Welcome to the Falmouth Public Schools.

Kindergarten registration for September 2024 enrollment will take place at all (4) Elementary Schools on **January 29, 2024 through February 2, 2024**.

Your child must be **five years old on or before August 31, 2024** and be a resident of Falmouth in order to register.

Please register at your district school. If you have any questions please feel free to call the Office of Student Services at 508-548-0151 ext. 143.

You may download the Kindergarten Registration Packet or call your district elementary school and one will be mailed to you. You may also pick one up at the school during registration week.

To register your child please fill out all the registration paperwork and submit the packet with the following documents, **birth certificate, up-to-date immunization records with the date of last physical, and one of the following: most recent gas/oil or electric bill showing the "service delivered to" address, a lease agreement, or the front page of a recent Purchase and Sales agreement**.

Please bring the packet to your district school along with the attachments during Kindergarten Registration week.

If you have any questions please feel free to call or email the secretary at your school.

Mullen Hall School
130 Katharine Lee Bates Rd
Falmouth, MA 02540
Heather Rivera,
hrivera@falmouth.k12.ma.us
Telephone: 508-548-0220 Ext 402

East Falmouth Elementary School
33 Davisville Rd.
East Falmouth, MA 02536
Bridget Janerico,
bjanerico@falmouth.k12.ma.us
Telephone: 508-548-1052 Ext 200

Teaticket Elementary School
45 Maravista Extension
East Falmouth, MA 02536
Dawn Williamson
dwilliamson@falmouth.k12.ma.us
Telephone: 508-548-1550 Ext 100

North Falmouth Elementary School
62 Old Main Rd.
N. Falmouth, MA 02556
Christine Tavares
ctavares@falmouth.k12.ma.us
Telephone: 508-563-2334 Ext 300

FALMOUTH PUBLIC SCHOOLS
FALMOUTH, MASSACHUSETTS
REGISTRATION FORM

For Office Use Only

Date of Entry _____	Birth Certificate ____
ID # _____ State ID # _____	Immunizations ____
Homeroom _____ Counselor _____	Proof of Residence ____
AM Bus _____ PM Bus _____	Emergency Card ____

Student's Legal Name _____ _____ _____
First Middle Last

Nickname _____ Home Phone _(___)_____

Current Grade in School _____ Sex M ___ F ___ Non-Binary _____ Emergency Phone (___) _____

Date of Birth _____ City, State/Country of Birth _____
mm / dd / yyyy

Home Address _____
No. Street Town or City

Mailing Address _____

Name of School Attended before this one _____

Location of School if outside Falmouth _____

Is Student enrolled in a Bilingual Education Program? _____ Which program? _____

Primary Language spoken at home _____

Does this child receive Special Education services? _____ Title 1? ____ Reading Services?_____

Counseling? _____ Other Services? (Please list) _____

Immigrant status? Yes ___ No ___ If an immigrant, country of origin? _____

How many years has student attended a school in the United States? _____

Is student a child of a migrant worker? Yes _____ No _____

Is this student Hispanic or Latino?
(Select only one)

___ No, not Hispanic or Latino.

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

What is this student's race? *(Select one or more)*

___ **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 with 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.

___ 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.

___ 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.

Has this student previously been enrolled in Falmouth Public Schools? Yes ____ No ____

Person Completing Form _____ *Relationship to Student* _____

	Parent/Guardian	***Parent/Guardian***
Name		
Place of Employment		
Occupation		
Business Phone		
Person With Whom Student Lives		
Relationship to Student		

Siblings in Order of Age: From Youngest to Oldest:

First Name	***Last Name***	***Date of Birth***	***Gender*** *Male, Female, Non-Binary*	***Grade and School***

Other Household Members:

First Name	***Last Name***	***Date of Birth***	***Gender*** *Male, Female, Non-Binary*	***Relationship to Student***

Falmouth Public Schools

Dr. Lori Duerr, Superintendent of Schools
340 Teaticket Highway, East Falmouth, MA 02536
Phone (508) 548-0151 x 137 FAX (508) 457-9032

PROOF OF RESIDENCE IN ORDER TO ENROLL

I am the parent or legal guardian of:

_____

Name(s) of Child(ren)

and wish to enroll my child(ren) in the **Falmouth Public Schools.** I understand that Massachusetts law and Falmouth Public School policy provide, with few exceptions, that each child must attend a public school in the school district and school attendance area where the parent or legal guardian resides. I reside full time at the following street address, and the child(ren) listed above live(s) there at least half of each week (3 ½ - 4 school nights at minimum)

_____

Street Address

_____

Unit/Apt. #

_____

I understand that officials of the **Falmouth Public Schools** may require additional proof that I am the parent or legal guardian of the child(ren) identified by me on this form.

I also understand that officials of the **Falmouth Public Schools** require additional proof that I reside at the address given on this form, such as **the front page of a purchase and sales, lease agreement, or my latest gas/oil or electric bill showing the "service delivered to" address.**

Declaration

I declare under penalty of perjury that I have read the above statements and information provided by me, that such statements and information are true and complete to the best of my knowledge, and that this declaration was executed on: _____

Date

_____ _____

Print Name **Signature**

_____

FOR OFFICE USE ONLY

Verification of Residence:_____ BY:_____

_____

Falmouth Public Schools

HEALTH HISTORY FOR ENTERING STUDENTS

Student Name: _____Grade _____ DOB: _____ Male_____ Female__ Non-Binary____

Physician: _____ Dentist: _____

MEDICAL HISTORY

Were there any significant problems during the pregnancy/labor/delivery? _____

_____

Was the student premature? Yes No How many weeks? _____ Birth Weight? _____

Complications? _____

Has your child had any of the following diseases/conditions? (Circle)

ADD/ADHD	Diabetes	Kidney Disease
Anxiety	Ear Infections	Lyme Disease
Asthma	Eczema	Migraine Headaches
Constipation	Elevated lead level	Nose Bleeds
Depression	Heart Disease	Seizures

Other: _____

Surgeries: Yes No Reason: _____ Date: _____

Hospitalized: Yes No Reason: _____ Date: _____

EYES

Vision concerns? Yes No Explain _____ Glasses? Yes No Contacts? Yes No

EARS

Hearing concerns? Yes No Explain _____Tubes? Yes No Hearing Aids? Yes No

SLEEP AND DIET

Concerns about sleep habits? Yes No Explain _____

Concerns about eating habits? Yes No Explain _____

ALLERGIES

Food Allergies? Yes No Food _____ Symptom _____

Food _____ Symptom _____

Food _____ Symptom _____

Food _____ Symptom _____

Medication Allergies? Yes No Medication_____ Symptom _____

Medication _____ Symptom _____

Other Allergies _____

Does your child use an Epi pen? _____

MEDICATIONS

Medication _____Reason _____ Time of Day _____

Medication _____ Reason _____ Time of Day _____

Medication _____ Reason _____Time of Day _____

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel as necessary to meet my child's health and safety needs. I give permission to exchange information with my child's physician(s) for the purpose of referral, diagnosis, treatment and to obtain a copy of the most recent physical examination/immunization record.

Parent/Guardian Signature _____ Date _____

Falmouth Public Schools
Emergency/Medical Information

****Please help us by completing both sides, signing both sides and returning this form to your child's teacher as soon as possible.**

Student Name:_____ Home Phone: _____

Residential Address: _____ Gender: (Male/Female/Non-Binary):_____
Non-binary: does not identify as just a male or female

Residential City/State/Zip: _____ Grade: _____ Homeroom: _____

Mailing Address:_____ Date of Birth: _____

Mailing City/State/Zip: _____ AM Bus: _____ PM Bus _____

Please list all LEGAL Parents/Guardians:

Name:_____ Name: _____

Relationship to student:_____ Relationship to student: _____

Live with student_____Non-custodial parent_____ Live with student_____Non-custodial parent _____

Home Phone:_____ Home Phone: _____

Work Place:_____ Work Place: _____

Work Phone:_____ Work Phone: _____

Cell Phone:_____ Cell Phone: _____

Email address:_____ Email address: _____

Mailing address:_____ Mailing address: _____

If parent/guardian is not available, or in case of emergency, I authorize the Falmouth Public Schools to contact and dismiss my child to:

Emergency Contact Name	Phone #	Relationship
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Please list other children in the Falmouth Public Schools

Name	School	Grade

Military Family Status-(Please circle only one if applicable)

Is this student one of the following?

1.) A child of an active duty member of the uniformed services, National Guard and Reserve **on active duty orders.**

2.) A child of a member or veteran who is medically discharged or retired **for less than one year.**

3.) A child of a member who died **during active duty.**

Signature of person completing form: _____

☐ **ALERT:** Check here if there are any contact/dismissal restrictions and describe.

1) If this child resides with a legal guardian who is not the parent, a certified copy of the court order appointing the guardian must be attached.
2) If a custodial parent/guardian wishes the school to comply with provisions of a court order restricting access to the child, a certified copy of the court order must be attached.
3) If the student is an emancipated minor, a certified copy of the court order must be attached

STUDENT MEDICAL INFORMATION SHEET K-4

Student Name:_____ Cell phone: _____

Primary Physician:_____ Dentist: _____

Private Health Insurance: Circle one YES NO TYPE/PLAN: _____

Are you on Mass Health? Circle one YES NO PLAN: _____

List All Medications: _____

Date of last physical exam: _____

Activity restrictions: _____

_____

Any other pertinent information: _____

_____

Please check all that apply:		
☐ ADD/ADHD	☐ Asthma	☐ Hearing aids/tubes
☐ Bowel/Stomach problems	☐ Depression	☐ Sinus problems
☐ Diabetes	☐ Eczema	☐ Heart Condition
☐ Lyme Disease	☐ Seizure Disorder	☐ Kidney/Urinary Disorder
☐ Glasses/contacts	☐ Menstrual problems	☐ Braces
☐ Allergies to medications	☐ Allergies (food, animal, environmental)	☐ Headaches: Migraines ☐ Other
Other:		

My child has permission to use hand sanitizer under adult supervision during the school day.

Yes___ No___

If the Principal or Nurse believes my child is in need of prompt medical treatment, I authorize their transport to Falmouth Hospital. I give permission to the school nurse to share information relevant to my child's health 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 physician for the purpose of referral, diagnosis and treatment.

_____ _____

Signature **Date**

Please update the School Nurse if your child is hospitalized at any time during this school year or if there are changes in medical information.

Revised January 2021

Falmouth Public Schools

340 Teaticket Highway
East Falmouth, MA 02536

State and Federal Law 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.

Last Name **Middle Name** **First Name**

GENDER: **Female**_____ **Male**_____ **Non-Binary**_____

Country of Birth **Date of Birth (mm/dd/yy)** **Date first enrolled in ANY US school (mm/dd/yy)**

Questions for Parents/Guardians	
What is the native language(s) of each parent/guardian? _____(parent/guardian) _____(parent/guardian)	**Which language(s) are spoken with your child? *(include relatives-grandparents, uncles, aunts etc. – 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?** _____
Which other languages does your child know? (please circle one) _____speak/read/write _____speak/read/write	**Which languages does your child use? (please circle one)** _____(seldom/sometimes/often/always) _____(seldom/sometimes/often/always)
Will you require written information from school in your native language? Yes ☐ No ☐	**Will you require an interpreter/translator at Parent –Teacher meetings?** Yes ☐ No ☐
Parent/Guardian Signature: X_____	_____ **Today's Date** (mm/dd/yyyy)

For office use only:

ELD Assessment _____Date _____Given by _____

Results:_____

Qualified for ELD services _____ Did Not qualify for ELD services _____

Recommendations:

_____

Falmouth Public Schools

2024-2025

Early Childhood Education Experience Survey for Kindergarten Students

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!

Child's Name: _____ Date of Birth: ____ / ____ / _____

☐	(01) My child did not have any formal early childhood program experience.
☐	(02) My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services. ***Coordinated Family and Community Engagement (CFCE) Services:*** *locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities).*
☐	(03) My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services. ***Parent Child Home Program (PCHP):*** *home visiting model program funded through the Department of Early Education and Care.*
☐	(04) 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).** ***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.* ☐ (05) for less than 20 hours per week ☐ (06) for 20+ hours per week
	My child attended a Center Based Program **(indicate hours below).** ***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.* ☐ (07) for less than 20 hours per week ☐ (08) for 20+ hours per week
	My child attended **BOTH** a Licensed Family Child Care Provider **AND** a Center Based Program **(indicate hours below).** ☐ (09) for less than 20 hours per week ☐ (10) for 20+ hours per week

Massachusetts Parental Notice for One Time Consent to Allow the School District To Access MassHealth (Medicaid) Benefits

School District Name and Code: Falmouth Public Schools 0096

School/District Contact: Donna Bordieri 508-548-0151 x 143

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission (also known as consent) to share information about your child with MassHealth. Local communities In Massachusetts have been approved to receive partial reimbursement from MassHealth for the costs of certain health-related services provided by the district to your child (or children). In order for your community to get back some of the money spent on services, the school district needs to share with MassHealth the following types of information about your child: name; date of birth; gender; type of services provided, when, and by whom; and MassHealth ID.

With your permission, the school district will be able to seek partial reimbursement for services provided by MassHealth, including, among others, a hearing test or eye exam; a school physical; occupational or speech or physical therapy; some school nurse visits; and counseling services with the school social worker or psychologist. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

The school district cannot share with MassHealth information about your child without your permission. As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the health-related and/or special education services to which your child is entitled.

2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that It can charge MassHealth for services provided. The school district can agree to pay the co-pay or deductible if any such cost is expected.

3, If you give the school district permission to share information with and request reimbursement from MassHealth:
   a. This will not affect your child's available lifetime coverage or other MassHealth benefit; nor will it in any way limit your own family's use of MassHealth benefits outside of school.
   b. Your permission will not affect your child's special education services or IEP rights in any way, if your child is eligible to receive them.
   c. Your permission will not lead to any changes in your child's MassHealth rights; and
   d. Your permission will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.

4. If you give permission, you have the right to change your mind and withdraw your permission at any time.

5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with MassHealth for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

I have read the notice and understand It. Any questions I had were answered, I give permission to the school district to share with MassHealth records and information concerning my child(ren) and their health-related services, as necessary, I **understand that this will help our community seek partial reimbursement of MassHealth covered services.**

Parent/Guardian Signature:_____ Date:_____

Child's Name:	Date of Birth:	SASID # (for district to add):
Child's Name:	Date of Birth:	SASID # (for district to add):
Child's Name:	**Date of Birth:**	**SASID # (for district to add):**

Add more children

TRANSPORTATION

Falmouth Public Schools
340 Teaticket Highway
East Falmouth, MA 02536

2024-2025

About 2 weeks before school starts, you will find the school bus schedule in the *Falmouth Enterprise* newspaper. The schedule will also be posted on our website (www.falmouth.k12.ma.us). You will need to locate your street and street number to identify the bus your child will ride on.

NOTE: The bus driver will not drop off your kindergarten child in the afternoon unless an authorized adult is present at the bus stop.

The Transportation Director oversees all school bus transportation for the district. Should you have any questions about your child's transportation to or from school, please feel free to call Aiden Molloy at

508-548-0151 x 176.

Falmouth Public Schools
Kindergarten Registration
Parent Survey

Please fill out this form and leave it with your other registration papers.

Child's Name: _____ DOB: _____

Male: _____ Female: _____ Non-Binary: _____

Name of Preschool your child attended.

_____

Parent's Name: _____ Tel: _____

Is there anything specific about your child that would help us in the placement process?

_____

_____

_____

_____

_____

_____

_____