

**Kindergarten Registration
Packet
2024-2025**



QUINCY PUBLIC SCHOOLS

Kevin W. Mulvey, J.D.
Superintendent of Schools
34 Coddington Street, Quincy, MA 02169
617.984.8701
kevinmulvey@quincypublicschools.com

January 2, 2024

Welcome to Quincy Public Schools! Children who will be **5 years of age on or before August 31, 2024** are eligible to attend Kindergarten beginning in September 2024.

Kindergarten registration is a two-step process:

- **Beginning January 3**, families fill out the online Pre-Registration form: <https://fs30.formsite.com/lauraowens/iafajagloo/index>
- **Beginning February 5**, families will be contacted to schedule an appointment to complete the registration process. This appointment may be at the school site or the Central Registration office for families needing interpretation services.
- Appointments will be scheduled during school hours through the end of the school year in June. Kindergarten Registration forms are available on the Quincy Public Schools website (quincypublicschools.com) under the Family & Community tab/ Student Registration.

If you are not sure of your neighborhood district school, the Quincy Public Schools Street Directory is available on the QPS website Student Registration page.

If your child attends a Quincy Public Schools Pre-Kindergarten program at the Amelio Della Chiesa Early Childhood Center, Point Webster, or Snug Harbor **it is *not* necessary to register your child for Kindergarten.**

If you have questions about Kindergarten registration, please call the Superintendent's Office at 617-984-8701. We look forward to having your child enter our Kindergarten program in the fall!

Sincerely,

Kevin W. Mulvey, J.D.
Superintendent of Schools



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Welcome to Quincy Public Schools!

Quincy Public Schools has a long-standing tradition of innovative curriculum and excellence in education. Every day, dedicated Quincy Public Schools principals, administrators, and staff strive to make a difference in each and every classroom and collaborate on the goal of providing an inclusive, positive, and safe learning environment for our students and their families.

The following pages contain the registration forms to enroll your student. (Please print the forms single-sided.) In order to complete the registration process, the following documents must be provided for each student:

- Birth certificate (with raised seal)
- Photo I.D. of the person registering the student
- Copy of a recent physical examination by a physician (within one year)
- Record of immunizations
- **Two** proofs that the student and family reside in the school district: utility bill, tax bill, mortgage statement, W-4 or 1099 form.

Wishing your student all success throughout the educational journey in Quincy Public Schools.

Sincerely,

Kevin W. Mulvey
Superintendent of Schools

**QUINCY PUBLIC SCHOOLS
STUDENT REGISTRATION**

OFFICE USE ONLY

GRADE

SCHOOL CODE

STUDENT INFORMATION

Please complete information as it appears on birth certificate.

Last Name (Legal)		First Name (Legal)		Middle Name (Legal)
Nickname		Gender		Date of Birth
		__Female __Male __Non-binary		Month _____ Day _____ Year _____
Birth City / Town	Birth State	Birth Country		Date Student Entered the United States
Student's Current Address				★ Phone Number
Number	Street	Apt.	Zip Code	
★ Student's Primary Language	Language Spoken in Home	Ethnicity: Required by the MA Department of Education <i>(Please check one)</i>		
		_____ Hispanic _____ Not Hispanic		
Race: (Please check all that apply)				
_____ American Indian/Alaskan Native		_____ White/Caucasian		_____ Asian
_____ Black/African-American		_____ Hawaiian/Other Pacific Islander		
With whom is the student living?				
Parents: _____ OR Mother: _____ Father: _____ Guardian: _____				
Other: _____ Name Relationship				
Are there any custody issues we should be aware of? Is either parent denied legal access to student records?				
_____ No _____ Yes (★ If yes please specify): _____				

Legal documentation MUST be provided annually to the principal before restrictions can be implemented.

STUDENT'S PREVIOUS SCHOOL INFORMATION

- Has this student ever attended a public school in Quincy: _____ Yes _____ No

- If yes, which school? _____

- Last school / preschool attended: _____

- Date they began first year of school in the United States _____

- 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:

- | | |
|---|--|
| <input type="checkbox"/> Student has an Individual Education Plan (Special Education) | <input type="checkbox"/> Student is receiving Title I services |
| <input type="checkbox"/> Student is receiving English Language Learner (ELL) services | <input type="checkbox"/> Student has a 504 Plan |

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

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

If no, how many full years have they completed? _____

Years of schooling in home/other country? _____

Highest grade completed in home/other country? _____

PARENT INFORMATION

Name:	Name:
Relationship To Student:	Relationship To Student:
Phone Number:	Phone Number:
Parent(s) Marital Status: _____ Married _____ Separated _____ Single _____ Divorced _____ Widowed	
(Address if different from student)	(Address if different from student)

★ If applicable

Who has physical custody?	Who has legal custody?
Name:	Name:
Relationship:	Relationship:
Phone:	Phone:

★ If student resides with a guardian please complete this section.

GUARDIAN INFORMATION

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

Signature of Person registering student



(OFFICE USE ONLY)

STATE SASID #	LOCAL QPS ID #	HOMEROOM	COUNSELOR
QPS Entry Date: _____		PCC Code: _____	
School Employee Registering Student: _____		Date: _____	

	Yes	No	N/A		Yes	No	N/A
Birth certificate				MCAS / Other testing			
Health records received				Disciplinary records			
Proof of residency				IEP Records Received			
Academic records received				504 Records Received			
Transfer card							

NOTES:

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.

Updated 6/2019

Student Information

First Name	Middle Name	Last Name	F M Non-Binary Gender (Circle One)
Country of Birth	/ / /20 Date of Birth (mm/dd/yyyy)	/ / /20 Date first enrolled in ANY U.S. school (mm/dd/yyyy)	

School Information

/ / /20 Start Date in New School (mm/dd/yyyy)	Name of Former School and Town	Current Grade
--	--------------------------------	---------------

Questions for Parents/Guardians

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) _____ 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? _____ _____
How many years has the student been in U.S. Schools? (not including pre-kindergarten) _____	Which languages 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? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____
Parent/Guardian Signature: X _____	_____ / _____ /20 Today's Date: (mm/dd/yyyy)

Quincy Public Schools Contact Card**School Name:** _____

Below you will find important information regarding you and your child that will be used to contact you for routine and emergency purposes. Please fill in any missing fields and correct any wrong information. This form must be signed and returned with your child to homeroom teacher.

Last Name: _____ **First:** _____ **Middle:** _____

Date of Birth: ___/___/___ **Place of Birth:** _____ **Gender:** _____ **HR:** _____ **Grade** _____

Address: _____ **Zip Code** _____ **Access to Internet? (Yes/No)** _____

Race(s): _____ / _____ **Home Language:** _____

Home Phone: _____ **Student Cellphone:** _____ **Student Email:** _____

FIRST CONTACT DEFAULT**Current Information****Corrections**

Name:	
Relationship:	
Address:	
City, State ZIP	
Home Phone:	
Cell Phone:	
Work Phone:	
Primary email:	

Contact lives with student Contact may pick up Receives grade mailings Receives conduct Other mailings

SECOND CONTACT Current Information**Corrections**

Name:	
Relationship:	
Address:	
City, State ZIP	
Home Phone:	
Cell Phone:	
Work Phone:	
Primary email:	

Contact lives with student Contact may pick up Receives grade mailings Receives conduct Other mailings

MEMBER OF MILITARY INFORMATION

Quincy Public Schools is now required by law to identify students of military families and to submit this information electronically to the Department of Elementary and Secondary Education. Please select one of the choices below for your child. In case none of these categories apply, please select NOT APPLICABLE.

CHILDREN OF ACTIVE DUTY MEMBER(S) OF THE UNIFORMED SERVICES:

Not Applicable National Guard and Reserves on active duty orders Child of member(s) or veteran(s) who are medically discharged or retired within one year Child of member(s) who died on Active Duty

SCHOOL REGULATIONS DO NOT PERMIT SENDING A CHILD HOME ALONE. HOW SHALL YOUR CHILD BE TRANSPORTED?

Contact 1 Contact 2 Parent will arrange for taxi at parent's expense Other _____

IN CASE OF EMERGENCY

Student's Primary Care Physician: _____ Phone: _____

Name of medical insurance company: _____ Policy: _____ Phone: _____

IS THERE ANY OTHER LEGAL INFORMATION THAT THE SCHOOL SHOULD BE AWARE OF? (DOCUMENTATION IS REQUIRED)

Parent / Legal Guardian

Date: _____

MORE INFORMATION ON BACK, PLEASE TURN OVER ↘

Quincy Public Schools Contact Card

THIRD CONTACT

Current Information

Corrections

Name:	
Relationship:	
Address:	
City, State ZIP	
Home Phone:	
Cell Phone:	
Work Phone:	
Primary email:	

Contact lives with student Contact may pick up Receives grade mailings Receives conduct Other mailings

FOURTH CONTACT

Current Information

Corrections

Name:	
Relationship:	
Address:	
City, State ZIP	
Home Phone:	
Cell Phone:	
Work Phone:	
Primary email:	

Contact lives with student Contact may pick up Receives grade mailings Receives conduct Other mailings

FIFTH CONTACT

Current Information

Corrections

Name:	
Relationship:	
Address:	
City, State ZIP	
Home Phone:	
Cell Phone:	
Work Phone:	
Primary email:	

Contact lives with student Contact may pick up Receives grade mailings Receives conduct Other mailings

SIBLINGS INFORMATION

Please note # of Siblings: Older Brothers _____ Younger Brothers _____ Older Sisters _____ Younger Sisters _____

Sibling 1: Name _____ School: _____ Grade: _____

Sibling 2: Name _____ School: _____ Grade: _____

Sibling 3: Name _____ School: _____ Grade: _____

Sibling 4: Name _____ School: _____ Grade: _____

ALERTS WILL BE SENT TO THE FIRST TWO CONTACTS INFORMATION. YOU WILL RECEIVE CALLS, EMAILS AND TEXT MESSAGES. PLEASE TALK TO THE REGISTRAR IF YOU HAVE ANY QUESTIONS.

SIGNATURE: _____ **DATE:** _____

**QUINCY PUBLIC SCHOOLS
HEALTH SERVICES**

HEALTH REQUIREMENTS AS YOUR CHILD STARTS KINDERGARTEN

Dear Parent/Guardian:

The following health information is required by the Massachusetts Department of Public Health for your child to enter Kindergarten:

KINDERGARTEN HEALTH REQUIREMENTS

1. A copy of a recent (within a year) physical examination by a physician
2. Physician documentation of **Vision Screening with Stereopsis**
3. A written record of the following immunizations:
 - a. DPT 5 or more doses
 - b. Polio 4 or more doses
 - c. MMR 2 doses
 - d. Hep B 3 doses
 - e. Varicella 2 doses of vaccine or physician documented case of chicken pox
 - f. TB assessment
 - g. Lead screening and results

Please bring in the above information when registering your child. Please speak with your school nurse if your child has any specific health issues or if you have any questions or concerns.

Sincerely,



Andrea Huwar, MEd. BSN RN
Coordinator of Health Services
34 Coddington St., Quincy, MA 02169
617-984-8899

Quincy Public Schools Health Form

Student Name _____ Date of Birth _____ Grade _____

Gender: Male _____ Female _____ Non-binary _____

Please complete the information below regarding your **child's medical history**.

Allergies (Specify type and Medications) _____

Asthma or respiratory concerns (Specify Medications) _____

Attention Deficit Disorder ADD/ADHD (Specify Medications) _____

Diabetes (Specify type and medications) _____

Ear or Hearing Problems _____ Date of last exam _____

Eye Problems or Glasses _____ Date of last exam _____

Seizures (Type and Medications) _____

Heart Disease _____

Urinary Problems or Kidney Disease _____

Orthopedic Conditions or Physical Impairments _____

Any Significant Birth History _____

Other Medical/Surgical Conditions _____

Prescribed medication (Specify) _____

Date of last physical exam _____ Doctor's Name _____ Tele# _____

Date of last dental exam _____ Dentist's Name _____ Tele# _____

Parent's Signature: _____ **Date:** _____



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MASSACHUSETTS MANDATED HEALTH REQUIREMENTS

Dear Parent or Guardian,

Regulations for school children in Massachusetts require that no child be admitted to public school without evidence of a physical examination and immunization against communicable diseases specified by the Department of Public Health (Mass. General Laws Chapter 76, Section 15 and Chapter 71, Section 57). Please submit your child's physical examination and vaccination records as soon as possible. These records are due to your child's school nurse no later than the first day of school.

Failure to complete the physical exam and vaccination process will subject the student to exclusion from school until proof of the physical and vaccinations or a waiver is presented. Exclusion will occur for all those not meeting this requirement.

If you have any questions regarding these requirements, please contact your school nurse as soon as possible. Thank you.

Sincerely,

Kevin W. Mulvey, J.D.
Superintendent of Schools

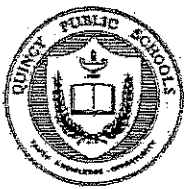
Maura Papile, Senior Director
Senior Director
Student Support Services

Andrea Huwar, M.Ed., BSN, RN
Coordinator of Health Services

I acknowledge receipt of the information about Massachusetts Mandated Health Requirements.

Parent Signature _____

Student Name/School _____



Early Childhood Education Experience Survey

Preschool Experience prior to Kindergarten

Student First Name: _____

Student Last Name: _____

Student Date of Birth: _____

School Name: _____

Please select only ONE of the following that best describes your child's Early Education experience.

- 1. My child did not have any formal early childhood program experience.
- 2. Family Support - My child did not have formal early childhood program experience but participated in local based programs that are parent/child playgroups and activities.
- 3. Family Support - My child did not have formal early childhood program experience but participated in home visiting program through Dept. of Early Education.
- 4. Family Support - My child participated in BOTH local based program experience that are parent/child playgroups and activities as well as home visiting program through Dept. Early Education.
- 5. My child attended a licensed Family Child Care Provider - LESS than 20 hours per week.
- 6. My child attended a licensed Family Child Care Provider - MORE than 20 hours per week.
- 7. My child attended a licensed Preschool Center (such as Headstart, public and private preschools) LESS than 20 hours per week.
- 8. My child attended a licensed Preschool Center (such as Headstart, public and private preschools) MORE than 20 hours per week.
- 9. My child attended BOTH a licensed Family Child Care Provider and a licensed Preschool Center- less than 20 hours per week.
- 10. My child attended BOTH a licensed Family Child Care Provider and a licensed Preschool Center- more than 20 hours per week.

**QUINCY PUBLIC SCHOOLS
KINDERGARTEN REGISTRATION
PARENT QUESTIONNAIRE**

This questionnaire is designed to help us get to know your child and requests information you may have observed in their early years at home. Responses are voluntary and you may skip any questions you do not wish to answer. This information, along with other observations, will help us plan the best start in school for your child.

DATE: _____

NAME OF CHILD _____ GENDER: _____

DATE OF BIRTH _____ BIRTHPLACE _____

ADDRESS _____

ZIP CODE _____ PHONE # _____

Please describe your child's disposition (check all that apply)

- easy going
- happy
- withdrawn
- cries easily
- talkative
- dramatic
- shy
- outgoing
- prone to emotional outbursts
- likes to have "own way"
- likes to test the limits
- frequently sad
- overly sensitive
- easily frustrated
- easily angered
- prefers to "follow"
- prefers to "lead"
- persistent in completing tasks

Please add any additional traits of your child:

I. FAMILY DATA:

Child's household includes: (Please circle all that apply)

Mother Father Grandmother Grandfather Aunt Uncle
Other Adults (specify relationship)

Parent/Guardian

Name: _____ Relationship: _____ Age: _____ (optional)
Name: _____ Relationship: _____ Age: _____ (optional)

Education: _____ Education: _____
Occupation: _____ Occupation: _____

Please list names and ages of all children in household (including this child):

<u>Name</u>	<u>Age</u>	<u>Grade</u>	<u>Name</u>	<u>Age</u>	<u>Grade</u>
1. _____	___	___	4. _____	___	___
2. _____	___	___	5. _____	___	___
3. _____	___	___	6. _____	___	___

Parents are: ___ single ___ married ___ divorced ___ separated ___ widowed ___ remarried

If divorced, who has custody? _____

Please explain any special considerations _____

II. SCHOOL EXPERIENCE(S):

Has your child attended a preschool program? Yes____ No____

If yes, please complete the chart below:

	<u>Age started</u>	<u># hours per week</u>	<u>#months attended</u>
<input type="checkbox"/> Private nursery school	_____	_____	_____
<input type="checkbox"/> Day care center	_____	_____	_____
<input type="checkbox"/> Day care in private home	_____	_____	_____
<input type="checkbox"/> Head Start	_____	_____	_____
<input type="checkbox"/> QPS Early Childhood Program	_____	_____	_____
<input type="checkbox"/> Other: (specify i.e. library school)	_____	_____	_____

Please describe any issues (i.e. social, learning, separation, etc.) in any of these schools.

III. HEALTH HISTORY

1. Please describe any issues related to your pregnancy, your child's birth, or first few months of life.
2. Was your child premature or of low birth weight?
3. Describe any issues with developmental milestones i.e. walking, talking, toilet training, dressing self, etc.
4. Describe any problems with bedwetting or soiling?
5. Describe any concern with your child's vision or hearing.
6. Does your child speak so that others can understand?
7. Has your child had any head injuries, frequent headaches, dizziness, seizures?
8. Has your child ever been hospitalized for an illness or injury?
9. List any allergies your child may have:
Allergies _____
Medication _____
10. Describe any other medical concerns with your child or in your family.
11. Name of Primary Care Physician: _____
12. Name of Health Insurance provider: _____

IV. FAMILY AND SOCIAL HISTORY

- 1. What would you like us to know about your family?

- 2. Are there any issues that might affect your child's adjustment to school?

- 3. Are there any learning issues within your family that we should be aware of?

- 4. How does your child handle separating from you?

- 5. How many times has your family moved in the past three years?

- 6. Do you have concerns about your child in any of the following areas?

	<u>Yes</u>	<u>No</u>
a. Self-esteem	___	___
b. Interaction with peers	___	___
c. Handling family stress/disruption	___	___
d. Self-control	___	___
e. Handling emotions	___	___
f. Learning	___	___
g. Following directions	___	___
h. Other _____	___	___

- 7. Has your child been evaluated by any other agencies?
If so, please name the agency/hospital and describe the reason for the evaluation.

- 8. What language is spoken in the home? _____

- 9. What is the primary language of your child? _____

- 10. Please describe any special concerns or questions you might have about your child.

- 11. Share some of your child's abilities/interests and other areas that we can continue to foster in school.

QUINCY PUBLIC SCHOOLS
VERIFICATION OF RESIDENCY

This certification form is required as part of the registration process for all students.



NAME OF SCHOOL _____

STUDENT'S NAME _____

Last/First/Middle Initial

RESIDENCE _____

House #/Street/Apartment/Zip Code

DATE OF BIRTH _____

Month/Day/Year

I understand that a student must reside in Quincy to attend the Quincy Public Schools. As the adult with whom this student is now residing at the address shown above, I hereby certify that I am the student's

Please check relationship below:

- PARENT
- LEGAL GUARDIAN
- SIBLING*
- UNCLE OR AUNT*
- COUSIN*
- OTHER RELATION*: _____
Please Specify

I agree to notify school authorities of any change of address without delay.

Signed under the pains and penalties of perjury this _____ day of _____, 20____.

Month

Year

Print Name – Sign at right → _____

Signature _____

*If you checked this category, please complete a "Certification of Student Residency" form. (RV 2)

Under Massachusetts General Laws, Chapter 76, Section 5, it states that "Every person shall have the right to attend the public school 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 actually 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 school."

BELOW FOR OFFICIAL SCHOOL USE ONLY

Type of residency proof accepted: Mass. Driver's License# _____
 Utility Receipt
 Real Estate Tax Bill
 Pay Stub

Documentation _____ Please attach a copy of documentation

_____ Date School staff person accepting proof of residency

Disposition: Referred to Attendance Office