



Public Schools

64 Cabot Road
Danvers, MA 01923
fax 978.777.8931
www.danvers.mec.edu

Lisa Dana, Ed. D.
Superintendent of Schools
978.777.4539 Ext. 2430
email . dana@danvers.org

Susan M. Ambrozavitch
Assistant Superintendent
978.777.4539 Ext. 2436
email . ambrozav@danvers.org

Keith Taverna
Interim Business Manager
978.774.4800 Ext. 2432
email . keithtaverna@danvers.org

Kindergarten Registration 2013 – 2014

Welcome to Full Day Kindergarten in Danvers! Your registration forms follow this letter. After reviewing the instructions, please bring the completed forms with you to registration.

Kindergarten registration will take place in a central location during the week of January 28 – February 1, 2013. It will be located at the Peabody Institute Library, 1 Sylvan Street, Danvers, MA in the Gordon Room.

We continue to offer Full Day Kindergarten across Danvers. On Wednesday, April 10, 2013 at 6:30 p.m. we will conduct an Orientation Meeting for parents at the Danvers High School Auditorium. At that time, your teachers and administration will present curriculum of this important kindergarten year!

Please carefully review the **overflow letter** included with this packet. Note that in the event that kindergarten enrollment exceeds our current 22 students per classroom cap, it may be necessary for some children to be placed at one of the other elementary schools in our town. You will be notified at the Parent Orientation if it is necessary for your child to attend another elementary school for their kindergarten year only.

Please review and complete this packet and bring with you to your choice of registration date and time. We look forward to working with you and your child as they begin their educational journey in the Danvers Public Schools.

Registration Dates and Times

Monday, January 28, 2013	9:00 a.m. – 1:00 p.m.
Tuesday, January 29, 2013	9:00 a.m. – 1:00 p.m. 5:00 p.m. - 8:00 p.m.
Wednesday, January 30, 2013	9:00 a.m. – 1:00 p.m.
Thursday, January 31, 2013	9:00 a.m. – 1:00 p.m. 5:00 p.m. – 8:00 p.m.
Friday, February 1, 2013	9:00 a.m. – 1:00 p.m.

Caring . Quality . Commitment . Collaboration

DANVERS PUBLIC SCHOOLS

Kindergarten Registration & Registration for First Grade Students

who are NOT presently enrolled in Danvers Public Schools

Kindergarten and First Grade Registration for children entering school in September 2013 will take place in the Danvers elementary schools during the week of January 28, 2013 – February 1, 2013. To be eligible for kindergarten, a child must be five years old on or before September 1, 2013. A child entering first grade must be six years old on or before September 1, 2013. Children enrolled in Danvers Public School kindergarten do not need to register for first grade.

The following is required to register a child:

- 1. Copy of birth certificate**
- 2. Proof of residency in Danvers** (i.e., residential tax bill, drivers's license and current address, electric, phone or water bill, credit card bill, automobile insurance bill or rental agreement)
- 3. Copy of documentation of a recent physical examination, lead screening and immunizations.**
- 4. Danvers Public School Registration Packet**

The registration packet may be obtained on line www.danvers.mec.edu. **You must return the completed packet to the Peabody Institute Library in Danvers personally during the school registration.** A school nurse and secretary will be available to assist parents during registration. If you are unable to attend registration, you may call any one of our elementary schools to obtain paperwork. **Registration does not guarantee placement at a particular school.** Please note we have added two evening registrations – Tuesday, January 29th and Thursday, January 31st from 5:00 p.m. – 8:00 p.m.

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DANVERS PUBLIC SCHOOLS

Dr. Lisa Dana
Superintendent of Schools
978-777-4539

Susan Ambrozavitch
Assistant Superintendent of Schools
Danvers High School Principal

DANVERS ELEMENTARY SCHOOLS

Great Oak Elementary School
76 Pickering Street
Danvers, MA 01923
978-774-2533

Matthew Fusco, Principal
Jacqueline Rideout, School Secretary
Denise DiGiuseppe, School Nurse

Highlands Elementary School
190 Hobart Street
Danvers, MA 01923
978-774-5011

Elizabeth Matthews, Principal
Pam Ames, School Secretary
Carol Anderson, School Nurse

Riverside Elementary School
95 Liberty Street
Danvers, MA 01923
978-775-5010

Violetta Powers, Principal
Kerri Rhodes, School Secretary
Kathleen Horgan, School Nurse

Ivan G. Smith Elementary School
15 Lobao Drive
Danvers, MA 01923
978-774-1350

Kathryn Clark, Principal
Janice Campilio, School Secretary
Nancy Opidee, School Nurse

Thorpe Elementary School
Avon Road
Danvers, MA 01923
978-774-6946

Rita Ward, Principal
Ann Gagnon, School Secretary
Joan Hoffman, School Nurse



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DANVERS PUBLIC SCHOOLS OVERFLOW LETTER

Kindergarten Students Only

Kindergarten classes in all of our elementary schools will not exceed **22** students per class. In the event that enrollment exceeds our **22-student cap**, it is necessary for children to be placed at one of the other elementary schools in our town. You will be notified at the Parent Orientation if it is necessary for your child to attend another elementary school for their kindergarten year only. Transportation to and from the receiving school will be provided by the Danvers Public Schools.

ALL STUDENTS WILL RETURN TO THEIR HOME SCHOOL FOR FIRST GRADE

.....
Your signature below indicates that you have read and fully understand the above statement.

Parent/Guardian's signature:_____

Student's Name: (please print)_____

STUDENT ADMISSION POLICY

Children who "reside in town" are considered legal residents of Danvers and are eligible to attend the Danvers Public Schools. When a new student registers for school and lives with anyone other than a parent or guardian, the school department must receive an official court document stating legal custody and proof of residency. A student who is a resident of a foreign country and enters the Danvers Public Schools under the provisions of the Foreign Student Exchange Program may attend in accordance with State and Federal Law. **Students expelled or excluded from their previous school due to disciplinary violations under M.G.L. c. 71, §37H(e) or §37H ½ may not be admitted.**

Families who move to Danvers are eligible to register their children in the school system. When a new student is enrolled, his/her parent or guardian must produce a residential real estate tax bill and one of the following at the time of registration to prove residency.

- o A Massachusetts drivers license with current address listed.
- o A copy of a lease or mortgage with name and current address.
- o An electric bill, telephone bill, or water bill with name and current address.
- o A credit card bill or automobile insurance policy with name and current address.

If these documents can not be provided, the family must secure a notarized verification letter from their landlord or property owner. (See Attachment A). Massachusetts and Federal law condition the right to attend school on residency, thus, at all times, the burden of proof shall be on the student's family to provide any and all evidence pertaining to residency at the request of the school department.

If a student's family moves from Danvers during the school year, the student and his/her records, including immigration records required by law, shall be transferred immediately to the school in the city or town where they are residing. Should a move occur during the months of April, May or June the parents or guardians may place a request in writing to the Superintendent of Schools to have their student(s) remain in Danvers for the completion of the academic year. IF this request is granted, student transportation during the period of non-residency shall be the responsibility of the parents or guardians.

A student who is scheduled to graduate in June, and whose parents or guardians move from Danvers on or after July first of the student's senior year, may be allowed to complete his/her senior year in Danvers tuition-free. The written request should be forwarded to the Superintendent of Schools. Student transportation during the period of non-residency shall be the responsibility of the parents or guardian.

Students who reside within Danvers for the specific purpose of attending school and whose parents or guardians are not legal residents of the town, may apply for admission to attend the Danvers school system on a tuition-basis to the Office of the Superintendent. The request shall state the reasons for preventing the student from residing with his/her parents or legal guardians.

Should there be a question of residency, the Office of the Superintendent will conduct an investigation. School officials will use reasonable discretion in deciding how to determine the circumstances of a child's residence. Any student who is **attending the Danvers Public Schools** in violation of the residency requirement will be removed from the Danvers Public Schools.

(continued on back page)

A student whose family is planning to move into Danvers may be granted provisional permission to enroll in the school system. Clear and documented evidence of intent to reside in Danvers, such as a signed purchase and sales agreement, must be presented. **In cases where a new home is to be built in addition to a Purchase and Sales agreement, parents may be required to produce a copy of a mortgage commitment letter to ensure that construction will occur or continue on schedule.** The parents must document to the satisfaction of the principal that they will be permanently residing in the district within sixty calendar days from the time the students would enter school. The acceptance of the student will be for sixty days. If the period expires and the student does not reside in the district, the parents will be informed that the student will no longer be entitled to attend school in Danvers and must be educated in the community in which the family resides. In exceptional circumstances, the Superintendent may grant an extension to the sixty day time period. A copy of this policy shall be given to the parent or guardian at the time of registration of the student.

This policy is **intended to be** in compliance with M.G.L. c. 71, §37, c. 76, §5; M.G.L. c. 71B, §31, 603 CMR 28.202 and **applicable the Federal Law, including: the McKinney-Vento Act and the No Child Left Behind Act.**

Adopted October 21, 2002

SOURCE: Danvers

LEGAL REFS.: M.G.L. 71:37C; 71:37D; 71:37I; 71:37J

Board of Education Regulations Pertaining to Section 8 of Chapter 636 of the Acts of 1974, Regarding Magnet School Facilities and Magnet Educational Programs, adopted 2/25/75

Board of Education Regulations Pursuant to Chapter 636 of the Acts of 1974, adopted 9/10/74

Board of Education Regulations Pertaining to the Preparation of Racial Balance Plans which Involve Redistricting, adopted 4/24/73

CROSS REF.: JC, Attendance Areas

DANVERS PUBLIC SCHOOLS REGISTRATION FORM

(9/3/2007))

TODAY'S DATE: _____

SCHOOL ENTERING:	DHS _____	GO _____	SM _____
	HRMS _____	HL _____	TH _____
		RIV _____	

STUDENT'S NAME:	
	FIRST MIDDLE LAST
Grade:	PK K 1 2 3 4 5 6 7 8 9 10 11 12 Other _____
Gender:	Male Female LASID: _____
Birthdate:	SASID: _____
Birthplace:	
Home Address:	Home Phone: _____
	Danvers, MA 01923
PREVIOUS SCHOOL:	
Address/City/Zip:	

CURRENTLY RECEIVING SPECIAL EDUCATION SERVICES?	YES _____ NO _____
IS THIS STUDENT ON AN:	IEP _____ 504 _____

FAMILY STATUS: (please circle)	
Parents Married	Parents Separated
Parents Divorced	Parents Never Married
Primary Contact Parent Remarried	Mother Deceased
Father Deceased	Other
SIBLINGS (Name and DOB): _____	

PHYSICAL CUSTODY:	
Name(s) of who the student physically lives with Monday through Friday: _____	
Relationship: (Please Circle)	
Mother	Father
Stepmother	Stepfather
Foster-parent	Guardian
Grandparent	Other _____

LEGAL CUSTODY:	
Name(s) of who has legal access to student's academic records: _____	
Relationship: (Please Circle)	
Mother	Father
Stepmother	Stepfather
Foster-parent	Guardian
Grandparent	Other _____

List any legal issue(s) or concern(s) such as parents are divorced or separated, a restraining order is in effect, or any other home issue pertinent to your child. A copy of court documents concerning custody or restraining orders is required to be on file in the school office.

LEGAL CONCERNS:

PRIMARY CONTACT:	NAME: _____
Address: _____	
	Relation to Student: _____
Cell Phone: _____	
Home Phone: _____	
Work Phone: _____	Employer: _____
Household email: _____	
CONTINUED ON REVERSE SIDE	

STUDENT NAME: _____**DPS REGISTRATION FORM (page 2)**

SECONDARY CONTACT:	NAME: _____
Address: _____	Relation to Student: _____
Cell Phone: _____	
Home Phone: _____	
Work Phone: _____	Employer: _____

THIRD CONTACT:	NAME: _____
Address: _____	Relation to Student: _____
Cell Phone: _____	
Home Phone: _____	
Work Phone: _____	Employer: _____

DOCTOR'S NAME: _____	HEALTH INSURANCE: _____
DOCTOR'S PHONE: _____	
DENTIST'S NAME: _____	DENTIST'S PHONE: _____

In an attempt to offer better care for your child should he or she become ill during the school day, you are asked to fill in your child's medical information. If this student has prescribed medications to be taken or kept for use when needed in school, please provide for the school nurse a written order from the doctor with the kind of medicine, dosage, and time to be administered. In case of a serious accident or emergency, I give permission for anesthesia and any emergency measure deemed necessary by a qualified physician, if I cannot be reached by due process.

MEDICAL CONCERNS:**Federal and State laws requests the following information:**

ETHNICITY: (choose one) ____ NOT Hispanic or Latino ____ Hispanic or Latino	RACE: (Choose one or more) ____ American Indian/Alaska Native ____ Black/African American ____ Native Hawaiian/Pacific Islander ____ Asian ____ White
--	---

MIGRANT STATUS: __ YES __ NO**IMMIGRANT STATUS:** __ YES __ NO**NATIVE LANGUAGE:** ____ ENGLISH ____ OTHER

If your child's language is different than English, please specify: _____

Does the parent/guardian need to have translation services? ____ YES ____ NO

If yes, for what language? _____

Parent/Guardian Name (Please Print): _____**PARENT/GUARDIAN SIGNATURE:** _____ **DATE:** _____



**Danvers Public Schools
Preschool Authorization Form**

In an effort to provide a successful transition for your child into kindergarten, the Danvers Public Schools would like your permission for the kindergarten teachers to contact your child's preschool teacher.

_____ **Yes**, I give permission. If yes, please complete below.

_____ **No**, I do not give permission. Please sign below.

Child's name: _____

My child's neighborhood school is: (Please circle)

Great Oak, Highlands, Riverside, Smith, Thorpe

Child's preschool: _____

Preschool address: _____

Contact person for preschool: _____

Contact phone #: () _____

Number of years your child attended this program: _____

May we request a copy of your child's preschool evaluation?

(Please circle): Yes or No

Parent/Guardian's signature: _____

Parent/Guardian Name: (please print): _____

Date: _____

Important Information Concerning Student Records

The Family Educational Rights and Privacy Act (FERPA), the federal law concerning access to student records, directs that:

An educational agency or institution shall give full rights under the Act to either parent, unless the agency or institution has been provided with evidence that there is a court order, state statute or legally binding document relating to such matters as divorce, separation, or custody that specifically revokes these rights.

Similarly, the Massachusetts Student Records Regulations (603 CMR 23.00) define a “parent” as:

A student’s father or mother, or guardian, or person or agency legally authorized to act on behalf of the child in place of or in conjunction with the father, mother, or guardian. The term as used in 603 CMR 23.02 shall include a divorced or separated parent, subject to any written agreement between parents or court order governing the rights of such a parent that is brought to the attention of the school principal.

As of 1998, Massachusetts law (General Laws Chapter 71, Section 34H) specified detailed procedures that govern access to student records by parents **who do not have physical custody of their children.**

So that we can implement student records laws appropriately and communicate with you concerning news and school events pertaining to your child, please provide the following information.

Student’s Name: _____ **Address:** _____

Please check one:

This child lives with ☐ **mother** ☐ **father** ☐ **both parents** ☐ **guardian(s) at the above address.**

☐ **Parents share custody of this child.**

Mother’s address: _____

Father’s address: _____

☐ **Parents do not share custody. However, the non-custodial parent may have access to school records, teacher conferences, report cards, etc. (If not, as the custodial parent you must provide the school with legal documentation that supports your position.)**

☐ **There are issues of custody. (Please speak with the School Secretary or Principal).**

Signature of Parent/Guardian completing this form: _____ **Date:** _____

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 _____	Gender F <input type="checkbox"/> M <input type="checkbox"/>
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 New School (mm/dd/yyyy) _____	Name of Former School and Town _____		Current Grade _____
Questions for Parents/Guardians			
What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian)		Which language(s) are spoken with your child? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - 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? (circle all that apply) _____ speak / read / write _____ speak / read / write		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"/>		Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>	
Parent/Guardian Signature: X _____		_____ / _____ /20 Today's Date: (mm/dd/yyyy)	

(COMPLETE IF YOU DO NOT HAVE PROOF OF RESIDENCY)

LANDLORD/PROPERTY OWNER VERIFICATION

PART I (Tenant Information)

Name _____

(please list all family members)

Address _____

(street)

(town, state, zip code)

PART II (Authorization to Release Information)

I, _____, give my permission to the requester to obtain and verify this information.

(signature)

(date)

.....
PART III (To be completed by the landlord/property owner)

The above family is living at the above address. They moved in on _____ and
(date)
are expected to remain until _____.
(date)

(landlord/property owner's name)

(telephone)

(street address)

(town, state, zip code)

Please sign and date this form.

(landlord/property owner's signature)

(date)

Notary's Name and Expiration Date: _____

NOTARY'S SEAL

Danvers Public Schools

MEDICAL REQUIREMENTS FOR SCHOOL ENTRANCE

Parent/guardian to complete:

1. ☐ **MASSACHUSETTS SCHOOL HEALTH RECORD**- fill out the top half of this form, up to and including the "Primary Custody" line.
2. ☐ **HEALTH SURVEY**

Parent/guardian to obtain following medical forms from healthcare provider:

3. PHYSICAL EXAMINATIONS:

☐ All children must have a complete **physical** examination **before** entering school. The physical may not be more than 1 year old on the first day of school. This physical form must be received at the Health Office **before** the first day of school.

☐ The physical must include documentation of a passed **preschool vision screening** or report of a comprehensive eye examination indicating any diagnosis.

4. IMMUNIZATIONS:

All students must have all immunizations completed and documentation on file prior to the first day of school.

MASSACHUSETTS STATE LAW REQUIRES THE FOLLOWING:

- ☐ DPT/DTaP - 5 doses
- ☐ POLIO - 4 doses
- ☐ HEPATITIS B - 3 doses
- ☐ MMR (measles, mumps, rubella) - 2 doses
- ☐ VARICELLA (chicken pox vaccine) - 2 doses

- a. *Medical Exemption* - A medical exemption is allowed if healthcare provider submits documentation to school that an immunization is medically contraindicated.
- b. *Religious Exemption* - A religious exemption is allowed if a parent submits a signed statement to school stating that immunizations are contrary to their sincere religious beliefs.

5. ☐ **LEAD SCREENING:** All kindergarten students must provide documented evidence of this screening.

Return all forms to school as soon as possible. All forms **must** be received by school prior to first day of class.



MASSACHUSETTS SCHOOL HEALTH RECORD

Name _____ **Female** **Male** **DOB** ____/____/____ **Year of Graduation** _____
 _____ **Primary Language Spoken (home)** _____
 Last First Middle **Place of Birth** _____
 Street _____ **City/Town, State, Zip Code** _____ Danvers, MA. 01923

Contact Information

(1) Parent/Guardian:		(2) Parent/Guardian:	
Name & Mailing Address if different:		Name & Mailing Address if different:	
Phone Numbers		Phone Numbers	
Home		Home	
Work		Work	
Cell		Cell	
FAX		FAX	

Emergency Contact Information

(1) Emergency Contact		(2) Emergency Contact	
Name & Phone Number:		Name & Phone Number:	
Primary Care Provider		Dental Care Provider	
Name:		Name:	
Phone Number:		Phone Number:	
Health Insurance: Allergies:			

Primary Custody (if not joint) _____

General				Growth			Vision						Hearing				Postural	
School District	Year	Grade	Age				Preschool Certificate		Yes 🍏	No 🍏	Left Ear		Right Ear					
				Left Eye		Right Eye		Stereopsis										
				Pass	Refer	Pass	Refer	Pass	Refer	Pass	Refer	Pass	Refer	Pass	Refer			
		Pre K																
		K																
		1																
		2																
		3																
		4																
		5																
		6																
		7																
		8																
		9																
		10																
		11																
		12																

Special Testing 🍏 **Lead** Date ____/____/____ 🍏 **Tuberculin** 1. Date of PPD ____/____/____; result _____ mm; 2. Date of PPD ____/____/____; result _____
 🍏 **Low risk (no PPD done)**

*School District on Waiver in accordance with MGL c71,s57 indicated by * in 'Grade' column.

- *Immunizations: Please attach complete Massachusetts Immunization Certificate/record*

DANVERS PUBLIC SCHOOLS HEALTH SURVEY

Student: _____ Date of Birth: _____

Grade: _____ Sex: ____ Physician: _____

Please check if your child has, or has had any of the following:

	YES	NO	Year		YES	NO	Year
High blood pressure				Excessive worry / anxiety			
Heart Condition				Depression			
Asthma				Ulcer			
Severe Allergies				Severe or chronic abdominal pain			
Contact with tuberculosis				Excessive colds			
Positive tuberculin test				Speech problem			
Tumor, growth or cancer				Eye trouble			
Diabetes or sugar in urine				Wears glasses			
Serious skin disease				Frequent ear infections			
Concussion				Hearing loss			
Frequent or severe headache				Frequent or painful urination			
Dizziness or fainting spells				Intestinal trouble			
Severe head injury				Wets or soils pants			
Seizures				Scoliosis in family			

Has your child any orthopedic (bone or joint) problems? Explain: _____

Has your child had any operations? What? When? Explain: _____

Has your child had any serious illnesses/injuries other than those already noted? What? When? Explain: _____

List any medication your child is allergic to: _____

List any food your child is allergic to: _____

Does your child have severe bee sting sensitivity? ____ Explain: _____

Local reaction _____ Generalized reaction _____

Has your child been prescribed an EPI-PEN for his/her allergy? _____

Does your child require medication administration during school day? _____

Does your child have other health problems? Explain _____

Is your child under medical supervision for any of the above medical conditions? _____

Explain: _____ Physician's name: _____

Do you have any special questions or concerns about your child's health? _____

Current Medications Administered at Home:

Please use the back of this page if you would like to explain any answers in more detail, or contact the school nurse to schedule a confidential conference.

Parent signature: _____ Date: _____



Early Screening Inventory-Revised™ Meisels et al.

Parent Questionnaire

Date _____

CHILD INFORMATION

NAME _____ ☐ Male ☐ Female

HOME ADDRESS Street _____ Apt _____

City _____ State _____ Zip _____

Phone (_____) _____ Date of Birth _____

Who is completing this Parent Questionnaire? ☐ Mother ☐ Father ☐ Other Relative (specify) _____
☐ Guardian ☐ Caregiver ☐ Other (specify) _____

FAMILY

Mother

NAME _____

HOME ADDRESS Street _____ Apt _____

☐ same as child's City _____ State _____ Zip _____
Phone (_____) _____ Date of Birth _____

EDUCATION Highest Grade Completed _____

OCCUPATION (be specific) _____

Father

NAME _____

HOME ADDRESS Street _____ Apt _____

☐ same as child's City _____ State _____ Zip _____
Phone (_____) _____ Date of Birth _____

EDUCATION Highest Grade Completed _____

OCCUPATION (be specific) _____

Other Family Information

With whom has the child lived for most of the past year? ☐ Mother ☐ Father ☐ Both ☐ Guardian
☐ Other (specify) _____

Other children in the family – How many older? _____ How many younger? _____

Other people living in the household _____

What language(s) are spoken at home? ☐ English ☐ Other (specify) _____

PRESCHOOL/CHILD CARE HISTORY

Has your child attended preschool/child care before? ☐ Yes ☐ No

If yes, for how long? ☐ 6 months ☐ 1 year ☐ 2 years ☐ more than 2 years

Name of child's present or most recent school _____

MEDICAL HISTORY**Birth**Were there any significant problems during pregnancy? ☐ Yes ☐ No

If yes, please explain:

Was your child more than 3 weeks premature? ☐ Yes ☐ No

If yes, how many weeks premature? _____

Baby's birth weight _____

Did the baby stay in the hospital longer than the mother? ☐ Yes ☐ No

If yes, please explain:

At the time of birth, did the baby — have seizures? ☐ Yes ☐ No
turn blue? ☐ Yes ☐ No**Child's Health
Since Birth****EYES**Has your child ever had trouble seeing? ☐ Yes ☐ NoDoes your child hold books and objects close to his or her face? ☐ Yes ☐ NoHave your child's eyes ever looked crossed? ☐ Yes ☐ NoHave you ever suspected that your child has vision problems? ☐ Yes ☐ No

If yes, please explain:

EARSHas your child had frequent ear infections? ☐ Yes ☐ NoHas your child ever had trouble hearing? ☐ Yes ☐ NoHave you ever suspected that your child has hearing problems? ☐ Yes ☐ No

If yes, please explain:

COORDINATIONHas your child ever had trouble walking, climbing, reaching,
holding on to things? ☐ Yes ☐ No

If yes, please explain:

MEDICAL HISTORY continued**Child's Health
Since Birth** continued

Has your child ever had any significant injuries or hospitalizations?
If yes, please explain:

☐ Yes ☐ No

Does your child have allergies?
If yes, please describe:

☐ Yes ☐ No

Is your child presently on any medications?
If yes, please describe:

☐ Yes ☐ No

Please describe any other health concerns:

CHILD'S DEVELOPMENT

Can your child —

feed him or herself using a spoon and/or a fork?

☐ Yes ☐ No

wash and dry his or her own hands?

☐ Yes ☐ No

help with dressing or dress with little assistance?

☐ Yes ☐ No

stay with a babysitter?

☐ Yes ☐ No

speak so that he or she can be understood by others?

☐ Yes ☐ No

express his or her thoughts and needs easily?

☐ Yes ☐ No

Do you have any concerns about your child's appetite or willingness to try different foods?

☐ Yes ☐ No

If yes, please explain:

Do you have any concerns about your child's sleeping patterns (going to bed with difficulty or waking often during the night)? ☐ Yes ☐ No

If yes, please explain:

Is your child — highly active? ☐ Yes ☐ No

very quiet? ☐ Yes ☐ No

Is your child — toilet trained during the day? ☐ Yes ☐ No

in need of help with toileting? ☐ Yes ☐ No

Does your child — play with blocks, boxes, cups, or other construction toys without help? ☐ Yes ☐ No

use crayons and/or markers to scribble or draw? ☐ Yes ☐ No

listen to stories being read? ☐ Yes ☐ No

turn pages of a book and look at pictures? ☐ Yes ☐ No

recall stories or events? ☐ Yes ☐ No

enjoy playing alone or with imaginary friends? ☐ Yes ☐ No

talk with your friends/relatives who come to visit? ☐ Yes ☐ No

follow simple, age-appropriate directions? ☐ Yes ☐ No

What are your child's favorite activities?

Does your child have opportunities to play with other children? ☐ Yes ☐ No

How many hours a day does your child spend watching TV? _____

Does he or she sit very close to the TV? ☐ Yes ☐ No

Does he or she turn up the volume very high? ☐ Yes ☐ No

Are there other things you would like to tell us about your child?

**DANVERS PUBLIC SCHOOLS
KINDERGARTEN PARENT QUESTIONNAIRE
2013-2014 School Year**

Today's date: _____

Child's name: _____

Address: _____

Date of Birth: _____

Child's status in family:

_____ Oldest _____ Middle _____ Youngest _____ Only

Names and ages of all siblings:

1 _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

PLEASE CHECK ALL STATEMENTS THAT APPLY TO YOUR CHILD

During play time, your child

- _____ Has lots of friends
- _____ Prefers one or two friends
- _____ Plays mainly with siblings
- _____ Prefers to play alone

What does your child like to play?

- _____ Prefers outdoor activities
- _____ Prefers indoor activities
- _____ Likes both equally

During outdoor activities, your child

- _____ Prefers running, swinging etc.
- _____ Prefers organized games
- _____ Likes both equally

During indoor activities, your child

- _____ Prefers to play alone, with cars, truck, dolls, blocks, etc.
- _____ Likes quiet games with other children
- _____ Likes both equally

PLEASE CHECK ALL THAT APPLY

When your child plays he/she

- ☐ Needs someone present much of the time or gets into trouble
- ☐ Needs to occupy self by finding and doing own activity
- ☐ Gets bored easily in any one activity
- ☐ Spends little time in any one activity

When playing with puzzles or construction toys, your child

- ☐ Plays independently
- ☐ Will play with supervision
- ☐ Doesn't like this kind of play

When using a pencil, your child

- ☐ Can print his/her entire name
- ☐ Can print his/her first name
- ☐ Draws recognizable pictures
- ☐ Mostly scribbles
- ☐ Isn't interested in writing or drawing
- ☐ Can't print or draw without assistance

When using crayons, your child

- ☐ Is able to use crayons appropriately
- ☐ Isn't interested in using scissors
- ☐ Isn't allowed to use scissors

Which hand does your child use?

- ☐ Right ☐ Left ☐ Both

When talking, your child

- ☐ Speaks clearly most of the time
- ☐ Has some difficulty making self understood
- ☐ Is hard to understand, especially by those outside the family
- ☐ Speaks in sentences
- ☐ Uses mostly 2-3 word sentences
- ☐ Uses mostly single words

When listening, your child

- ☐ Easily understands what is said
- ☐ Is sometimes confused or unsure
- ☐ Needs things repeated
- ☐ Only follows short directions
- ☐ Misinterprets what is said

When listening to a story being read, your child

- ☐ Enjoys the activity
- ☐ Has just started this activity
- ☐ Does not like this activity

PLEASE CHECK ALL THAT APPLY

When listening to a story being read, your child

- ☐ Remembers the story
- ☐ Anticipates what is coming
- ☐ Can fill in the words

After listening to songs and poems, your child

- ☐ Can remember short songs, poems, or nursery rhymes
- ☐ Can repeat short songs, poems or nursery rhymes
- ☐ Remembers a few lines or words
- ☐ Cannot repeat songs, poems or nursery rhymes

When describing your child, would you say he/she is

- ☐ Friendly
- ☐ Shy
- ☐ Cooperative
- ☐ Independent
- ☐ Stubborn
- ☐ Difficult to handle
- ☐ Overactive
- ☐ Quiet
- ☐ Easily angered
- ☐ Easily upset
- ☐ Easygoing
- ☐ Likes things his/her own way
- ☐ Fearful of new situations
- ☐ Able to be easily left with sitters

Your child is able to

- ☐ Go up and down stairs, one foot after another
- ☐ Ride a tricycle
- ☐ Ride a bicycle
- ☐ Pump a swing
- ☐ Catch a ball

When dressing, your child

- ☐ Can dress self completely
- ☐ Sometimes puts things on backwards
- ☐ Has difficulty with _____

When buttoning, your child

- ☐ Needs someone to do them
- ☐ Can do it alone

When zipping, your child

- ☐ Needs someone to do it
- ☐ Needs someone to fit
- ☐ Can do it alone

PLEASE CHECK ALL THAT APPLY

When putting on shoes, your child

- ☐ Can put on shoes
- ☐ Can put on shoes and tie them
- ☐ Needs someone to help

When eating, your child

- ☐ Easily uses a spoon, fork and glass
- ☐ Has difficulty using a spoon
- ☐ Has difficulty using a fork
- ☐ Has difficulty drinking from a glass

When pouring, your child

- ☐ Can pour from a pitcher or carton
- ☐ Pours but is messy
- ☐ Is unable to pour

How does your child learn best?

What are your hopes for your child socially at school?

What are your hopes for your child academically at school?

What are your child's favorite activities and interests?

What is important for us to know about your child?