have any allergies?

Bee stings	Yes	No
Food	Yes	No
Insect bites	Yes	No
Medication	Yes	No
Seasonal allergies	Yes	No
Other	Yes	No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

G. Does your child require medication for an allergic reaction\*\*?

Epi-pen	Yes	No
Benadryl	Yes	No
Other	Yes	No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*\*If Yes to any of the above, a doctor's order is required to be turned in to the Health Office\*\***

H. Does your child use any of the following?

Eyeglasses/contact lenses	Yes	No
Hearing aid	Yes	No
Wheelchair	Yes	No
Other	Yes	No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I. Can your child participate in all school activities?

Yes No

If no, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

J. Does your child take medication during the school day\*\*?

Yes No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*\*If Yes to the above, a doctor's order is required to be turned in to the Health Office\*\***

**PLEASE KEEP FOR YOUR RECORDS**

**DOUGLAS PUBLIC SCHOOLS**  
**SCHOOL HEALTH OFFICES**

**SCHOOL NURSES**

Douglas Primary School

Jennifer Walker

Email: [jwalker@douglasps.net](mailto:jwalker@douglasps.net)

Phone: 508-476-2154, Fax: 508-476-4041

Douglas Elementary School

Melanie Brundage

Email: [mbrundage@douglasps.net](mailto:mbrundage@douglasps.net)

Phone: 508-476-4200 (option 5), Fax: 508-476-2582

Douglas Middle School

School Nurse Leader

Kathleen Campbell

Email: [kcampbell@douglasps.net](mailto:kcampbell@douglasps.net)

Phone: 508-476-3332 (option 5), Fax: 508-476-4036

Douglas High School

Melanie Gaucher

Email: [mgaucher@douglasps.net](mailto:mgaucher@douglasps.net)

Phone: 508-476-4123, Fax: 508-476-7386







## Douglas School District RESIDENCY STATEMENT

Name of School: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_

Name of Student: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_

\_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_

Date of Birth: \_\_/\_\_/\_\_

Address/Residency: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

1. I/We wish to enroll the above-named student(s) in the Douglas Public Schools. I/We understand that pursuant to Massachusetts law and Douglas Public School Committee Policy, that only students who actually reside in the Town of Douglas may attend the Douglas Public Schools and that students who do not reside in the Town of Douglas may not attend the Douglas Public Schools. Non-residents can submit a School Choice Program application for acceptance into the Douglas Public Schools. Acceptance is not guaranteed.
2. I/We certify that effective \_\_\_\_\_, \_\_\_\_\_, the above student(s) is/will be residing at the above address.
3. I/We acknowledge that I am/we are required to notify the Douglas Public Schools in writing, of any change in student(s) above address within five (5) calendar days of such change. If this change is outside of the Town of Douglas, the student (s) must formally be withdrawn from the Douglas Public Schools
4. I/We acknowledge that if we are enrolled in the Douglas Public Schools under a Residency Affidavit, I/We will be required to provide the Douglas Public Schools with proof of residency documentation that is current and accurate.
5. I/We acknowledge that I/we must provide the Douglas Public School with new documentation on the anniversary of the rental agreement or lease agreement. Failure to provide such documentation that confirms residency in the Town of Douglas is both current and accurate will result in student(s) being unenrolled and possible fines being assessed.

*The Douglas Public Schools welcomes and is open to all students, and equal opportunities in all approved programs and courses of study without regard to race, color, sex, sexual orientation, gender identity, religion, national origin, homelessness, or disability.*



6. I/We understand that the student's enrollment in the Douglas Public Schools will be promptly terminated, and I/We will be held financially responsible for the student's tuition for the full academic year(s) paid to the Douglas Public Schools.
7. I/We certify that I am/We are the parent(s), legal guardian(s) or responsible adult of the above listed student(s).
8. I/We understand that all students must reside in the Town of Douglas. That the Town of Douglas is not required to enroll a person(s) who does not legally reside in the Town of Douglas unless authorized by the Douglas School Committee under the School Choice Program. Any person(s) who violate or assists in the violation of this provision may be required to remit full restitution to the Town of Douglas for improperly attending the Douglas Public Schools.
9. No person shall be excluded from or discriminated against in admission to the Douglas Public Schools on account of race, color, sex, religion, national origin, sexual orientation or because of homelessness.
10. I/We understand that if all required residency document(s) cannot be obtained at the time of registration, then my/our child(ren) will hold a provisional residency status. This status can be held for a maximum of 30 days.

Signed under the pain and penalties of perjury on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(day) (month) (Year)

\_\_\_\_\_  
Parent/Guardian/Responsible Adult

# Douglas Public Schools Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that all schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information		
First Name	Middle Name	Last Name <span style="float: right;">F      M</span>
Country of Birth	Date of Birth (mm/dd/yyyy)	Date first enrolled in ANY US school (mm/dd/yyyy)
School Information		
Start Date in NEW School (mm/dd/yyyy)	Name of former School and Town	Current grade
Questions for Parents/Guardians		
<b>What is the primary language used in the home, regardless of the language spoken by student?</b>	<b>Which language(s) are spoken with your child?</b> (include relatives-grandparents, uncles, aunts, care givers, etc.)  <div style="text-align: right;"> <u>seldom</u>    <u>sometimes</u>  <u>often</u>      <u>always</u> </div> <hr style="border-top: 1px dashed black;"/> <div style="text-align: right;"> <u>seldom</u>    <u>sometimes</u>  <u>often</u>      <u>always</u> </div>	
<b>What language did your first child first understand &amp; speak?</b>	<b>Which language do you use most with your child?</b>	
<b>How many years has the student been in U.S. Schools?</b> (not including pre-k)	<b>Which language does your child use? (circle one)</b>  <div style="text-align: right;"> <u>seldom</u>    <u>sometimes</u>  <u>often</u>      <u>always</u> </div> <hr style="border-top: 1px dashed black;"/> <div style="text-align: right;"> <u>seldom</u>    <u>sometimes</u>  <u>often</u>      <u>always</u> </div>	
<b>Will you require written information from school in your native language?</b> Y                      N  If "Yes", what language?	<b>Will you require an interpreter/translator at Parent-Teacher meetings?</b> Y                      N  If "Yes", what language?	
<b>Parent/Guardian Signature:</b>  _____	Today's date (mm/dd/yyyy)	