

Douglas Primary School

17 Gleason Court, Douglas, MA 01516 (508) 476-2154 FAX (508) 476-4041 www.douglasps.net

Paul D. Vieira, Ed.D., Superintendent of Schools
Cindy Socha, Principal

February 2024

Dear Families:

Welcome to Kindergarten! We are excited that you and your child will be joining us in September.

We will start accepting Kindergarten Registration paperwork on March 4, 2024. The Registration documents may be returned either in-person between 9:00am and 3:45pm, mailed, or via email to phannon@douglasps.net. Please return all forms by March 28th.

Children must be five years old on or before September 1, 2024 in order to attend Kindergarten during the upcoming school year. You will receive notification of the screening times (which will be held the first day and a half of the school year) as well as orientation (that will be held on the fourth day of the school year) at a future date.

Enclosed you will find:

- 1) Registration Form (new to District students only)
- 2) Integrity Call Notification Data Sheet (new to District students only)
- 3) Health Office Emergency Form (new to District students only)
- 4) Residency Affidavit (new to District students only)
- 5) Biographical Verification Sheet (returning students currently in our PK program only)

Please bring the completed forms, your child's original birth certificate or certified copy (if new to District), and latest physical/immunization information (all students). No other document will be accepted. If not hand delivering the Registration paperwork, you must come in at some point in March to show the original birth certificate. If you have already provided a birth certificate previously, you do not need to provide it again. You are urged to make appointments with your pediatrician now to ensure that all physicals, immunizations, and health forms are completed before September. Also, please be advised that all children entering Massachusetts schools are required to have a lead test.

If you have any questions, please do not hesitate to contact the Primary School at 508-476-2154. We look forward to meeting you and working with you on behalf of your child!

Sincerely,

A handwritten signature in cursive script that reads "Cindy Socha".

Mrs. Cindy Socha,
Primary School Principal

Excellence in Education

Douglas Public Schools
Student Registration Form

School Year _____

Student Information:

ID #: _____

First Name Full Middle Name Last Name
(Full Legal Name as shown on birth certificate)

Gender: ___ Female ___ Male

Birth day: ___ / ___ / ___
month day year

Ethnicity: (select one)

___ Hispanic/Latino
___ Non-Hispanic/Latino

Nickname: _____
classroom use only

Race: (select all that apply)

___ American Indian/Alaskan Native
___ Asian
___ Black/African-American
___ Hawaiian/Pacific Islander
___ White

Select the grade that student is enrolling into:

___ PS3 ___ PK4 ___ K ___ 1

Student Address Information:

House #		PO Box #	
Street		City, State, Zip Code	
Apartment #			
City, State, Zip Code			

Massachusetts Department of Education Data:

Last School Attended: _____
School Name City, State

If student is entering from a Massachusetts Public School, complete the following information:

Visa Type: _____ Admin #: _____

What is the language first used by parent/guardian with the child? _____

What language is primarily spoken in your home? _____

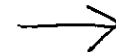
Birth City

Birth State (US Only)

Birth Country*

*If birth country is not in the United States;

- Has this student completed 3 years of schooling in the United States? ___ Yes ___ No
- Identify the first grade level and year completed in the United States: _____



Guardian/Custodial Information:

Parent/Guardian- 1

Parent/Guardian- 2

Relationship to Student		
Name: Last, First		
Title: Mr., Mrs., Ms., Dr., etc.		
House #		
Street		
Apartment #		
City, State, Zip		
PO Box #		
City, State, Zip		
Phone #1	home/cell/work	home/cell/work
Phone #2	home/cell/work	home/cell/work
Work Place		
Email		

Please check all that apply: Has custody of student* Has custody of student*
 Lives with student Lives with student
 Should receive mailings Should receive mailings
 *If sole custody, please provide office with original agreement

Legal restrictions in place regarding non-custodial parent Yes No

Other children residing with enrolling student:

Name	Relationship to Student	Date of Birth	School/Grade

Emergency Contacts:

Name: Last, First		Phone #1	home/cell/work
Relationship to Student		Phone #2	home/cell/work
Can dismiss student?	Yes No		
Can receive student?	Yes No		

Name: Last, First		Phone #1	home/cell/work
Relationship to Student		Phone #2	home/cell/work
Can dismiss student?	Yes No		
Can receive student?	Yes No		

Name: Last, First		Phone #1	home/cell/work
Relationship to Student		Phone #2	home/cell/work
Can dismiss student?	Yes No		
Can receive student?	Yes No		

*Please note: Anyone picking up your child must do so at the school office and show a photo ID.

Integrity Call Notification Data Sheet

Parent/Guardians Names:

Please circle: MOTHER / FATHER / GUARDIAN

Please circle: MOTHER / FATHER / GUARDIAN

Children enrolled in Douglas Public Schools:

_____ Child's Name	_____ School
_____ Child's Name	_____ School
_____ Child's Name	_____ School
_____ Child's Name	_____ School
_____ Child's Name	_____ School

Please indicate the two (2) phone numbers you wish to use for this service. Both numbers will be called (do not use numbers which require an extension).

Please circle: HOME / CELL / WORK

Please circle: HOME / CELL / WORK

If you wish email notification, please list your email address:

If you wish to opt out of routine messages (such as closing or delay) please check and sign. You must still provide the information so we can reach you in the event of an emergency ((school evacuation, etc.)

I wish to opt out of routine messages as described above.

Signature

Thank you for your prompt return of this information to your child's teacher.

Kindergarten Health Requirements

In accordance with Massachusetts State Law every child entering Kindergarten must have the following prior to the start of school:

- A complete Physical with up to date vaccination record ** must be dated within one year from the start of school.
- Proof of Lead test
- A complete vision exam dated within one year of the start of school (or within the first 30 days of school)

If your child has a medical condition requiring an Epi pen or requires medication during the school day, please contact the school nurse at jwalker@douglasps.net, or 508-476-2154 ext. 5

Douglas Public Schools Health Office

NURSE EMERGENCY FORM

STUDENT INFORMATION

First Name: _____ Last Name: _____

Grade: _____ Birthdate: _____ Primary Language: _____

Home Address Street: _____ P.O. Box/Apartment #: _____

City: _____ State: _____ Zip: _____

PARENT/GUARDIAN INFORMATION

Father: _____ Phone: _____

Mother: _____ Phone: _____

Guardian: _____ Phone: _____

If a parent/guardian cannot be reached please list emergency contacts who can be called to pick up your child:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

MEDICAL INFORMATION

Student Physician: _____ Phone: _____

Student Dentist: _____ Phone: _____

Hospital Preference: _____ Phone: _____

(OVER)

First Name: _____ Last Name: _____

Grade: _____ Birthdate: _____

Medical Condition Alerts and Their Treatments:

(i.e. allergies, seizure disorder, Diabetes, asthma, migraines, etc.)

1. Condition: _____

Treatment: _____

2. Condition: _____

Treatment: _____

3. Condition: _____

Treatment: _____

Sharing Medical Information

- I give permission for the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs.
- I give permission for the school nurse to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment.

Parent/Guardian Signature: _____ Date: _____

Permission for Over the Counter Medications

Please note that medications may be given only once during the school day. The school nurse may use first aid treatments including topical ointments like calamine lotion and hydrocortisone for allergic rashes and insect bites, Orajel for toothaches, antibiotic ointments to prevent possible wound infections, burn ointment for minor burns and cough drops for minor throat irritation. There will also be the usage of alcohol-based hand foam rub for students.

My child has permission to take the following medication:

(For grades PreK-5: the school nurse will contact a parent/guardian for permission prior to medicating their child)

- Tylenol (acetaminophen)
- Motrin (ibuprofen)
- Tums (antacids)
- Cough drops

Parent/Guardian Signature: _____ Date: _____

Douglas Public Schools Health Office

STUDENT HEALTH PROFILE

First Name: _____

Last Name: _____

Grade: _____

Birthdate: _____

A. Has your child had any of the following diseases?

Chickenpox	Yes	No
Meningitis	Yes	No
Pneumonia	Yes	No

B. Does your child currently have any of the following?

ADD/ADHD	Yes	No
Anxiety	Yes	No
Asthma	Yes	No
Autism Spectrum Disorder	Yes	No
Depression	Yes	No
Diabetes	Yes	No
Deafness	Yes	No
Fainting	Yes	No
Heart problems	Yes	No
Seizures	Yes	No
Migraine Headaches	Yes	No
Scoliosis	Yes	No
Vision impairment	Yes	No

C. Has your child had any operations?

Appendix	Yes	No
Hernia	Yes	No
Tonsil/Adenoids	Yes	No
Other	Yes	No

If yes, please specify: _____

D. Has your child had any of the following?

Broken bone	Yes	No
Serious accident	Yes	No
Concussion	Yes	No

If yes, please specify: _____

E. Has your child been hospitalized for any other reason?

Yes	No
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If yes, please specify: _____

(OVER)

First Name: _____

Last Name: _____

Grade: _____

Birthdate: _____

F. Does your child have any allergies?

Bee stings	Yes	No
Food	Yes	No
Insect bites	Yes	No
Medication	Yes	No
Seasonal allergies	Yes	No
Other	Yes	No

If yes, please specify: _____

G. Does your child require medication for an allergic reaction**?

Epi-pen	Yes	No
Benadryl	Yes	No
Other	Yes	No

If yes, please specify: _____

****If Yes to any of the above, a doctor's order is required to be turned in to the Health Office****

H. Does your child use any of the following?

Eyeglasses/contact lenses	Yes	No
Hearing aid	Yes	No
Wheelchair	Yes	No
Other	Yes	No

If yes, please specify: _____

I. Can your child participate in all school activities?

Yes No

If no, please specify: _____

J. Does your child take medication during the school day**?

Yes No

If yes, please specify: _____

****If Yes to the above, a doctor's order is required to be turned in to the Health Office****

****PLEASE KEEP FOR YOUR RECORDS****

DOUGLAS PUBLIC SCHOOLS
SCHOOL HEALTH OFFICES

SCHOOL NURSES

Douglas Primary School

Jennifer Walker

Email: jwalker@douglasps.net

Phone: 508-476-2154, Fax: 508-476-4041

Douglas Elementary School

Melanie Brundage

Email: mbrundage@douglasps.net

Phone: 508-476-4200 (option 5), Fax: 508-476-2582

Douglas Middle School

School Nurse Leader

Kathleen Campbell

Email: kcampbell@douglasps.net

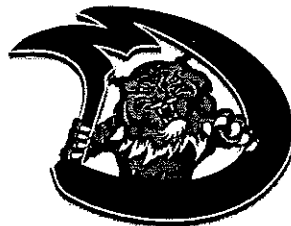
Phone: 508-476-3332 (option 5), Fax: 508-476-4036

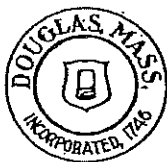
Douglas High School

Melanie Gaucher

Email: mgaucher@douglasps.net

Phone: 508-476-4123, Fax: 508-476-7386





Douglas School District RESIDENCY STATEMENT

Name of School: _____

Date of Birth: __/__/__

Name of Student: _____

Date of Birth: __/__/__

Date of Birth: __/__/__

Date of Birth: __/__/__

Address/Residency: _____

Home Telephone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

1. I/We wish to enroll the above-named student(s) in the Douglas Public Schools. I/We understand that pursuant to Massachusetts law and Douglas Public School Committee Policy, that only students who actually reside in the Town of Douglas may attend the Douglas Public Schools and that students who do not reside in the Town of Douglas may not attend the Douglas Public Schools. Non-residents can submit a School Choice Program application for acceptance into the Douglas Public Schools. Acceptance is not guaranteed.
2. I/We certify that effective _____, _____, the above student(s) is/will be residing at the above address.
3. I/We acknowledge that I am/we are required to notify the Douglas Public Schools in writing, of any change in student(s) above address within five (5) calendar days of such change. If this change is outside of the Town of Douglas, the student (s) must formally be withdrawn from the Douglas Public Schools
4. I/We acknowledge that if we are enrolled in the Douglas Public Schools under a Residency Affidavit, I/We will be required to provide the Douglas Public Schools with proof of residency documentation that is current and accurate.
5. I/We acknowledge that I/we must provide the Douglas Public School with new documentation on the anniversary of the rental agreement or lease agreement. Failure to provide such documentation that confirms residency in the Town of Douglas is both current and accurate will result in student(s) being unenrolled and possible fines being assessed.

The Douglas Public Schools welcomes and is open to all students, and equal opportunities in all approved programs and courses of study without regard to race, color, sex, sexual orientation, gender identity, religion, national origin, homelessness, or disability.



6. I/We understand that the student's enrollment in the Douglas Public Schools will be promptly terminated. I/We will be held financially responsible for the student's tuition for the full academic year(s) paid to the Douglas Public Schools.
7. I/We certify that I am/We are the parent(s), legal guardian(s) or responsible adult of the above listed student(s).
8. I/We understand that all students must reside in the Town of Douglas. That the Town of Douglas is not required to enroll a person(s) who does not legally reside in the Town of Douglas unless authorized by the Douglas School Committee under the School Choice Program. Any person(s) who violate or assists in the violation of this provision may be required to remit full restitution to the Town of Douglas for improperly attending the Douglas Public Schools.
9. No person shall be excluded from or discriminated against in admission to the Douglas Public Schools on account of race, color, sex, religion, national origin, sexual orientation or because of homelessness.
10. I/We understand that if all required residency document(s) cannot be obtained at the time of registration, then my/our child(ren) will hold a provisional residency status. This status can be held for a maximum of 30 days.

Signed under the pain and penalties of perjury on this _____ day of _____, _____
(day) (month) (Year)

Parent/Guardian/Responsible Adult

The Douglas Public Schools welcomes and is open to all students, and equal opportunities in all approved programs and courses of study without regard to race, color, sex, sexual orientation, gender identity, religion, national origin, homelessness, or disability.

Douglas 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) _____ / _____ /20	Name of Former School and Town _____	Current Grade _____
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Questions for Parents/Guardians

What is the primary language used in the home, regardless of the language spoken by the student? _____ _____	Which language(s) are spoken with your child? (include relatives -grandparents, uncles, aunts, etc. - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
What language did your child first understand and speak? _____	Which language do you use most with your child? _____
How many years has the student been in U.S. Schools? (not including pre-kindergarten) _____	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____
Parent/Guardian Signature: X	_____ / _____ /20 Today's Date: (mm/dd/yyyy)



Monthly meetings are usually the second Tuesday of the month at 6:30 in the Elementary School Library. You do not have to attend meetings to volunteer!

The purpose of the Douglas PTO is to support and enhance the education of the children in the Douglas Primary and Elementary Schools by fostering a spirit of cooperation and promoting open communication between families and staff members of the schools.

Join us for a kindergarten park meetup!




Sunday, July 28th
10am-11am
@ Primary School

Scan the QR code or email us to sign up!




What the PTO does...

- Annual back to school family event
- STEM night
- Reading Night
- Fundraising
- Staff appreciation
- Much More!




Last year the PTO raised over \$47,500 to help support and enhance student learning and education!
Come Join our amazing team of volunteers!

How to connect with us!

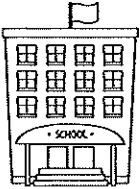



Douglas PTO Facebook Page
@douglasprimaryPTO




Douglas, Ma Class of 2037 Facebook Page

Webpage
<https://douglaspto.ch2v.com/>







PTO Website

E-Mail- Douglasschoolspto@gmail.com