

Whitman-Hanson Integrated Preschool Student Registration



We would like to welcome you to our school district. In order to help your son or daughter enroll as quickly as possible, we have developed the following list of information you will need to provide us prior to your student being officially enrolled.

APPOINTMENTS ARE REQUIRED FOR REGISTRATION - Forms can be found on our website at www.whrsd.org. For appointments call Sara Wayman 781-618-7127

Please see the helpful checklist on page 2 for required registration documentation

The preschool office is located in the High School. Directions to the High School are below.

Directions

Whitman-Hanson Regional High School is located at 600 Franklin Street (Route 27) on the town line of Whitman and Hanson.

From the North: It may be reached from Rte 3 to Rte 18S (Weymouth) follow Rte 18S to Rte 58 (Rte 58 starts at the town line of Weymouth and Abington). Take a left onto Rte 58, follow Rte 58 through Abington into Whitman, go to the Whitman Rotary, proceed as if there was no rotary and leave the rotary at 12:00 from where you entered at 6:00. You will now be off of Rte 58, follow that road to the end. Take a left onto Rte 27, it will take almost an immediate hard right, follow Rte 27 around that right, the school is two miles from that point on the left.

From the West: Take Rte 27 from Brockton and follow it until you get to the school, the school is on the east side of Whitman.

From the South: Take Rte 18N, after leaving Bridgewater, Rte 18 will join with Rte 106 for a short distance. Take a right where Rte 106 branches off Rte 18 (it is at the bottom of a hill and there is a restaurant located at the intersection.) Follow that road to a stop sign. Take a left (you are now off Rte 106), follow that road to the top of the hill; you will see East Bridgewater Common, take the right at the top of the hill keeping the Common to your left. At the next stop sign, take a right, this is Central Street, follow Central Street all the way for about 4 miles, it will eventually come down a small hill and join with Rte 27, take a left onto Rte 27, it will cross Rte 14 and the school will be on your right approximately one mile up Rte 27.

From the East: - Take Rte 14 until you get to Rte 27 intersection, take a right, school is on your right approximately one mile.

Christine Ahearn, Principal

(t) 781.618.7116

Whitman Hanson Regional School District

Integrated Preschool Program

The Whitman-Hanson Regional School District Integrated Preschool Program is designed to meet the needs of preschool aged children, with and without special needs, from within the community. Admissions for children with disabilities are processed through the Special Education Department of the Whitman-Hanson Regional School District following the Department of Education referral process. Anyone who feels their child may need special education services can receive further information by contacting the Principal, **Christine Ahearn**, at (781) 618-7116 or email christine.ahearn@whrsd.org.

Applications for admission of tuition based children can be submitted after parent information night. There will be a limited number of spaces available each year and selection will be made through application process and lottery system (if needed). Once a child is enrolled in the program, it is not necessary to enter the lottery again.

In order to be eligible for admission, children must meet the following criteria:

1. If your child turns four before 9/1/24, they may attend either half day sessions or full day sessions..
2. If your child is three before 9/1/24, they may register for half day sessions only.
3. All students MUST be screened in order to be considered for preschool.

Administrative Team

Christine Ahearn, Principal
Sara Wayman, Administrative Assistant

CONGRATULATIONS PARENTS!

Your child will soon be enrolled in a high quality program which provides a safe and nurturing environment while promoting the physical, social, emotional and intellectual development of young children.

The philosophy of the integrated preschool program takes into account the developmental levels of all children with emphasis on individual planning in an effort to meet the skill level of each child in the classroom. The curriculum is based on the belief that preschool children learn best through experience with their world rather than through abstract rules and concepts. Through ongoing interactions with adults and other children, preschoolers will develop important social, language and thinking skills.

The curriculum is based on the Massachusetts Preschool Guidelines for Learning Experiences and closely follows the definition of developmentally appropriate practices. Areas that will be specifically addressed include:

- Social/Emotional Development
- Cognitive Development
- Language Development
- Fine/Gross Motor Development

TUITION

Children attending the preschool programs within the Whitman-Hanson Regional School District are required to pay tuition in an amount to be established yearly by the school district. Collection of such tuition will be set as follows:

- Parents/guardians will be billed through the WHRSB Business Office in 2 equal payments: August 1st and February 1st based on 36 weeks, regardless of absence due to illness, vacations, scheduled holidays and snow days. An annual payment schedule is available to assist you in your budget planning by contacting Erika Sherman in the business office at 781-618-7426.

If a tuition obligation exists prior to the start of the school year, it will prevent entrance into the preschool program for the upcoming year. Siblings of children with outstanding balances will not be considered for entrance into the preschool program. If a child is withdrawn from the program during the course of the school year, all previously unpaid balances must be paid in full.

The school department reserves the right to collect all outstanding balances on tuition payments. Reasonable collection costs, including legal fees, shall be added to your account balance if legal action is required.

Current Tuition				Tuition for 2 or more children			
		Aug 1	Feb 1			Aug 1	Feb 1
2 (½ day) sessions	\$1,296	\$648	\$648	2 (½ day) sessions	\$1,080	\$540	\$540
3 (½ day) sessions	\$1,944	\$972	\$972	3 (½ day) sessions	\$1,620	\$810	\$810
1 Full day session	\$1,296	\$648	\$648	1 Full day session	\$1,080	\$540	\$540

**** 1 Full Day Session =2 (½ day) sessions**

EACH (1/2 day) = 1 SESSION

CLASS SCHEDULE

The preschool will start in accordance with the Whitman-Hanson Regional School District calendar. Please reference the Preschool Academy's calendar located on the District website at www.whrsd.org for exact date and time of school opening.

With the exception of opening dates, we abide by the Whitman-Hanson Regional School Department calendar; school vacations, holidays, early release days and Professional Development days. During the winter months, if the school system is closed due to inclement weather, preschool classes will also be canceled and families notified through the school district notification system "School Status."

PLEASE CHOOSE ONE PROGRAM

CHOICE	PROGRAM	DAYS	SCHOOL HOURS
	AM PRESCHOOL		
	2 (1/2 Day) sessions	Tues. and Thurs.	9:30AM–12:00 PM
	3 (1/2 Day) sessions	Mon., Wed. and Fri.	9:30AM–12:00 PM
	PM PRESCHOOL		
	2 (1/2 Day) sessions	Tues. and Thurs.	12:45PM – 3:15 PM
	3 (1/2 Day) sessions	Mon., Wed. and Fri.	12:45PM – 3:15 PM
	FULL DAY PRESCHOOL		
	2 Full Day sessions	Tues. and Thurs.	9:0AM–3:15 PM
	3 Full Day sessions	Mon., Wed. and Fri.	9:0AM–3:15 PM
	4 Full Day sessions	Mon., Tues., Thurs. and Fri.	9:0AM–3:15 PM

PLEASE contact Christine Ahearn, Principal at 781-618-7116 **to discuss flexible afternoon Options/Sessions**

Open House

At the start of the school year, an in-school open house is held for the children and their families to see their classroom, and to meet their teacher, classroom paraprofessional, other building staff, and their classmates. This allows the children to visit with each other in a relaxed manner.

Orientation

There will be an orientation the first hour of your child's school first day of school to discuss the specific details of your child's day. Please reference the Preschool Academy's calendar located on the District website at www.whrsd.org for exact dates and times.

Communication

All teachers enjoy speaking with you and keeping in touch on a regular basis through newsletters (about past and future activities, special dates and informative articles) and short discussions at dismissal and arrival. Since it is difficult for the teachers to speak with any one parent at length during arrival and dismissal or during class time, it is recommended that parents make an appointment with the teacher to meet before the AM session or after the PM session.

Transportation

Transportation will not be provided for students attending the integrated preschool program. If your child will be going home with someone other than you, please call the school or write a note to inform the teachers of the change. If the teachers are not informed, they **WILL NOT** allow your child to leave until you have been notified. Children will only be dismissed to those authorized specifically by you and they will be required to show proper identification upon request.

Behavior/Discipline Policy

The philosophy of the program is based on the belief that respect for the child should be demonstrated and guidance provided to help the children develop self-control and the ability to make better decisions in the future.

We believe that children learn self-control when adults treat them with dignity and use discipline techniques such as:

1. Setting clear, consistent, and fair limits for classroom behavior
2. Learning to value mistakes as learning opportunities
3. Redirecting children to more acceptable behavior activities
4. Praising children when they adopt more acceptable behavior
5. Listening when the children talk about their feelings and frustrations
6. Guiding the children to resolve conflicts and modeling skills that will help them solve their own problems
7. Finally, reminding the children of the classroom rules and their rationale, as needed

Staff

There is a full-time teacher and a classroom paraprofessional in each integrated preschool classroom. In addition, occupational and physical therapists, and speech and language specialists are available to provide services to children within classroom situations as needed.

Snacks

The Whitman-Hanson Regional School district is committed to wellness for all children. We are committed to helping children learn about and enjoy eating healthy and nutritious foods. There will be snack time during each morning and afternoon session. The children should bring a small snack to eat during this time everyday. Our classrooms are peanut free and tree nut free areas, please check your children's snacks before they are sent in. Since snack time is an ideal time to talk about nutrition, parents are encouraged to send children with snacks that are healthy and nutritious. The classrooms do not have the facilities to refrigerate or reheat foods. Please keep this in mind when choosing your child's snack each day.

Birthdays

Birthdays may be celebrated in school. The teacher will send home information pertaining to this activity in the fall. If you have concerns about this activity, please notify your child's teacher.

Clothing

When dressing your child for school, please keep in mind that children are encouraged to explore their learning environment. Although we provide smocks, clothes sometimes become soiled. For this reason, please send your child to school in **play clothes**, keeping in mind the weather and your child's ability to operate the clothing.

We ask that each child bring to school a complete change of clothes (labeled) to be kept in their backpack in case the need to change arises. Since we do go outside, whenever possible, please be certain that the children are always dressed appropriate (with warm hats, boots, and mittens) in the cold season. Please be sure children bring in a comfortable pair of shoes to change into from their outside boots. Wet or soiled items will be sent home in a plastic bag and you are asked to send another replacement with your child the following day. When the weather warrants sun protection, please dress your child appropriately i.e. hat and apply sunscreen before coming to school. Sunscreen is treated as a medication and must follow the same guidelines for application. Please see the districts distribution of medication policy for additional information.

Attendance and Health

Your child should attend school each day he/she is well. For the protection of your child and others, please do not send your child to school with symptoms of any of the following (100 degrees or above)

- Vomiting
- Diarrhea
- Conjunctivitis (pink eye)-child needs to be on antibiotic drops/ointment for at least 24 hours before returning to school
- A sore throat of 3 days. Child should be cultured to rule out strep. If your child's culture is positive for strep, your child **must** remain out of school on antibiotics for 24 hours
- A hard uncontrollable cough
- Any communicable illnesses
- Complaints of not feeling well that last more than a week should be checked by your pediatrician

Please notify the school as soon as possible as to the reason for any absence.

If a child is injured or becomes ill at school, parents will be notified. If the parents are not available, then the person designated to be called in an emergency will be contacted. Be sure to keep the school notified of any changes in telephone numbers, addresses, places of work and emergency contacts. **Please make sure to have a current form of identification to show when dismissing a child.**

Each child has a permanent Health Record on which pertinent health information is recorded. Please keep the school notified of any health problems. All information is kept confidential.

Please contact the school to discuss any health problems or attendance concerns.

Evaluation of Program

Your input is very important to the success of the program. Please feel free to contact any of the staff, at any time, with your comments. Working together is the best way to ensure your child receives the highest quality educational experiences.

Whitman Hanson Regional School District

**PROCEDURES FOR
ENROLLMENT AND PROOF OF RESIDENCY**

Under MGL, Chapter 76, Section 5, every person “shall have the right to attend the public school of the town where she/he actually resides.” The following procedures will be followed in order to verify a student’s residency:

Before any student is enrolled in the Whitman-Hanson Regional School District, the student’s parent or legal guardian* must prove legal residence in the towns of Whitman or Hanson. Children whose primary residence is outside of Whitman or Hanson are not eligible to attend the Whitman-Hanson Regional School District. Residency means the domicile where a child spends the majority of her/his time. The standard Whitman-Hanson uses is simple: The law is very clear that the determination for residency lies in the establishment of “domicile” – where the student resides, as determined by the establishment of where the center of her/his domestic, social and civic life is, and this is where one is to attend school. This standard must be the first step met before a family seeks to demonstrate the residency of the child.

All applicants must submit at least **three proofs of residency**.

The documents must be pre-printed with the name and address of the student’s parent or guardian. * When registering a student for Whitman-Hanson Public Schools, the district Registrar will confirm residency. These documents also will be required for any **change of address**.

All applicants must submit at least one document from <u>each</u> of the following columns:		
Column A	Column B	Column C
<p><i>Must be showing Whitman or Hanson current address**</i></p> <ul style="list-style-type: none"> • Valid driver’s license • Valid Massachusetts photo Identification card • Valid passport, dated within the past year <p><u>If license/ID does not show current address, you can go online to www.massdot.state.ma.us/rmv and click on Change of Address, they will email you a receipt. Please submit a copy to the registrar.</u></p>	<ul style="list-style-type: none"> • Copy of lease • Mortgage Statement • Section 8 Agreement • Legal affidavit from landlord affirming tenancy • Copy of deed or purchase and sales agreement 	<p><i>A utility bill or work order dated within the past 60 days including.</i></p> <ul style="list-style-type: none"> • Gas bill • Oil bill • Electric bill • Home telephone bill (no cell phone) • Cable bill <p><i>Please note that utility companies provide online access to download your bills/statements.</i></p>

***Legal guardianship requires additional documentation from a court or agency.**

The WHRSD residency policy does not apply to homeless students. (McKinney-Vento Act)

Report residency fraud! You will remain anonymous – call 781-618-7412

Residency fraud impacts all tax payers

*I/we understand that all applicants must reside in Whitman or Hanson (Massachusetts General Laws, Chapter 76, sec 5 every person shall have a right to attend the public schools 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 schools.** No person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, religion, national origin or sexual orientation.*

Amended by st.1971, c.622, c.1; st.1973, c.925, s.9A, st.1993, c.282; st.2004, c.352, s.33)

WHITMAN-HANSON REGIONAL SCHOOL DISTRICT
REGISTRATION PROCESS

We would like to welcome you to our school district. In order to help your child enroll as quickly as possible, we have developed the following list of information you will need to provide us prior to your student being officially enrolled.

We recommend you check the boxes below after you have completed each step.

NO REGISTRATIONS WILL BE PROCESSED UNTIL ALL OF THE FOLLOWING MATERIALS HAVE BEEN RECEIVED

1. **Legal birth certificate** (hospital birth certificate is not legal)
2. **Custody agreements/court orders if applicable**
3. **Proof of Residence** – see form on next page for required documentation.
4. **Current physical examination and immunization history (including a lead test and record of a vision screening completed by your child’s physician)**. If your child’s immunizations are not up to date, please contact your child’s doctor immediately for an appointment. Children will be excluded from attending kindergarten in the Fall if they do not have all the required immunizations.
5. **Complete the enclosed forms listed below:**
 - Form #1 - Registration Form/Student Census Enrollment Information
 - Form #2 - Student Emergency Information
 - Form #3 - Student Health Information Update
 - Form #4 - Infinite Campus Parent Portal Agreement and Application Form
 - Form #5 - Student Network Access Agreement

Optional Forms (use only if applicable to your student’s situation)

- Form #8 - Verification of Student Residency Form** (use only if parent/guardian AND student are residing with family members and do not own or rent where they are living)

****Please note-if parent/guardian and the student are residing with a family member and do not own or rent the residence where they are living, you must provide the following:**

- Notarized Verification of Student Residency Form from head of household stating that child and parents/guardians are residing at stated address. (Local police departments and school security will make periodic checks to ensure student is living at declared address).
- Mass. Driver’s License/Mass ID for the head of that household with current address as well as Mass. Driver’s License/Mass ID for Parents/Guardians
- Proof of residency as stated in #2 above

****Nonstandard registrations may require additional documents be provided. Please call the Preschool at 781-618-7127 for information.**



**WHITMAN
HANSON**

Dear Parent/Guardian:

According to Massachusetts State Regulations (102 CMR 7.07 and 105 CMR 220.00) Your child must have the following immunizations before he/she can attend Preschool. Unless there is a medical exemption signed by a physician or religious exemption signed by the parent/guardian proof of all immunizations below are required for entrance to Preschool.

PRESCHOOL

DTP/DTaP 4 doses

POLIO 3 doses

MMR 1 dose

HEPATITIS B 3 doses

HIB 1-4 doses

(the number of doses is determined by vaccine product and age the series begins)

Varicella (Chicken Pox) 1 doses or MD proof of disease (date required)

Lead Screening - documentation required

A copy of recent physical exam, dated within one year prior to the entrance of school must be submitted before school starts.

If you have any questions concerning immunizations, please consult your child's physician.

Thank you for your cooperation.

Sincerely,

School Nurse



**Whitman Hanson Regional School District
Confidential Student Emergency Information Form**

Student Name: _____ Entering Grade _____ M _____ F _____ Non binary _____
Last
First
Middle

Address: _____ City/Town: _____ Home Tel. _____

Emergencies such as a sudden illness or accident often occur at school. In the event of an emergency, your child will be transported to the nearest local hospital.

Please complete the following information:

_____	_____	_____	_____
Legal Guardian's Name	Address if Different	City/Town/Zip	Email
_____	_____	_____	_____
Work Phone		Cell Phone	

_____	_____	_____	_____
Legal Guardian's Name	Address if Different	City/Town/Zip	Email
_____	_____	_____	_____
Work Phone		Cell Phone	

Child lives with: Both () Father () Mother () Guardian () *(Please supply Court Docs if applicable)*
 Mother/Stepfather () Father/Stepmother () Is contact with non-custodial parent allowed? Yes__ No__ (documentation required)
 Please arrange for **two other** responsible adults to care for your child in the event that you cannot be reached

Name _____	Address _____
City/Town _____	Phone _____ Relationship to Student _____

Name _____	Address _____
City/Town _____	Phone _____ Relationship to Student _____

List other children living in the home

Name/Relation	Date of Birth	Name of School

Confidential Records/Student Pictures If I wish for my child's records to be confidential or I do not wish for my child's picture to be taken while at school, I understand that I must send a letter to the attention of the building principal requesting so.

Military Family Status (Please check if appropriate): A parent or step-parent is an active duty member of the uniformed services, National Guard and Reserve on active duty orders OR a member or veteran who was medically discharged or retired within the last 12 months OR a member who died on active duty.

Athletic/Extra Curricular Permission

I give my child permission to participate in all athletic and extra-curricular activities offered at Whitman-Hanson. I understand the athletic department requires an online permission slip which utilizes an electronic signature and that I have the right to receive a hard copy of the permission slip which I may obtain by contacting the athletic director.

Parent/Guardian Signature: _____ **Date:** _____

Home Language Survey

Form 1

Whitman-Hanson Regional School District

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 NameMiddle NameLast Name

_____/_____/_____/_____/_____/_____

Country of BirthDate of Birth (mm/dd/yyyy)Date entered U.S.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 TownCurrent 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 N

If yes, what language? _____

Will you require an interpreter/translator at Parent-Teacher meetings? Y N

If yes, what language? _____

Parent/Guardian Signature:

X

_____/_____/20
Today's Date: (mm/dd/yyyy)



Whitman-Hanson Regional School District

Please answer the following questions:

1. Is this student Hispanic or Latino? (choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture of Origin, regardless of race.

2. What is the student's race? (choose one or more)

- American Indian or Alaskan Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment).
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).
- Black or African American** (A person having origins in any of the black racial groups of Africa).
- Native Hawaiian or other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).

Special Education Services Information

Is your child receiving special education services? Yes No IEP 504

If so where? _____

Is your child being tested for special education services through the Whitman-Hanson Regional School District? Yes No



Whitman-Hanson Regional School District

Student Health Information Update Form (Please Print)

Parent/Guardian: To ensure accurate response in the event of a medical issue, please complete all fields listed below.

Student's Name: _____
Last First Middle

Birth Date (MM/DD/YYYY): _____ Grade _____

MEDICAL INFORMATION

Physician Name: _____ Tel #: _____ Dentist Name: _____ Tel#: _____

Health Insurance Provider: _____
 Public Insurance Private Insurance Mass Health No Insurance

If you have no health insurance, the Commonwealth of Massachusetts has a health insurance plan that will provide uninsured children with affordable health care (restrictions may apply). If you are interested in more information about this program, please contact the school nurse.

Consent for Release of Information to Access Medicaid Reimbursement for Health-Related Support Services
Our school district continues to participate in a system whereby the Federal Government's Medicaid program reimburses local school districts for a portion of the costs of health-related special education services provided to Medicaid-eligible children. Your child continues to receive services at no cost to you under this system. This initiative simply helps us optimize federal funds in support of local education, as well as offset some of the costs of special education paid for by the local taxes. The information you voluntarily allow to be released by completing this consent form will only be used for the purposes identified. Our district has contracted the services of MSB™ to confidentially administrate our Medicaid Program.

As parent/guardian of the child named above, I give permission to disclose personally identifiable information concerning health-related support services in my child's present and/or future Individualized Education Plan (IEP) to school districts and designees, State, and Federal Medicaid administration representatives for the sole purpose of claiming MEDICAID reimbursement. I understand and agree that the School District may access my or my child's Medicaid benefits to pay for health-related support services in my child's present and/or future IEP.

This permission is authorized now and in the event that my child becomes eligible in the future for purpose of the release of information relative to the above services. I also understand that if I refuse to consent to the release of this information, my refusal does not relieve the school district of its responsibility to provide the above IEP-ordered services at no cost to me (34 C.F.R. §300.154 (2013)). I also understand that this consent is voluntary and may be revoked at any time, but that such revocation would not be retroactive (34 C.F.R. §300.9 (2006)).

Allergies: _____

Current Health Conditions: _____

PERMISSION FOR OVER THE COUNTER MEDICATIONS

If you do not consent to your student using hand sanitizer please notify the school nurse immediately.

My child has permission to receive non-aspirin medications at the discretion of the school nurse, and the standing orders authorized by the Whitman-Hanson Regional School District school physician: YES NO

RELEASE OF INFORMATION

I authorize the school nurse to contact the above physician, when appropriate, for a 2-way exchange of medical information. I understand that I will be contacted prior to this communication YES NO

PERMISSION FOR TREATMENT

In the event of a serious illness/injury, I hereby authorize the school to contact my child's physician and/or to seek emergency medical care including transportation to a medical facility. I hereby authorize the physician and emergency room staff to administer care that is deemed necessary. **I understand that every effort will be made to contact the family and emergency contacts first.**

YES NO

SHARING OF HEALTH INFORMATION

I give permission to the school nurse to share health information with the school personnel as determined appropriate for my child's health and safety. YES NO

Parent/Guardian Signature _____ Date: _____

Print Name: _____ Relationship: _____

Whitman-Hanson Regional School District
Student Health Information (Please Print)
Confidential Information, please return to the Health Office

Does your child have any allergies (food, bees/insects, medication, environmental)?

Yes No

If yes, does your child have an Epi Pen?

Yes No

Please list allergies and your child's reaction and symptoms:

Does your child have any medical/mental health conditions that health services should be aware of, such as Diabetes, Asthma, Seizures, Heart Condition, Anxiety, Depression etc.

Yes No

If yes: What is the medical condition and date of diagnosis _____

Symptoms your child may have that would alert us that he/she is having a problem related to his/her condition:

Please list any current medications:

Medication Name _____ Dose _____ Time of Dose _____

Medication Name _____ Dose _____ Time of Dose _____

Is there any other information that would be helpful for health services to know about your

child? _____

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

School District Name and Code: Whitman-Hanson Regional School District 07800000

School/District Contact: **Michael Losche**

Dear Parent/Guardian:

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

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

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

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the health-related and/or special education services to which your child is entitled.
2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge MassHealth for services provided. The school district can agree to pay the co-pay or deductible if any such cost is expected.
3. If you give the school district permission to share information with and request reimbursement from MassHealth:
 - a. This will not affect your child's available lifetime coverage or other MassHealth benefit; nor will it in any way limit your own family's use of MassHealth benefits outside of school.
 - b. Your permission will not affect your child's special education services or IEP rights in any way, if your child is eligible to receive them.
 - c. Your permission will not lead to any changes in your child's MassHealth rights; and
 - d. Your permission will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.
4. If you give permission, you have the right to change your mind and withdraw your permission at any time.
5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with MassHealth for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

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

Parent/Guardian Signature: _____ Date: _____

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

Add more children



MASSACHUSETTS MIGRANT EDUCATION PROGRAM
50 Terminal Street, Suite 315
Boston, MA 02129
TEL: 978.657.8331
FAX: 978.657.0227

Dear Parent/Guardian,

Please answer the following questions and return to your school in order to be screened for Migrant Education Program Services. If your family qualifies, you may be eligible for services like:

- Tutorial Services
- English Classes
- Migrant Summer Programs
- Enrichment Activities
- Referrals to a Variety of Community-based Services

Erick J. Gonzalez
Director of Identification & Recruitment
Massachusetts Migrant Education Program

1. Have you moved to this town within the last 3 Years? YES NO

2. Are you currently working or looking for work in any of the following industries:



Fish Processing



Agriculture

(Please check)



Food Processing



Dairy Industry

Please call me to see if I qualify for your program.

My name is: _____

My phone number(s): _____

Please return this form to your school.

Thank You.



******Submit this form if you do not have an existing account**

**Whitman-Hanson Regional School District
Infinite Campus Parent Portal
Agreement and Application Form**

I am requesting to review my child(ren)'s student information on the Whitman-Hanson Regional School Districts website. I understand that in the interest of security, the District reserves the right to change user passwords or deny access at anytime.

By signing this agreement, I as parent/guardian, release the Whitman-Hanson Regional School District from any and all liability for damages arising out of the unauthorized access to my parent/guardian account.

I also agree to abide by the following guidelines:

- I agree that I will not share my password or allow anyone other than myself to use the account including my own child (ren).
- I agree to protect any information printed or transferred to my computer, or destroy the documentation generated from this site.
- I understand that three unsuccessful logins will disable my account. If my account becomes locked I will contact the Helpdesk at 781-618-7438 or email Helpdesk@whrsd.org and request the account to be unlocked. I will answer any questions to verify my identity. At the sole discretion of the District, the account may be unlocked, but I understand that it may take up to three school days to have my account unlocked.

Parent/Guardian Information

By my signature below, I affirm that there are **no legal restrictions** that would preclude me from accessing student's information. By my signature below, I have read and understood the terms of the Infinite Campus Parent/Guardian Portal Acceptable Use and Safety Policy and agree to adhere to its terms.

Parent/Guardian Name (1)

Parent/Guardian Signature

Parent/Guardian Name (2)

Parent/Guardian Signature

Street Address

Town

Zip

Email Address Parent/Guardian (1)

Email Address Parent/Guardian (2)

List the name (s) of your child (ren) currently enrolled that you have guardianship rights to. The information given on this form must match the enrollment information provided during registration.

Child's Last Name	Child's First Name	Date of Birth	School	Relationship to Child
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Important: Once the above information is verified and processed, you will receive your Infinite Campus user name and password along with directions on how to access the site and create your own Password.

Please send my username and password by: _____ **Email** (Parent/Guardian 1) **OR** _____ **Mailing Address**
_____ **Email** (Parent/Guardian 2) **OR** _____ **Mailing Address**

TECHNOLOGY USE ONLY

Date Received _____ **Username/Password Provided** _____ **Initials** _____

Whitman-Hanson Regional School District
Infinite Campus Parent/Guardian Portal Acceptable Use and Safety Policy

Infinite Campus, a web based student management application, has developed a parent portal tool to allow parents/guardians to view the records of their child(ren) via the internet.

Whitman-Hanson Regional School District will provide parents/guardians of currently enrolled students the privilege of free access to the Parent Portal.

Purpose

Whitman-Hanson Regional School District has opened the Parent Portal to enhance communication between the district and parents/guardians. Users of the Parent Portal will have access to the following information about their children:

- Personal data and contact preferences
- Attendance
- Student Schedule
- Transportation routing information
- Behavior
- Report Cards
- Transcripts
- Graduation Requirements

Whitman-Hanson Regional School District reserves the right to add or remove any of the above functions from the Parent Portal at any time.

Use of Parent Portal

Access to the Parent Portal on the school district's system is a privilege, not a right. Users of the Parent Portal are required to adhere to the following guidelines:

- Users will act in a responsible, legal and ethical manner.
- Users will not attempt to harm or destroy data, the school or district network.
- Users will not attempt to access data or any other account owned by another user.
- Users will not use the Parent Portal for any illegal activity, including violation of data and privacy laws. Anyone found to be in violation of these laws may be subject to civil and/or criminal prosecution.
- Users who identify a security problem with the Parent Portal must notify the Technology Services Department immediately without demonstrating the problem to someone else.
- Users will not share their password with anyone, including their own children.
- Users will not set their own computer to automatically log-in to the Parent Portal.
- Users identified as a security risk to the Parent Portal or the Whitman-Hanson Regional School District network will be denied access to the Parent Portal.

System Requirements

Computer: Pentium 2 or higher recommended & Macintosh
Windows Operating System: Windows 98 or higher / Mac OS

Software: Internet Explorer 5.5 or higher
Adobe Acrobat Reader: minimum version 8 (free download www.adobe.com)

Internet Connection: High Speed Cable/DSL recommended – minimum 56K

Monitor: Best viewed with resolution set at a minimum of 800x600

Technical Issues with the Parent Portal

Technical issues should be directed to the Parent Information Center Helpdesk at 781-618-7438 or email Helpdesk@whrsd.org

Student Record Information

Student Information issues should be directed to your child's school main office.

If you are interested in taking advantage of this new technology, we are asking you to follow the steps below:

Please forward completed form to Registration Office at High School, fax to 781-618-7069 or scan and email to helpdesk@whrsd.org.

Technology Services will contact you via email or regular mail and give you the URL for the Parent Portal along with your unique username and password. You will need your username and password to access the portal.

We will also give you instructions on how to log into the Parent Portal for the first time, where you will be able to set your own password. **You will need only one user account to access all the children in your household.**



Whitman-Hanson Regional School District Technology Services Department

Central Administration Offices
600 Franklin Street
Whitman, MA 02382

Contact: HelpDesk@whrsd.org

Voice: 781-618-7438 Fax: 781-618-7087

10.0 Student Network Access Agreement

Date _____

Student Section

Student Name (print): _____

Grade: _____

I have read the District Network Use Policy Letter. I agree to follow the rules contained in this Policy. I understand that if I violate the rules my access can be terminated and I may face other disciplinary measures.

Student Signature: _____

Date: _____

Parent or Guardian Section

I have read the District Network Use Policy. I hereby release the Whitman-Hanson Regional School District, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the Whitman-Hanson Regional School District Data Network, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the Network Use Policy. I will emphasize to my child the importance of following the rules for personal safety.

I give permission for my child to access the Internet and certify that the information contained in this form is correct.

Parent/Guardian Name (print): _____



Parent/Guardian Signature: _____

Date: ____/____/____

This space reserved for System Administrator

REQ #: _____ Account: _____ Domain: _____

Login: _____ FireWall: _____ Remote: _____

By: _____

Form 8

*****Only Use if Student and Parent/Guardian are living with a Family Member**



Student ID#: (To be filled out by school) _____

Whitman-Hanson Regional School District

Verification of Student Residency

(FOR STUDENT AND PARENT/GUARDIAN RESIDING/LIVING WITH FAMILY MEMBER)

I _____, hereby attest that the following individual(s) currently
(Head of Household)
reside in my home located at the following address: _____

In the town of _____, MA. Telephone: _____

Parent/Guardian Name: _____

Parent/Guardian Relationship to Head of Household: _____

Name of Student(s): _____

*I/we understand that all applicants must reside in Whitman or Hanson (Massachusetts General Laws, Chapter 76, sec 5 every person shall have a right to attend the public schools 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 schools.** No person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, religion, national origin or sexual orientation.*

Amended by st.1971, c.622, c.1; st.1973, c.925, s.9A, st.1993, c.282; st.2004, c.352, s.33)

I certify that all statements made on this form are correct to the best of my knowledge.

Head of Household signature

Date

The term "residence" or "residency" refers to your legal residence as determined by government issued documents-primarily your driver's license or state ID card. Supporting documentation may be required in addition to your license. Review the list of residency documents. Parent/Guardian as well as Relative will need to submit residency information.

Acknowledgement of signature

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he/she) signed it voluntarily for its stated purpose.

Massachusetts Notary Public

Notary Print Signature Here



**Whitman-Hanson Regional School District
Registration/Contract
Integrated Preschool Program**

Student's Full Legal Name: _____

Birth Date (MM/DD/YYYY): _____ Last _____ Gender: M F First _____ Middle _____

Parent/Guardian Name: _____ Telephone: _____

Address: _____

Please choose one of the sessions for your child to attend preschool next year:

CHOICE	PROGRAM	DAYS	HOURS
	AM PRESCHOOL		
	2 (1/2 Day) sessions	Tues. and Thurs.	9:30AM–12:00 PM
	3 (1/2 Day) sessions	Mon., Wed. and Fri.	9:30AM–12:00 PM
	PM PRESCHOOL		
	2 (1/2 Day) session	Tues. and Thurs.	12:45PM – 3:15 PM
	3 (1/2 Day) sessions	Mon., Wed. and Fri.	12:45PM – 3:15 PM
	FULL DAY PRESCHOOL		
	2 Full Day sessions	Tues. and Thurs.	9:0AM–3:15 PM
	3 Full Day sessions	Mon., Wed. and Fri.	9:0AM–3:15 PM
	4 Full Day sessions	Mon., Tues., Thurs. and Fri.	9:0AM–3:15 PM

PLEASE contact Christine Ahearn, Principal at 781-618-7116 **to discuss flexible afternoon Options/Sessions**

Tuition based children attending the preschool programs within the Whitman-Hanson Regional School District are required to pay tuition in an amount to be established yearly by the school district. Collection of such tuition will be set as follows:

- Parents/guardians will be billed through the WHRSD Business Office. 2 equal payments of ½ the total tuition will be due on August 1st and February 1st based on 36 weeks, regardless of absence due to illness, vacations, scheduled holidays and snow days.
- Parents/Guardians can arrange with the WHRSD Business Office to have 10 equal pre-authorized Visa or MasterCard credit/debit card payments, run on the first business day of the month, August through May. We DO NOT accept AMEX or DISCOVER.
- If payment is not received when due, your child may be removed from the Preschool Program.
- If there is an outstanding tuition bill owed to the WHRSD from any sibling, your child will not be eligible to participate in the Preschool Program until the amount due is paid.
- If you withdraw your child from the Whitman-Hanson Regional School District for any reason, tuition will be prorated and all unpaid balances must be paid in full.
- The school department reserves the right to collect all outstanding balances on tuition payments. Reasonable collection costs including legal fees shall be added to your account balance if legal action is required.
- There will be a \$25.00 returned check fee to cover our cost on any returned checks. Credit and Debit card payments may also be made through the business office. We DO NOT accept AMEX or DISCOVER Cards

Current Tuition				Tuition for 2 or more children			
		Aug 1	Feb 1			Aug 1	Feb 1
2 (½ day) sessions	\$1,296	\$648	\$648	2 (½ day) sessions	\$1,080	\$540	\$540
3 (½ day) sessions	\$1,944	\$972	\$972	3 (½ day) sessions	\$1,620	\$810	\$810
1 Full day session	\$1,296	\$648	\$648	1 Full day session	\$1,080	\$540	\$540

**** 1 Full Day Session = 2 (½ day) sessions EACH (½ Day) = 1 SESSION**

I acknowledge that I have read and understand the terms and conditions as explained in this document. I agree to the terms and conditions set forth above and by my signature agree to be fully responsible for tuition as billed by the WHRSD district.

Parent/Guardian Signature

Date



Whitman-Hanson Regional School District

Preschool Tuition Payment Authorization Form

PLEASE NOTE THAT ALL MONTHLY INSTALLMENTS WILL BE WITHDRAWN FROM YOUR ACCOUNT
ON THE FIRST BUSINESS DAY OF EVERY MONTH

Credit/Debit Card Information (WE DO NOT ACCEPT Discover Cards or Amex)

Card Number: _____

Name on Card: _____

Expiration Date: _____ / _____

Zip Code: _____

CVV Code: _____

I authorize the Whitman-Hanson Regional School District to automatically withdraw two equal payments based on total tuition from the above account on August 1st, 2024 and on February 1st, 2025, for the Preschool Tuition.

I authorize the Whitman-Hanson Regional School District to automatically withdraw 10 monthly installments based on remaining tuition less the deposit from the above account beginning in August 2024 and ending in May 2025, for the Preschool Tuition.

Signature

Print Name

Date

PARENT/GUARDIAN QUESTIONNAIRE FORM

Please take a few minutes to answer the questions on this form in the best way that you can. Your answers on this form will help the school staff decide what kind of educational program is best suited for your child.

This questionnaire is confidential and your responses will be shared only with professional personnel.

Child's Name: _____ Today's Date: _____

Address: _____ Phone: Home: _____

Work: _____

Town: _____ Cell: _____

Sex: ___F ___M Birthdate: _____ Birthplace: _____

Child's Social History:

a. Has child attended school before? _____Y _____N

b. If yes, name of school: _____
Dates of attendance (month/year) from _____ to _____
Number of days per week: _____2 _____3 _____4 _____5

c. Any other school experience? _____

Child's Status in Family:

a. ___oldest _____middle _____youngest _____only

b. Other children in family:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

c. Do any of your children have difficulty in school?

<u>Name</u>	<u>School</u>	<u>Difficulty</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

d. Has any family member or close relative had a significant difficulty in school?

Relationship	Nature of Difficulty
_____	_____
_____	_____

Guardians

- a. Married Separated Divorced Widowed
- b. **Guardian 1** Name: _____ Occupation: _____
Place of Work: _____
- c. **Guardian 2** Name: _____ Occupation: _____
Place of Work: _____
- d. Highest grade completed: (circle)
Guardian 1: 7 or less 8 9 10 11 12 / college: 1 2 3 4 5 more
Guardian 2: 7 or less 8 9 10 11 12 / college: 1 2 3 4 5 more e.

Other persons residing in the household:

- Names: _____
- Relationship(s): _____
- f. Have there been any extraordinary events in this household (e.g., illness, moves, deaths, disaster, change in make-up of family):

- g. Any serious parental or family health problems? _____

Basic Medical Data:

- a. Name of child's doctor: _____
Phone: _____ Address: _____
- b. Name of child's dentist: _____
Phone: _____ Address: _____
- c. Has this child had any ear/hearing examination or treatment?
 Yes No If so, when:
By _____ whom:
Results: _____
- d. Ear infections? Yes No
If yes: Infrequent (2-3 times per year)
 Frequent (4 or more a year)
 Prolonged (10 days-2 weeks)
- Has your child had tubes inserted? Yes No
Date(s): _____
- Do you suspect any hearing problems? Yes No

Does this child:

1. Seem to have difficulty hearing? _____ Yes _____ No
2. Turn up the TV louder than other members of the family? _____ Yes _____ No
3. Seem to favor one ear over the other? _____ Yes _____ No
4. Jump or appear to be more startled than others if there is a sudden noise? _____ Yes _____ No
5. Seem to hear you if you talk in a whisper? _____ Yes _____ No
6. Make you talk loudly or repeat frequently? _____ Yes _____ No
- e. Has this child ever had a vision examination or treatment? _____ Yes _____ No

If so, when: _____ by whom: _____
results: _____

Do you suspect any vision problems? _____ Yes _____ No

Does this child:

1. Seem to have difficulty seeing small lines or pictures? _____ Yes _____ No
2. Seem to have a problem seeing things far away? _____ Yes _____ No
3. Squint? _____ Yes _____ No
4. Wear glasses? _____ Yes _____ No
5. Have eyes that turn in? _____ Yes _____ No
6. Have eyes that turn out? _____ Yes _____ No
7. Sit very close to the television? _____ Yes _____ No
8. Rub eyes a lot? _____ Yes _____ No

f. At what age did this child first begin to speak? Give approximate age if you do not remember the exact age: _____

first words: _____ Two or three words together: _____
sentences: _____

Does this child stutter? _____ Yes _____ No

g. This child began walking at age (if guess, label as such): _____

Do you feel your child has adequate large muscle coordination? _____ Yes _____ No

h. Do you notice, or has a doctor reported, any of the following in this child?

- | | | |
|-----------------------|------------------------|--------------------------------|
| _____ Asthma | _____ Nose bleeding | _____ Nail biting |
| _____ Constipation | _____ Bed wetting | _____ Epilepsy (seizures) |
| _____ Diarrhea | _____ Bed soiling | _____ Lack of |
| _____ Vomiting | _____ Allergies (type) | _____ consciousness |
| _____ Chronic stomach | _____ Serious blows to | _____ Chronic ear infections |
| _____ Problems | _____ the head | _____ Overtired or lacking pep |
| _____ Frequent fevers | _____ Headaches | _____ Diabetes |

Sinus trouble Thumbsucking
 Heart trouble Medical problems
 Hyperactivity immediately after birth
 Other physical problems or serious illnesses (explain):

i. Child's birth weight: _____ lbs. _____ oz.

j. Special considerations:

Cesarean Child rotated
 Premature Cord around neck
 Breech Twin (1st born, 2nd born)
 Baby blue R.H. negative
 Baby yellow Transfusion
 Baby bruised
 Other: _____

k. Special Care

Oxygen (how long) _____
 Incubator (how long) _____
 Hospital stay (how long) _____
 Seizures or loss of consciousness _____

l. Is this child presently on medication? _____
 What medication(s) _____

m. Has child had any significant injuries or hospitalization? _____

n. Is this child prone to certain ailments? (e.g., ear infections, stomach aches, etc.?) _____

Please check (X) Yes, Sometimes, No, or Not Sure for each of the following statements:

It is my (our) opinion that this child:

	<u>Yes</u>	<u>Sometimes</u>	<u>No</u>	<u>Not Sure</u>
1. Has regular playmates the same age.	___	___	___	___
2. Has difficulty getting along with other children.	___	___	___	___
3. Has difficulty expressing self.	___	___	___	___
4. Prefers to play with other children instead of alone.	___	___	___	___
5. Is difficulty to understand when talking.	___	___	___	___
6. Seems generally happy.	___	___	___	___
7. Is frequently irritable or moody.	___	___	___	___
8. Is upset by changes in routine.	___	___	___	___

	Yes	Sometimes	No	Not Sure
9. Demands much individual adult attention.	___	___	___	___
10. Accepts discipline and limits.	___	___	___	___
11. Becomes confused in following more than two verbal directions at a time.	___	___	___	___
12. Has difficulty remembering things for a <u>short</u> time.	___	___	___	___
13. Has difficulty remembering things for a <u>long</u> time.	___	___	___	___
14. Is easily frustrated.	___	___	___	___
15. Cries easily.	___	___	___	___
16. Cooperates willingly.	___	___	___	___
17. Has a bad temper	___	___	___	___
18. Can use fork and spoon without help.	___	___	___	___
19. Enjoys physical activities.	___	___	___	___
20. Loses balance, trips and falls.	___	___	___	___
21. Has difficulty running.	___	___	___	___
22. Is dealing with family stress such as illness, death, or separation.	___	___	___	___

b. How old are this child's favorite playmates? _____

c. About how many hours a day does your child watch T.V.? _____

d. What kinds of things do you like to do with your child? _____

e. Do you have any special concerns about this child? _____

f. Is there any information that will help us better understand this child? _____

g. Has your child had Special Education needs...past or present? _____

h. Would you like an individual conference with the School Psychologist or a School Adjustment Counselor to relate any information you don't feel you can include on this form? _____

Do you participate in any of the following program? (Please check)

- _____ Social Security
- _____ Medicaid
- _____ Welfare
- _____ Aide for Dependent Children (AFDC)
- _____ Food Stamps