

Harry Lee Cole School

26 Middleton Road, Boxford, MA 01921

(978) 887-2856

January, 2010

If your child will be five years of age on or before September 1, 2010, he/she is eligible to enter Kindergarten in the fall of 2010.

Kindergarten Registration will be held for all age eligible children on **Monday, February 1st** and **Tuesday, February 2nd** between 1:00 and 2:30 pm in the lobby of Cole School. Parents whose last name begins with **A-L** will register on Monday, February 1st and parents whose last name begins with **M-Z** will register on Tuesday, February 2nd. Please review the enclosed sheet "*To prepare for Kindergarten Registration*" and follow the step-by-step instructions.

Program Options. Parents may select either a 3 full day or a 5 full day kindergarten program for their child. On the form below, please rank order your choices. Please return this form to Cole School by **Monday, January 25th**. Please see enclosed for additional information on our options.

Lottery and Placement. On Thursday, February 4th at 2 pm, a public lottery will be held.

Every child will receive a spot, however the lottery process establishes a fair method of assigning students a number that will establish the order of consideration for placement into our kindergarten classes. Parents do not need to attend, but are welcome to. Results will be posted on the Main Office windows of the school on February 4th by 4 pm. We request that you come in person to view the lists instead of calling our office, as the volume of calls could be significant and will make it difficult for our office staff to attend to their other responsibilities.

We look forward to welcoming you and your child to Cole School!

Sincerely,

Kathryn Nikas

Kathryn M. Nikas
Principal

Parent's Name: _____ Address: _____

Child's Name: _____

1. Yes, my child will be enrolled in Kindergarten for the 2010/2011 school year. Please rank order your program choices with a 1,2,3,4:

 ___ Five day program Three day program: ___ A ___ B ___ C ___ D
2. I/we will attend registration I/we are unable to attend registration*
3. No, my child will not enter kindergarten for the 2010/2011 school year.

 He/she will be enrolled in preschool He/she will be enrolled in private school
 He/she will remain at home We will be moving before September

*If you are unable to attend registration, you can pick up your registration materials after February 2nd from the Main Office.

Harry Lee Cole School

26 Middleton Road, Boxford, MA 01921

(978) 887-2856

To prepare for Kindergarten Registration:

If your child attended the Cole School Preschool, please follow the instructions in **Section A** to complete the information for your child's kindergarten registration for this fall.

If your child is a **NEW** student, please follow the instructions in **Section B** to complete the information for your child's kindergarten registration for this fall.

Section A – Existing Cole School student (includes Cole Preschool students)

- 1) If any of your contact information has changed, please download and complete the School Entrance Questionnaire found on our website (see instructions below)
- 2) Please provide a copy of your child's most recent physical exam and immunization records. His/her exam must have been completed within the last twelve months.*

Section B – New to Cole School

To prepare for Registration, please go to our website, www.boxfordschools.org**

- 1) Click on *Harry Lee Cole School*
- 2) Click on *About Cole School*
- 3) Click on *2010-2011 Kindergarten Registration*
- 4) **Please download and complete the following forms and bring them with you on your assigned Registration day:**

- | | |
|----------------------------------|---|
| 1. School Entrance Questionnaire | 3. Home Language Survey |
| 2. Health History Form | 4. Contact Permission/Record Release Form |

In addition to the above forms, please bring:

5. An original copy of your child's birth certificate (which will be returned to you)
6. Verification of Boxford residency (property tax bill, utility bill, etc.)
7. A copy of your child's five year physical exam**
8. A record of your child's immunizations, which must be complete or certificates of exemption to be provided to school personnel at the time of registration.**

*You may or may not have this information if your child is not yet five, that's ok. We will need this information or proof of a schedule appointment over the summer prior to June 30th in order to complete your registration and mail out your teacher assignment on July 1st.

**If you do not have access to the internet, please contact our office and we will be happy to mail the necessary forms to you.

If you are interested in volunteering in your child's classroom next year, we will ask you to complete a CORI (Criminal Offender Record Information) form that requires photo identification. **Please bring this with you to registration.**

Tours

We will be offering a tour of Cole School for any interested parents and students of our incoming kindergarten students on the following dates:

Tuesday, February 9 @ 10:00 – 10:45 am **OR**
Thursday, February 11 @ 1:30 pm – 2:15 pm

No RSVP is necessary, just come either day. We will be meeting in the lobby. If you can't make one of these tours, we will have additional opportunities in early June and August for both you and your child to visit the school.

If you have any questions concerning registration, please call the Cole School at 978-887-2856.

Required Kindergarten Immunizations

According to Massachusetts School Immunization Law (C-76, S15MGL), incoming Kindergarten children **must** be immunized as follows:

- Five (5) doses of DPT (unless the fourth dose was given after the fourth birthday)
- Four (4) doses of Polio vaccine (unless the third dose was given after the fourth birthday)
- Two (2) doses of Measles/Mumps/Rubella vaccine
- Three (2) doses of Hepatitis B vaccine
- One (1) dose of Varivax (administered after age 1) or physician documented proof of the chicken pox disease
- One (1) lead screening test

These requirements can be waived, if they conflict with religious beliefs or if your physician certifies that the health of your child would be endangered by such immunizations. Since the state mandates these immunizations, we will be unable to consider your registration complete until they are on file with us and the teacher assignment will be delayed until that time. Your cooperation is greatly appreciated.

Harry Lee Cole School

26 Middleton Road, Boxford, MA 01921

(978) 887-2856

School Entrance Questionnaire

Date of Admission _____ Entering Grade _____

Child's Name _____
Last First Middle Nickname

Present Address _____

Telephone # _____ Email Address _____

Are you willing to share your email address with the following parent groups?

Check if Yes PTO (Parent Teacher Organization) BEST (private education foundation)

Previous Address _____

Previous School _____ Address _____

Child's Date of Birth (mm/dd/yy) _____ Verified by _____

Child's Place of Birth (city/state/country) _____

Father/Guardian's Name _____ Place of birth _____

Address (if different than student) _____

Occupation _____ Place of employment _____

Telephone # _____ Cell phone # _____

Mother/Guardian's Name _____ Place of birth _____

Address (if different than student) _____

Occupation _____ Place of employment _____

Telephone # _____ Cell phone # _____

Other Members of the Household:

<u>Name</u>	<u>Relationship</u>	<u>Date of birth</u>	<u>Attends Cole School/Grade?</u>
-------------	---------------------	----------------------	-----------------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For Office Use Only:

Bus # Assigned _____ School ID # _____

SASID # _____

02/07

Please check any conditions your child may have:

Asthma	Eczema	Convulsions	Hernia
Heart disease	Tires easily	Strep throat	Frequent headaches
Dizziness or fainting spells	More than 3-4 colds per year		Frequent nosebleeds
Painful joints	Persistent coughing or wheezing		Tonsils/adenoids removed
Stomach aches or vomiting	Problems with bowel movements		Mobility problems
Kidney disease or urinary frequency	Other _____		

If so, is the condition under the care or observation of a physician? No Yes

Doctor's Name/Address/Phone _____

Has your child had any of the following? If so, please describe.

Serious injuries _____ Serious illness _____

Accidents _____ High fevers (over 105°) _____

Surgeries/operations _____

Eye problems (difficulty seeing, crossed eyes, frequently reddened or watery eyes)

Wears glasses If so, Doctor's Name/Address/Phone _____

Ear or hearing problems (frequent earaches, draining from ears, difficulty hearing)

Tubes in his/her ears? If so, Doctor's Name/Address/Phone _____

Braces and/or corrective shoes now or in the past?

Any speech problems (stuttering, difficult to understand, delayed speech development)

At what age did your child combine words? _____

Is a language other than English spoken at home? No Yes Which language? _____

What hand preference does your child show? Right Left Ambidextrous

Does your child have any other specific illness or disability which might affect his/her school performance or experience? _____

Was this a normal, full-term pregnancy and delivery? Yes No _____

Birth weight _____ Length of labor _____ Child discharged from the hospital with you?

Yes No _____ Is your child adopted? No Yes From _____

At what age did your child: Walk _____ Talk _____ Toilet trained _____

How did your child develop compared to other children of the same age?

Faster Slower About the same

Please check if your child has had any of the following experiences which might influence his/her social or physical development: Frequent change of residence Death in the family Accidents Fires

Other _____

Please check if you expect that your child may have any of the following problems when he/she begins school:

Leaving home for the first time Getting along with a new adult

Getting along with other children Dressing, eating, toileting independently

Has your child attended a nursery or preschool? For how long? _____ Name of school _____

Do you have any concerns about your child's general health, behavior or emotional well-being of which the school should be aware? No Yes (Please attach a separate sheet of paper)



*Kathryn Nikas, Principal
26 Middleton Rd.
Boxford, MA 01921*

**CONTACT PERMISSION/RECORD RELEASE FORM
Kindergarten 2010 – 2011**

Date: _____

I have enrolled _____ in kindergarten at the Cole School.
(child's name)

The principal and/or the kindergarten teachers have my permission to contact my child's previous school for information that may be helpful and relevant to the placement process.

Parent signature

Name of former school

Former school address

Former school telephone #

City State Zipcode

Contact person

Thank you!

TRI-TOWN SCHOOL UNION
 (Topsfield, Middleton, Boxford)
OFFICE OF THE SUPERINTENDENT

28 Middleton Road
 Boxford, MA 01921

Tel (978) 887-0771
 Fax (978) 887-8042

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:
 In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. Your assistance in answering these questions is greatly appreciated.

Thank You

TO BE COMPLETED BY SCHOOL PERSONNEL	
DISTRICT _____	<small>Please print or type clearly</small>
SCHOOL _____	GRADE _____
STUDENT NAME _____	
DATE OF BIRTH _____	
<small>Month:</small>	<small>Day:</small> <small>Year:</small>
STUDENT IDENTIFICATION NUMBER _____	
COUNTRY OF BIRTH / ANCESTRY _____	
NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S. _____	
NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION _____	
DETERMINATION: <input type="checkbox"/> Possible LEP	
<input type="checkbox"/> English Proficient	

(✓ boxes that apply)

1. What language(s) is spoken in the student's home or residence? English Other _____
specify

 2. What language(s) are spoken most of the time to the student, in the home or residence? English Other _____
specify

 3. What language(s) does the student understand? English Other _____
specify

 4. What language(s) does the student speak? English Other _____
specify

 5. What language(s) does the student read? English Other _____ Does Not Read
specify

 6. What language(s) does the student write? English Other _____ Does Not Write
specify

 7. In your opinion, how well does the student understand, speak, read and write English?
- | | <small>Very well</small> | <small>Only a little</small> | <small>Not at all</small> |
|---------------------|--------------------------|------------------------------|---------------------------|
| Understands English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speaks English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reads English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writes English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

 Signature of Parent/Guardian/Other

 Date

Month: Day: Year: