



The Little Lancers Preschool



at J.C. Solmonese Elementary School

315 WEST MAIN STREET NORTON, MASSACHUSETTS 02766
TELEPHONE: 508-285-0120/FAX: 508-285-0130

Mrs. Kristine Kefor
Early Childhood Coordinator & Assistant Principal

Mrs. Riitta Bolton
Principal

Welcome to The Little Lancers Preschool!

Please find a checklist for **REGISTRATION**. Please complete **ALL** items and return to the Norton Public Schools Superintendent's Office, 64 West Main Street, Norton, MA to complete your registration.

1. _____ Norton Public Schools Registration Form
2. _____ Proof of Residency & Documentation (utility bill, cable bill, lease, etc)
3. _____ Home Language Survey
4. _____ Health Record (Physical exam record, immunization record, lead test, doctor orders for medications/treatments at school)
5. _____ Birth Certificate issued by the town or state
6. _____ One month tuition deposit applied to hold your child's spot (paid by check or money order at the Office of Pupil Personnel, Mrs. Jeanne Karcis, 64 West Main Street, Norton, MA 02766, or online through the Norton Public Schools Website
7. _____ Developmental and Social History form
8. _____ Transportation form **ONLY** if your child requires transportation per his/her IEP
9. _____ Consent to Release/Obtain Confidential Information **ONLY** if your child has attended another preschool program or daycare prior to his or her enrollment in the Little Lancers Preschool
10. _____ Photo Release returned with parent guardian signatures

If you have any questions or concerns regarding the checklist items, please contact Mrs. Kristine Kefor, Early Childhood Coordinator and Assistant Principal at 508-285-0120.



NORTON PUBLIC SCHOOLS

Student Registration

Please Print

Student Information			
Student's Last Name			
Student's First Name			
Student's Middle Name	(Enter <i>NMN</i> If Student Has No Middle Name)		
Street Address	Apt #		
City, State Zip Code			
Primary Contact Phone			
Sex (Circle One)	Female	Male	Non-Binary
Birth Date (Month / Day / Year)			
School (Circle One)	JCS	LGN	HAY
	NMS	NHS	
Place Of Birth			
State of Birth			
First Language			
Country Of Origin			
Race (You May Circle More Than One)	01 White 02 Black Or African American 03 Asian	04 American Indian Or Alaska Native 05 Native Hawaiian Or Other Pacific Islander	
Ethnicity (Circle One)	No, Not Hispanic Or Latino	Yes, Hispanic Or Latino	
Baby Sitter/Day Care (If Applicable)	Name:		Phone:
Does your child have an Individualized Ed. Plan or 504 Plan? (Circle One)	IEP	504 Plan	No Plan
Student's Physician			
Student's Dentist			
Is your child covered by health insurance? (Circle One)	Yes	No	
Please list other family members enrolled in Norton Public Schools			
Parent/Guardian Contact Information	Father/Guardian 1	Mother/Guardian 2	
Name			
Cell Phone			
Email			
Employer			
Business/Work Phone			
Pupil Lives With (Circle One)	Both Parents	Father	Mother
	Guardian		
Custodial Issues (Circle One)	Yes	No	If there are any legal issues concerning custodial / parental rights, please explain on the reverse side.
Release Only To:			
Emergency Contact Information	Emergency Contact 1	Emergency Contact 2	
Name			
Relationship			
Emergency Phone			

The Norton Public School System does not discriminate on the basis of age, race, color, sex, gender identity, religion, national origin, sexual orientation or disability.



Norton Public Schools

Verification of Residency

STUDENT'S NAME _____
[Last] [First] [Middle Initial]

RESIDENCE _____
[House Number/Street] [Apartment #] [Zip Code]

DATE OF BIRTH _____
[Month] [Day] [Year]

THE ABOVE-LISTED STUDENT IS REGISTERING AT -
[Check One]

- | | |
|---|--|
| <input type="checkbox"/> L. G. Nourse Elementary School | <input type="checkbox"/> J. C. Solmonese Elementary School |
| <input type="checkbox"/> H. A. Yelle Elementary School | <input type="checkbox"/> Norton Middle School |
| <input type="checkbox"/> Norton High School | |

VERIFICATION OF RESIDENCY

I UNDERSTAND THAT A STUDENT MUST RESIDE IN NORTON TO ATTEND THE NORTON PUBLIC SCHOOLS. AS THE ADULT WITH WHOM THIS STUDENT IS RESIDING AT THE ADDRESS SHOWN ABOVE, I HEREBY CERTIFY THAT I AM THE STUDENT'S

[Please Check Relationship Below]

- PARENT
- LEGAL GUARDIAN
- 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 _____, _____
[Date] [Month] [Year]

PRINT NAME SIGNATURE

TYPE OF RESIDENCY PROOF ACCEPTED

- PURCHASE AND SALES AGREEMENT
- UTILITY RECEIPT
- REAL ESTATE TAX BILL
- RENT RECEIPT
- OTHER DOCUMENTATION _____
[Please Specify]

Date School Staff Person Accepting Proof of Residency

- REFERRED TO ATTENDANCE OFFICER



Norton Public Schools

Home Language Survey

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

Student Information			
First Name _____	Middle Name _____	Last Name _____	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 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 _____	Today's Date: _____ / _____ /20____ (mm/dd/yyyy)		

To be completed by ELL Program Staff Before Placement:

Date /School Enrollment:	Student's First Name	Student's Last Name	Age	Birth date	Grade
Relationship of Person Completing Survey: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other Specify: _____				Number of Years Student in USA: _____	
Recommendation: <input type="checkbox"/> Proficiency Testing/Records Review <input type="checkbox"/> No ELL Services				Signature of ELL Staff: _____	



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Mrs. Kristine Kefor
Early Childhood Coordinator & Assistant Principal

Mrs. Riitta Bolton
Principal

Dear Parent/Guardian,

As you prepare to register your child for the Little Lancers Preschool, please keep in mind that there are a few vital pieces of information needed in order to keep accurate health records for all students.

Information about the Commonwealth of Massachusetts vaccination mandates is on the reverse side of this notice. Please include an up to date vaccine list with a copy of your child's physical examination within the past 12 months signed by his/her medical provider. This paperwork is required for registration. If your child will have another exam prior to the start of the school year, please update the paperwork again before school starts. If there is a medical reason that your child will not receive all of the mandated vaccines, your child's doctor must document this for the school medical records.

With regard to medications, I will gladly administer any medications that your child's doctor deems necessary at school. With that in mind, I cannot legally administer any medications without a signed doctor's order. This includes both over the counter and prescription medications, both oral and topical. If your child will require medication administration at school, please contact me for the appropriate paperwork. Many doctors have their own forms which are also acceptable if they are signed by the prescriber. Depending on the medication and your child's diagnosis, there may be additional paperwork to be completed.

When your child comes to school in the fall, please remember that medications cannot travel to or from school with your child. They must be delivered by an adult directly to the nurse, and they must be in the original packaging with a prescription label. If your child needs to have an EpiPen at school, please provide a small bag with a handle, labeled with your child's name and photo if possible, which can be hung on the classroom doorknob. EpiPens travel with your child throughout the school, and training is conducted annually for staff.

If medication will expire before the end of the school year, I will contact you about getting a replacement. On the last day of school, an adult must come to school to retrieve any medications or it will be disposed of. New paperwork and a new supply of medication will be required at the beginning of each school year.

Thank you very much for your assistance. Please don't hesitate to call me if you have any questions or concerns.

Sincerely,

Margaret Brazeau Miller, RN, BSN
School Nurse for J.C. Solmonese Elementary School
Phone Contact: (508) 285-0127



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Mandated Vaccines for All Children Per Commonwealth of Massachusetts Mandates

By Two Years of Age	By Kindergarten	By 7th Grade
3 doses of Hep B	3 doses of Hep B	3 doses of Hep B
4 doses of DTap/DTP	5 doses of DTap/DTP	1 dose of Tdap
3 doses of Polio	4 doses of Polio	3 doses of Polio
4 doses of Hib	2 doses of MMR	2 doses of MMR
1 dose of MMR	2 doses of Varicella	2 doses of Varicella
1 dose of Varicella		

****Also Required****

Proof of Lead Screening for Preschool & Kindergarten
Physician's Vision and Stereopsis Screening for Kindergarten

Please note that **DATES MUST BE PROVIDED FOR ALL IMMUNIZATIONS AND LEAD TESTING** on your child's health record.

For more information on vaccinating your child, contact your child's health care provider or the regional immunization office in your area:

*Massachusetts Immunization Program
Main Number: (617) 983-6800
Or Toll Free (888) 658-2850
Southeast Region: (508) 977-3709*

Or visit the Department of Public Health website at: www.mass.gov/dph/

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Early Childhood Coordinator & Assistant Principal

Mrs. Riitta Bolton
Principal

Dear Parent/Guardian,

This notice is for families who are paying tuition on a monthly basis. Tuition is due on the first Friday of every month. You also have the option of paying preschool tuition in full for the school year. Tuition payments can be made online through the Norton Public School website, by check or money order via mail, or in person at the Office of Pupil Personnel.

To secure your child's spot in our program, we require a tuition deposit of one month's tuition, which is applied to your first monthly payment. If you have questions or concerns about your deposit amount, please contact Mrs. Kristine Kefor at 508-285-0120 or by email at kkefor@norton.k12.ma.us.

Directions for Online Payment: If you would like to make payments online, please go to the Norton Public Schools website (www.norton.k12.ma.us) and click the tab for FAMILIES. Next, select USER FEES, and click on the link for UNIPAY and PAY ALL SCHOOL FEES on the UNIPAY Website. This link takes you directly to the portal for preschool tuition payment. Mastercard, Discover, and electronic checks are accepted for payment through UNIPAY.

Directions for Payment by Check or Money Order: Tuition checks should be made out to Early Childhood Program and mailed to Mrs. Jeanne Karcis, Office of Pupil Personnel, 64 West Main Street, Norton, MA 02766. You can also hand deliver payments to the Office of Pupil Personnel.

We appreciate your cooperation with our tuition policy. If you have any questions or concerns about preschool tuition payments, please contact Mrs. Jeanne Karcis in the Office of Pupil Personnel at 508-285-0194.

Sincerely,

Kristine Kefor
Early Childhood Coordinator for Little Lancers Preschool
Assistant Principal at Joseph C. Solmonese Elementary School



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2018-2019 Preschool Options

Age	Program	Time	Tuition per month
3 & 4 year olds	3 half days AM	8:30-11:00	\$250 (\$2,500 per year)
3 & 4 year olds	3 half days PM	12:00-2:30	\$250 (\$2,500 per year)
3 & 4 year olds	4 half days AM	8:30-11:00	\$300 (\$3,000 per year)
3 & 4 year olds	4 half days PM	12:00-2:30	\$300 (\$3,000 per year)
4 year olds	5 half days AM	8:30-11:00	\$350 (\$3,500 per year)
4 year olds	5 half days PM	12:00-2:30	\$350 (\$3,500 per year)
4 year olds	3 full days	8:30-2:30	\$420 (\$4,200 per year)
4 year olds	4 full days	8:30-2:30	\$450 (\$4,500 per year)

**Please note that tuition rates and start/end times may be subject to change per Norton School Committee.*

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**Norton Public Schools, Pupil Support Services
Special Education Transportation**

2017-2018 EMERGENCY INFORMATION FOR TRANSPORTERS

CHILD'S NAME: _____ D.O.B.: _____

STREET ADDRESS: _____

P.O. BOX (if applicable): _____

PARENTS' NAMES: _____

HOME TELEPHONE NUMBER: _____

MOTHER'S WORK TELEPHONE NUMBER: _____ CELL: _____

FATHER'S WORK TELEPHONE NUMBER: _____ CELL: _____

If the home address is different from the pick-up or drop-off address, both addresses must be listed.

Pick-up/Drop-off - Only if different from home address: _____

Contact's Name: _____ Telephone: _____

**EMERGENCY CONTACT PERSONS: LIST TWO (2) NAMES WITH ADDRESSES AND PHONE NUMBERS
(PLEASE INCLUDE A NEIGHBOR AS ONE CONTACT)**

1. _____
2. _____

CHILD'S DIAGNOSIS: If not in violation of confidentiality, please include any condition(s) that may impact student's safety during transportation (seizures, medications, allergies, motion sickness, behavior, etc.) **AND** recommended procedures for driver to follow.

PLEASE USE OTHER SIDE IF NECESSARY.

OTHER COMMENTS: _____

PARENT SIGNATURE: _____ DATE: _____

SCHOOL NAME: _____ GRADE: _____

PLEASE RETURN COMPLETED FORM IN THE SELF-ADDRESSED, STAMPED ENVELOPE PROVIDED. THANK YOU.

**Norton Public Schools
Pupil Personnel Services
Phone: 508-285-0193 FAX: 508-285-0181**

SPECIAL NEEDS TRANSPORTATION FORM

Student Name: _____		
Last	First	MI
School: _____	School's Start & End Times: _____	
School Contact Person: _____		
Wheelchair Van (Y/N): _____		
Check One: <input type="checkbox"/> SPED/Prototype: _____ <input type="checkbox"/> 504 <input type="checkbox"/> Other: _____		
Parent/Guardian Name(s): _____		
<i>If the home address is different from the pick-up or drop-off address, both addresses must be listed.</i>		
Home Address: _____		
Telephone #: _____	Work/Cell Phone #: _____	
Pick-up/Drop-Off		
<i>Only if different:</i> _____		
Contact's Name(s): _____		
Telephone #: _____		
Emergency Contact: _____		
Telephone #: _____		
Emergency Contacts Address: _____		
Start Date: _____		
End Date (if applicable): _____		

For Pupil Personnel Services Use Only:

Approval: _____	Date: _____
Called into (Date): _____	Taken By: _____
	Start Date (if different): _____
Emergency Info For Transporters	
Letter sent to Parents:	
_____	_____
Date	Signature/Initials

	Date Returned

TRANSPORTATION REQUESTS REQUIRE 24-48 HOUR NOTICE
Revised October 2017



The Little Lancers Preschool

Developmental and Social History

This questionnaire is designed to provide valuable information regarding your child's developmental, academic, and emotional progress as well as health history. This information will be used for your child's screening or evaluation and will be kept confidential. Please fill out this form to the best of your ability, and return it as soon as possible. Please contact Mrs. Kristine Kefor, Early Childhood Coordinator and Assistant Principal by phone at 508-285-0120 or by email at kkefor@norton.k12.ma.us if you have any questions or concerns. *Please only respond to questions to which you feel comfortable answering.*

❖ DEMOGRAPHICS

Child's Name _____

First

Middle

Last

Nickname

Address _____

Number & Street

City

State

Zip Code

Phone (Home) _____ (Cell) _____

Email: _____

❖ PARENT(S)/GUARDIAN(S)

Mother's Name _____ Occupation/Employer _____

Language(s) Spoken _____

Father's Name _____ Occupation/Employer _____

Language(s) Spoken _____

❖ BACKGROUND INFORMATION

Do you have any academic, social, behavioral, or speech/language concerns regarding your child? If yes, please list your concerns: _____

Has your child been evaluated by Early Intervention or by a medical professional in any of the above areas? If so, please explain: _____

❖ EDUCATIONAL HISTORY

Child's current or most recent school _____

Address _____ Phone Number _____

Teacher's Name _____

❖ **EMERGENCY CONTACTS**

Please list two names and phone numbers of friends or relatives that we can contact in case of emergency if parents cannot be reached.

	Name	relation to student	phone number
1.)	_____	_____	_____
2.)	_____	_____	_____

❖ **FAMILY INFORMATION**

Other Children at Home: _____ Check here if **NO SIBLINGS**: _____

	Name	Age	Gender	Grade & School
1.)	_____	_____	_____	_____
2.)	_____	_____	_____	_____
3.)	_____	_____	_____	_____
4.)	_____	_____	_____	_____

❖ **DEVELOPMENTAL AND SOCIAL HISTORY**

Has child experienced any of the following? (please check and date)

Parental Death _____ Date _____
Parental Separation _____ Date _____
Parental Divorce _____ Date _____

If separation or divorce, who has custody of child? _____

How often does other parent see child? _____

Have there been any events that were particularly upsetting to your child that we should be aware of? (check any that apply)

___ Accidents ___ Deaths ___ Parental Death ___ Separation
___ Divorce ___ Moves ___ New Baby ___ Fears

Other _____

Comments _____

Please note any other parental or home life circumstances/information that may be helpful for us to know: _____

❖ **BIRTH HISTORY/CHILDHOOD DEVELOPMENT**

Birth weight ___ lbs ___ oz Length of Pregnancy _____ weeks

Labor was (please circle one) 0-3 hours 4-24 hours over 24 hours

Please check any of the following that applies to this child's birth

- Caesarean Premature Breech Child Rotated
 Baby blue Baby yellow Baby bruised R.H. Negative
 Transfused Cord around neck Twin (this child was 1st 2nd)
 Other _____

Special Care

- Oxygen (how long?) _____
 Incubator (how long?) _____

Hospital Stay Length Child _____ days Mother _____ days

Please indicate your child's temperament as a baby. (check one or more that best fits your child)

- Cuddly Overactive Over quiet
 Irritable (cried a lot) "Good" baby Disliked being held
 Colicky/Reflux

Please indicate when your child first achieved the following developmental milestones (answer as many as you can)

MOTOR DEVELOPMENT

- months – Sit alone
 months – Crawl
 months – Stood alone (at least 1 minute)
 months – Walked alone (at least 5 steps)
 months – Ran
 months – Jumped with two feet
 months – Walked up stairs
 months – Rode a tricycle

Other Comments _____

FEEDING DEVELOPMENT

- months – Began eating solids
 months – Used fingers to feed self
 months – Began to use spoon
 months – Began to drink from an open cup

Other Comments _____

LANGUAGE DEVELOPMENT

- months – Began to babble
 months – Spoke first word
 months – Began to put words together

Other Comments _____

Please indicate your child's current speech and language skills by circling yes or no to the following:

Does your child...

Need/respond to gestural or physical prompts to gain eye contact	yes	no
Need/respond to verbal prompts to gain eye contact	yes	no
Initiate eye contact	yes	no
Initiate and sustain eye contact	yes	no
Expressive Language		
Primarily use gestures	yes	no
Make single sounds	yes	no
Use single words	yes	no
Use short phrases	yes	no
Use complete sentences	yes	no
Use sign language for communication	yes	no

If your child's vocabulary is limited, please list words, phrases, and/or signs used:

Is your child's speech difficult to understand by familiar adults?	yes	no
Is your child's speech difficult to understand by others?	yes	no
Receptive Language		
Does your child		
Understand simple commands only if accompanied by gestures	yes	no
Understand simple commands without assistance	yes	no
Understand parts of daily conversation	yes	no
Understands most of what is said to him/her – has problems		
With complex words and sentences	yes	no
Understands adult conversation	yes	no
Does not start conversations	yes	no
Starts conversations by pointing or tugging	yes	no
Starts conversations by saying/signing one or two words	yes	no
Can carry on a short conversation using short phrases or sentences	yes	no
Can discuss many subjects	yes	no

❖ **DRESSING SKILLS**

Please circle what describes your child's skills at the current time in the following areas:

My child can:

Put on pants	Not at all	With assistance	On own
Pull over shirt	Not at all	With assistance	On own

Put their socks on	Not at all	With assistance	On own
Put their shoes on	Not at all	With assistance	On own
Do buttons	Not at all	With assistance	On own
Pull zipper	Not at all	With assistance	On own
Do snaps	Not at all	With assistance	On own

Has your child experienced any of the following difficulties during their first few years? If yes, please describe:

Excessive Crying	No	Yes	_____
Colic	No	Yes	_____
Failure to Thrive	No	Yes	_____
Feeding Problems	No	Yes	_____
Motor Skills Difficulty	No	Yes	_____
Sleep Problems	No	Yes	_____
Unclear Speech	No	Yes	_____
Weight Problems	No	Yes	_____
Temper Tantrums	No	Yes	_____
Difficulty Separating From Parents	No	Yes	_____
Other Comments	_____		

In a new situation, your child is:

Comfortable
 Boisterous
 Very timid

Which hand does your child use for writing and drawing? Please check:

Left handed
 Right handed
 Don't Know

Do you have any concerns regarding your child's walking/gait? (if so, please describe)

How would you describe your child's level of physical strength? (typical, poor, powerful for age, etc.) _____

❖ **PHYSICAL COORDINATION**

My child can (please check all that apply):

<input type="checkbox"/> Kick a ball	<input type="checkbox"/> Throw a ball	<input type="checkbox"/> Catch a ball
<input type="checkbox"/> Jump with two feet	<input type="checkbox"/> Balance on one foot	<input type="checkbox"/> Pedal a tricycle or bike
<input type="checkbox"/> Use stairs holding on	<input type="checkbox"/> Use stairs alone	<input type="checkbox"/> Play simple games in a group

Do you have any concerns with your child's gross motor activity? (ex. Balance, clumsy, wears braces, etc.) _____

On an average day, how does your child move about? Check one:

Moves slowly Average Moves quickly

◆ **VISUAL/MOTOR**

My child can (please check all that apply):

- Color Paint Work with clay/playdough
 Cut with scissors Paste Do most arts and crafts
 Trace simple lines Draw lines String beads
 Draw recognizable pictures
 Complete interlocking puzzles: up to how many pieces? _____

Attending Skills: (please fill in your estimated times for the following)

- Plays with toys for _____ minutes/seconds
Stays in seat (for example at the dinner table) for _____ minutes/seconds
Can wait his/her turn for _____ minutes/seconds
Does your child need reminders to attend? (circle one) yes no

Toileting Skills: (check all that apply)

- Not toilet trained
 Has few accidents if taken regularly
 Goes to bathroom on own, but occasional accidents
 Completely trained during the day
 Completely trained

How does your child indicate that he/she needs to use the bathroom?

◆ **HEALTH**

Was your child's hearing ever tested? (circle) yes no

If yes, location of testing _____

Results of testing _____

Regardless of hearing test results, do you have concerns regarding your child's hearing?

Has your child experienced ear infections? (circle) yes no

If yes:

- Infrequently (2-3 times per year)
 Frequently (4 or more times per year)

Treated with pressure equalization tubes (draining tubes)

When were the tubes inserted? _____

Which ear(s): _____

Are tubes still in place? _____

If no, when were they removed? _____

Has your child experienced eye/vision problems? (circle) yes no

If yes:

Child wears glasses (circle) Nearsighted Farsighted

Child often misinterprets what he/she looks at

Location where child's eyes professionally examined

Does your child have any other vision/eye diagnosis?

Regardless, do you have concerns regarding your child's vision? _____

Is there a history of seizures? (circle) yes no

If yes, please describe: (including frequency , type, and last seizure date)

List below any accidents, hospitalizations, operations, and/or major illnesses that your child has experienced and the dates of these occurrences:

Does your child have any allergies? (circle) yes no

If yes, please list type of allergy (please list ALL – food, as well as other)

◆ **FAMILY HISTORY**

Please describe any significant medical diseases/conditions, mental illness, etc. that may run in the family.

Is there a history of learning disability, speech delays, attention difficulties, or behavioral concerns with any other family members? (circle) yes no

If yes, please explain:

◆ BEHAVIOR/TEMPERAMENT

Please describe your child’s everyday behavior, personality, and temperament (friendly, shy, cooperative, fearful, clingy, independent, stubborn, easy going). Specifically, address how child reacts to stress, discipline, and praise:

Behavioral Concerns: (please check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Hits other children | <input type="checkbox"/> Hits self | <input type="checkbox"/> Pulls own hair |
| <input type="checkbox"/> Throws objects inappropriately | <input type="checkbox"/> Runs away | <input type="checkbox"/> Cries often |
| <input type="checkbox"/> Eats foreign objects | <input type="checkbox"/> Lacks self-control | <input type="checkbox"/> Overly energetic |
| <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Fearful | <input type="checkbox"/> Bites others |
| <input type="checkbox"/> Doesn’t follow directions | <input type="checkbox"/> Disinterested in others | |

Please describe any checks above, including frequency of behavior.

Please describe any additional emotional or behavioral concerns you may have regarding your child.

Please list any effective behavior techniques that work for you at home (e.g. time out, a “thinking chair”, “1,2,3” etc.)

◆ PEER RELATIONSHIPS/FRIENDSHIPS

Please describe any problems your child may have relating to, or playing with, other children (e.g. fighting with playmates, difficulty making friends, preferring to play alone).

Play Skills: (please check all that apply)

- Shows little interest in toys/games
- Plays toys with self and only self
- Sings and dances to music
- Will join in with other children only if urged
- Plays cooperatively with children, but only if adult structures the play
- Plays in the company of others, but does not play cooperatively at this time
- Prefers to play alone
- Prefers to play or be with adults
- Plays group games appropriately
- Initiates play with another child

◆ GENERAL/PERSONAL INTERESTS

Please list your child's:

Pets _____

Favorite toys _____

Hobbies/Skills _____

Special Interests _____

What do you enjoy most about your child?

Is there any additional information we should know about your child or family?

Name of person completing this questionnaire _____

Relationship to child _____

Date of completion _____



NORTON PUBLIC SCHOOLS

STUDENT TRANSFER RELEASE OF RECORDS

Student's Name

Date of Birth

Request Date

[Last]

[First]

[Middle]

REASON FOR RELEASE OF RECORDS

THE ABOVE-LISTED STUDENT IS TRANSFERRING (CIRCLE ONE) **TO -** **FROM -**

[Check One School]

L. G. Nourse Elementary School

38 Plain Street
Norton, MA 02766
Phone [508] 285 - 0110
Fax [508] 285 - 0109

H. A. Yelle Elementary School

64 West Main Street
Norton, MA 02766
Phone [508] 285 - 0190
Fax [508] 285 - 0187

Norton High School

66 West Main Street
Norton, MA 02766
Phone [508] 285 - 0160
Guidance [508] 285 - 0164
Fax [508] 286 - 2669

J. C. Solmonese Elementary School

315 West Main Street
Norton, MA 02766
Phone [508] 285 - 0120
Fax [508] 285 - 0130

Norton Middle School

215 West Main Street
Norton, MA 02766
Phone [508] 285 - 0140
Guidance [508] 285 - 0144
Fax [508] 286 - 9457

THE ABOVE-LISTED STUDENT IS TRANSFERRING (CIRCLE ONE) **TO -** **FROM -**

SCHOOL NAME

STREET

CITY, STATE, ZIP

PHONE

FAX NUMBER

PLEASE FORWARD THE INFORMATION REQUESTED BELOW -

HEALTH RECORD
DISCIPLINE RECORD
GRADES IN PROGRESS
ATTENDANCE RECORD
PERTINENT TESTING
MCAS TEST SCORES [MASSACHUSETTS]
SASID NUMBER - [MASSACHUSETTS
STUDENT ASSIGNED STUDENT IDENTIFIER
NUMBER]

SPECIAL ED ASSESSMENTS AND ED PLAN
SCHOOL PROFILE OR EXPLANATION OF COURSE
LEVELS AND MARKING SYSTEM
TRANSCRIPT OF ELEMENTARY/MIDDLE
SCHOOL GRADES
TRANSCRIPT OF HIGH SCHOOL GRADES AND
ACCUMULATED CREDITS

Your signature below indicates that you have received notice concerning the transfer of the above-named student's records and that you have read the *Notice to Parent/Guardian*.

[See Reverse Side for Student Record Regulations and Parent/Guardian Notice]

[Signature of Parent/Guardian]

[Student's Class/Grade]

[Date]

The Norton Public School System does not discriminate on the basis of age, race, color, sex, gender identity, religion, national origin, sexual orientation or disability.

Student Record Regulations

Under 603 CMR 23.07(4)(g) consent is not required to forward a transferring student's records to the new school if the school the student is leaving provides notice that it forwards student records to the new school when a student transfers.

Under section 37L of G.L. c.71, any student transferring into a new school district must provide the new district with a "complete school record," including but not limited to, "any incidents involving suspension or violation of criminal acts or any incident reports in which such student was charged with any suspended act." 603 CMR 23.07 allows a school district to release the entire student record of a transferring student to the new school without prior consent, provided that it gives notice that it forwards student records to other school in which the student intends to transfer.

Notice to Parent/Guardian

The student's temporary record, which consists of all information in the student record which is not contained in the transcript, shall be destroyed seven years after the student transfers or withdraws from the school system. This is in accordance with section 23.06 (3) of the Students Rights and Regulations. The transcript or permanent record will be kept for sixty years. You have the right to examine and receive a copy of any or all the information in your child's record at any time prior to its destruction.

Photo/Video Release

Dear Parents/Guardians:

Throughout the year, children at J. C. Solmonese Elementary School may participate in special occasions or projects either within their classroom or school-wide. This often brings the Norton Cable Station and local newspapers into the school to report on the newsworthy events. The children become very excited at the prospect of appearing in their local paper.

By granting general permission, in advance, simply allows for your child to be photographed or videotaped by the classroom teacher, the principal, local paper or local cable station throughout the year. If for any reason you do not wish for your child to appear in the local paper, cable or the school website, please indicate so below.

Student's Name _____

Student's Homeroom _____

Parent's Signature _____ Date _____

_____ My child may be photographed and/or videotaped

_____ My child **may not** be photographed and/or videotaped

Norton Public Schools
Internet Publishing Permission and Release Form for Students

The Norton Public Schools utilize the latest technologies to support student learning needs. As part of the many technology applications integrated across the curriculum, we may publish a variety of teacher and student projects on the Internet. Examples of student work that might be published on the world wide web include but are not limited to: a story, a blog post, a photograph of a project or artwork, a podcast, a science or research project, a collaborative project completed with other students who live locally or internationally, as well as photographs of students at work. We think this is an enriching, engaging opportunity for students as others around the world with Internet access will be able to view their work. Should your child's work or photograph be chosen for publication, your signature below acknowledges permission for such work to be published.

Elementary students will have only their first name, last initial and the name of the school included with any work or photographs published on the Internet.

Middle school will have only their first name, last initial, their grade level / team, and the name of the school included with any work or photographs published on the Internet.

High school students may publish their own work on the Internet including their full name and picture and the name of their school/class.

We need your permission to publish your child's work. If at anytime you would like to revoke your permission, please send a written letter to the school as notification that your child's work and photograph can no longer be published on the Internet.

Student Name _____

Grade/Teacher _____

_____ I am the parent / legal guardian of the student listed above and I give my permission for my child's work to be published on the Internet.

_____ I am the parent / legal guardian of the student listed above and I do not give my permission for my child's work to be published on the Internet.

Signature of Parent or Guardian _____ Date _____

Adopted: February 23, 2015