



# *Wachusett Regional School District*

*Holden, Paxton, Princeton, Rutland, Sterling*

## **Wachusett Regional School District Kindergarten Registration Letter**

Dear Parents/Guardians:

Parents of children who will reach their fifth birthday on or before August 31<sup>st</sup> should register their child/children for enrollment into Kindergarten for the upcoming school year.

All Kindergarten Registration materials are provided in the documents that follow. Parents/guardians who are unable to print the hard copies in this packet can contact their child's school (see contact list below) to make arrangements. Parents should complete the entire packet (both online registration form and hard copy documents) and then submit it to the child's school for enrollment for the upcoming school year

Parents are reminded that they are required to provide their child's notarized birth certificate, a current list of immunizations completed by the child's physician as well as proof of vision, hearing and lead screenings. These screening results are documented by the child's physician on the Massachusetts School Health Records-Health Care Provider's Examination form attached to this packet. Parents who have any questions should contact the school nurse of the school (see list of names and emails below).

Please contact the school nurse if your child has specific medical conditions or concerns that may require a parent conference.

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1745 Main Street, Jefferson, MA 01522  
Telephone: (508) 829-1670 Facsimile: (508) 829-1680  
[www.wrsd.net](http://www.wrsd.net)

For your convenience, a listing of the school staff and emails is listed below:

**Please primarily use email during the COVID-19 school closure.**

	School Name	Address	Secretary Name	Secretary Email	Phone
<b>HOLDEN</b>	<i>Davis Hill</i>	80 Jamieson Road	Patricia Johnson	<a href="#">Click Here</a>	508-829-1754
	<i>Dawson</i>	155 Salisbury Street	Maryanne Verrier	<a href="#">Click Here</a>	508-829-6828
	<i>Mayo</i>	351 Bullard Street	Lindsay Dupuis	<a href="#">Click Here</a>	508-829-3203
<b>PAXTON</b>	<i>Paxton Center</i>	19 West Street	Debbie Norton	<a href="#">Click Here</a>	508-798-8576
<b>PRINCETON</b>	<i>Thomas Prince</i>	170 Sterling Road	Tracy Nourse	<a href="#">Click Here</a>	978-464-2110
<b>RUTLAND</b>	<i>Naquag</i>	285 Main Street	Carleen Smith	<a href="#">Click Here</a>	508-886-2901
<b>STERLING</b>	<i>Houghton</i>	32 Boutelle Road	Tiffany Hernandez	<a href="#">Click Here</a>	978-422-2333

	School Name	Principal's Name	Principal's Email	Nurse Name	Nurse Email
<b>HOLDEN</b>	<i>Davis Hill</i>	Jay Norton	<a href="#">Click Here</a>	Sandra Berquist	<a href="#">Click Here</a>
	<i>Dawson</i>	Melissa Wallace	<a href="#">Click Here</a>	Michele Salvadore	<a href="#">Click Here</a>
	<i>Mayo</i>	Liz Garden	<a href="#">Click Here</a>	Laurie Coe	<a href="#">Click Here</a>
<b>PAXTON</b>	<i>Paxton Center</i>	Shawn Rickan	<a href="#">Click Here</a>	Karina Sanchez	<a href="#">Click Here</a>
<b>PRINCETON</b>	<i>Thomas Prince</i>	Tammy Boyle	<a href="#">Click Here</a>	Heather Moore	<a href="#">Click Here</a>
<b>RUTLAND</b>	<i>Naquag</i>	Dixie Estes	<a href="#">Click Here</a>	Amy McGearry	<a href="#">Click Here</a>
<b>STERLING</b>	<i>Houghton</i>	Tony Cipro	<a href="#">Click Here</a>	Bertha Josiah-Ogbomo	<a href="#">Click Here</a>

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If you need these materials translated, please contact the main office of your child's school.

## Albanian / shqiptar

Ne qofte se ju do te deshironit dokumentat te perkthyer ne gjuhen shqip. Ju mund ti kerkoni ne zyren qendrore te shkollës du eshte femija juaj.

## Arabic / العربية

إذا كنت بحاجة إلى هذه المواد المترجمة، يرجى الاتصال بالمكتب الرئيسي للمدرسة طفلك.

## Chinese / 汉语

如果您需要翻译这些材料，请联系您孩子学校的主要办公室。

## French / français

Si vous avez besoin de traduire ces documents, veuillez communiquer avec le bureau principal de l'école de votre enfant.

## German / Deutsch

Wenn Sie diese Materialien benötigen, wenden Sie sich bitte an das Hauptbüro der Schule Ihres Kindes.

## Greek / ελληνικά

Αν χρειάζεστε αυτά τα υλικά μεταφραστεί, παρακαλούμε επικοινωνήστε με το κεντρικό γραφείο του σχολείου του παιδιού σας.

## Hindi / हिंदी

आप इन सामग्रियों अनुवाद की जरूरत है, अपने बच्चे के स्कूल के मुख्य कार्यालय से संपर्क करें।

## Italian / italiano

Se avete bisogno di questi materiali tradotti, si prega di contattare la sede della scuola di vostro figlio.

## Japanese / 日本語

これらの資料を翻訳する必要がある場合は、お子様の学校の本店にお問い合わせください。

## Korean / 한국어

이러한 자료가 번역되어 필요하면 자녀 학교의 본사에 연락하십시오.

## Polish / Polskie

Jeśli potrzebujesz tych materiałów przetłumaczone, skontaktuj się z głównym biurem w szkole Twojego dziecka.

## Portuguese / português

Se você precisar traduzir esses materiais, entre em contato com o escritório principal da escola de seu filho.

## Russian / русский

Если вам нужны эти материалы переведены, пожалуйста, обращайтесь в главный офис школы вашего ребенка.

## Spanish / Español

Si necesita traducir estos materiales, comuníquese con la oficina principal de la escuela de su hijo.



# Wachusett Regional School District

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## Step 1: Complete Online Registration Form: [Click Here for Link](#)

This online form will begin the registration process for incoming Kindergarten students. In this online form, you will be asked to provide the following information:

<p><b><u>STUDENT INFORMATION:</u></b></p> <ul style="list-style-type: none"><li>- Student Name</li><li>- DOB</li><li>- Gender</li><li>- Birthplace (Town, State, Country)</li><li>- Child's Address</li><li>- Mailing Address (if different)</li><li>- School Your Child Will Attend</li><li>- Is the student Hispanic or Latino?</li><li>- Student's Race</li></ul>	<p><b><u>PARENT/GUARDIAN INFO:</u></b></p> <ul style="list-style-type: none"><li>- Parent/Guardian Name</li><li>- Cell Phone Number</li><li>- Home Phone Number</li><li>- Email Address</li><li>- Employer Name</li><li>- Employer Phone Number</li><li>- Preferred Phone Number</li></ul>
<p><b><u>PREVIOUS SCHOOL INFORMATION:</u></b></p> <ul style="list-style-type: none"><li>- Information about your child's preschool or services prior to Kindergarten (if any)</li></ul> <p><b><u>ADDITIONAL INFORMATION:</u></b></p> <ul style="list-style-type: none"><li>- Custody status</li><li>- Restraining orders against a parent/guardian (if any)</li></ul> <p><b><u>FAMILY INFORMATION</u></b></p> <ul style="list-style-type: none"><li>- Military service of parent(s)/guardian(s)</li></ul>	<p><b><u>EMERGENCY CONTACT INFORMATION (for 2 adults who are not parents/guardians):</u></b></p> <ul style="list-style-type: none"><li>- Emergency contact names, phone numbers, and relationship to family</li></ul> <p><b><u>MEDICAL INFORMATION:</u></b></p> <ul style="list-style-type: none"><li>- Name and phone number of Primary Care Physician</li><li>- Name and phone number of Dentist</li><li>- List of your child's medical conditions (if any)</li><li>- Details about your child's allergies (if any)</li></ul>

Once you have completed the online pre-registration form, please complete and return all forms in this document **to your child's school** in order to complete the registration process.

<b>Front Office Forms (for school secretary)</b>	<b><u>Documents to Mail</u></b> <b>**Note: These documents are required prior to the start of the school year. **</b> <ol style="list-style-type: none"> <li>1. Child’s notarized birth certificate</li> <li>2. Custody agreements and/or active restraining orders (if applicable)</li> <li>3. For Residency Verification (<a href="#">see full Policy here</a>) <ol style="list-style-type: none"> <li>a. Evidence of Residency</li> <li>b. Evidence of Occupancy</li> <li>c. Evidence of Identification</li> </ol> </li> <li>4. <a href="#">Health Care Provider’s Examination Form</a></li> <li>5. <a href="#">Certificate of Immunization</a>  For more information regarding immunizations, please visit <a href="http://www.wrsdonline.net/6611_Immunizations.pdf">http://www.wrsdonline.net/6611_Immunizations.pdf</a> or <a href="http://www.mass.gov/dph/imm">http://www.mass.gov/dph/imm</a> or <a href="http://www.mass.gov/eohhs/docs/dph/regs/105cmr220.pdf">http://www.mass.gov/eohhs/docs/dph/regs/105cmr220.pdf</a></li> <li>6. Proof of Vision Screening (provided by Physician)</li> <li>7. Proof of Lead Screening (provided by Physician)</li> </ol>
<b><u>Forms You Fill Out &amp; Mail</u></b> <ol style="list-style-type: none"> <li>1. <a href="#">Transportation Information Form</a></li> <li>2. <a href="#">Home Language Survey Form</a></li> <li>3. <a href="#">Kindergarten Developmental History Form</a></li> </ol>	
<b>Health &amp; Medical Forms (for school nurse)</b>	
<b><u>Forms You Fill Out &amp; Mail</u></b> <ol style="list-style-type: none"> <li>1. <a href="#">WRSD Health History Form</a></li> </ol>	



# Wachusett Regional School District

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## Residency Protocol and Enrollment

In order to attend schools in the Wachusett Regional School District, a student must actually reside in one of the five towns: Holden, Paxton, Princeton, Rutland, or Sterling. The residence of the minor child is presumed to be the legal, primary residence of the parent(s) or guardian(s) who have physical custody of the child.

“**Residence**” is the primary place where a person dwells permanently, not temporarily, and is the place that is the center of his or her domestic, social, and civic life. Temporary residence in any of the towns included in the District, solely for the purpose of attending Wachusett District schools, shall not be considered residency.

In determining residency, Wachusett Regional School District reserves the right to request a variety of documentation and to conduct an investigation into where a student actually resides. Because residency can, and does, change for students and their families during the course of the academic year, Wachusett Regional School District may continue to verify residency after the commencement of classes.

### **Verification**

Before any child is assigned or invited to attend a school in the Wachusett Regional School District, his/her parent or legal guardian must provide one item from each column in the following table as proof of primary residence. Applications for registration cannot be processed without these documents.

Column A (must provide one)	Column B (must provide one)	Column C (must provide one)
<b>Evidence of Residency</b>	<b>Evidence of Occupancy</b>	<b>Evidence of Identification</b>
Record of recent mortgage payment and/or property tax bill	Recent bill dated within the past 60 days showing address within WRSD	Valid driver’s license
Copy of lease and record of recent rental payment	Gas bill	Valid MA photo ID card
Landlord Affidavit and recent rental payment	Oil bill	Valid passport
Section 8 Agreement	Electric bill	
	Home telephone bill (not cell phone)	
<b>For all new construction</b> , must provide a Certificate of Occupancy	Cable bill	
	Excise tax bill	

**Further clarification:**

Any student who has a split residency due to joint physical custody will be granted enrollment in the District and/or allowed to remain with proof that the child is living at least 50% of the time within the District. A court document that references 50/50 custody will verify the child's living arrangement.

**This residency policy does not apply to homeless students.**

Any family that is able to provide the required proofs of residency may [download the registration form and other pertinent documents \(click here\)](#), complete them totally, and make an appointment directly with school in which the child will be enrolled.

If your personal circumstances make it impossible for you to provide the required proof of residency, consult the Director of Social Emotional Learning at the Central Office, 1745 Main St. Jefferson, Massachusetts 01522 508-829-1670 x 237 (Email: [Brendan\\_Keenan@wrsd.net](mailto:Brendan_Keenan@wrsd.net))

If you share housing with a friend or relative, you may use the landlord/shared tenancy affidavit to fulfill one of the proof of residency requirements. The person that you are living with must complete the residency affidavit to affirm your residence. If you are temporarily residing with a friend or relative due to economic hardship, loss of housing, or a similar reason, you may qualify as homeless under the No Child Left Behind Act. Homeless families are not required to produce the same proof of residency. Please contact the Director of Social Emotional Learning at the Central Office, 1745 Main St. Jefferson, Massachusetts 01522 508-829-1670 x 237 for assistance in registering your child.

**Penalties**

Families found to be in violation of the residency policy will face strict penalties, including:

- Immediate dismissal from school
- Per diem fines for the educational and related services accessed as a nonresident, which are based on the number of days the student attended school and the average per pupil cost to the district
- Possible legal action

The following documents should be completed in full. An appointment can then be made with the school to submit the completed documents for consideration and enrollment.



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## Transportation Information

For transportation purposes, please accurately identify the following information:

Child's Name \_\_\_\_\_

Parent(s) Names \_\_\_\_\_

Current Home / Family Address \_\_\_\_\_

Daytime Contact Telephone Number \_\_\_\_\_

Babysitter / Childcare Name \_\_\_\_\_

Babysitter/Caregiver Address \_\_\_\_\_

Babysitter / Caregiver Telephone Number \_\_\_\_\_

Below, please designate if there are different transportation needs on different days.

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# Wachusett Regional School District

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## Home Language Survey

Name of School \_\_\_\_\_

Date: \_\_\_\_\_

State and federal law 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 accurately. Thank you for your assistance.

### Student Information

\_\_\_\_\_  F  M  Non-binary  
 First Name Middle Name Last Name Gender  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 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

<b>What is the native language of each parent/guardian? (circle one)</b> _____ mother / father / guardian _____ mother / father / guardian	<b>Which languages are spoken with your child?</b> (include relatives - grandparents, uncles, aunts, etc. - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
<b>What language did your child first understand and speak?</b> _____	<b>Which language do you use <u>most</u> with your child?</b> _____
<b>Which other languages does your child know? (circle all that apply)</b> _____ speak / read / write _____ speak / read / write	<b>Which languages does your child use? (circle one)</b> _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
<b>Will you require written information from school in your native language?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Will you require an interpreter/ translator at ParentTeacher meetings?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Parent / Guardian Signature:</b> x _____	_____ / _____ / _____ <b>Today's Date (mm/dd/yyyy)</b>

**WACHUSETT REGIONAL SCHOOL DISTRICT  
KINDERGARTEN DEVELOPMENTAL HISTORY**

Student's Name \_\_\_\_\_ M  F

Non-Binary

Last

First

Middle

Home Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Birth Place \_\_\_\_\_ Birth Date \_\_\_\_\_

Do you feel that your child was delayed in any of the following:

Sitting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Toilet training	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Crawling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Feeding self	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Walking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Premature birth	Yes <input type="checkbox"/>	
No <input type="checkbox"/>					
Using simple words	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Normal delivery	Yes <input type="checkbox"/>	
No <input type="checkbox"/>					
Using full sentences	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:		

Has your child attended nursery school? Yes  No  Where? \_\_\_\_\_ For how long? \_\_\_\_\_

*The following questions refer to problems in such areas as hearing, vision, speech, language, and physical, intellectual, social and emotional development.*

Do you have any reason to suspect your child might be in need of any special services or considerations in his/her school setting or curriculum? Yes  No  If Yes, please explain: \_\_\_\_\_

Has your child ever been evaluated for any condition or problem which might have a bearing on school performance?

Yes  No  If Yes, please explain: \_\_\_\_\_

Were the recommendations carried out? Yes  No  Please explain: \_\_\_\_\_

Would information regarding this evaluation and/or treatment be available for the appropriate school personnel?

Yes  No

If Yes, please give name(s) and address(es) of person(s) or agency(ies) from whom this information may be obtained: \_\_\_\_\_

Is your child presently enrolled in any special school program? Yes  No

If Yes, please explain: \_\_\_\_\_

What words best describe your child?

<input type="checkbox"/> shy	<input type="checkbox"/> self-confident	<input type="checkbox"/> cooperative
<input type="checkbox"/> happy	<input type="checkbox"/> jealous	<input type="checkbox"/> affectionate
<input type="checkbox"/> excitable	<input type="checkbox"/> nervous	<input type="checkbox"/> negative
<input type="checkbox"/> talkative	<input type="checkbox"/> other	

Which hand does your child prefer?  right  left

What words best describe your child's feelings about coming to school?

- enthusiastic       eager       fearful       happy  
 indifferent       apprehensive       other

Is your child's speech easily understood by strangers?

Does he/she have a speech difficulty?

Does your child have any fears, such as:

- thunderstorms       being alone  
 the dark       dogs or other animals  
 noises       other \_\_\_\_\_

Does your child have any special problems?

- vision       hearing       eating  
 nail-biting       finger-sucking       bed-wetting  
 speech       stubbornness       temper-tantrums  
 "accidents" in pants       environmental allergies (pollen, etc.)  
 other If so, please list \_\_\_\_\_

Does your child have any physical condition that would prevent him/her from participating in an active kindergarten program?

Yes       No       If Yes, please explain:

Does your child play with:

- brother/sister       alone       younger children  
 older children       neighborhood children       one close friend

Has your child had any of the following experiences?

- library       public park       beach  
 airplane trip       bus trip       bank  
 camping       train trip       other \_\_\_\_\_

Can your child:

- snap       zip       button  
 tie shoes       dress self       stay willingly with a relative  
 stay willingly with a babysitter       take care of toilet needs       stay willingly with others

Does your child use at home:

- scissors       crayons       paste or glue  
 puzzles       pencils       paint  
 clay       blocks       books

Previous School experiences:

- Head Start       religious school       None  
 nursery school-where & for how long?

Please describe briefly your child's nursery/preschool experience:

May we have permission to contact your child's preschool?

Is your child able to:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> identify colors                 | <input type="checkbox"/> print his/her name        | <input type="checkbox"/> count to 10               |
| <input type="checkbox"/> count higher than 10            | <input type="checkbox"/> identify numbers 1-10     | <input type="checkbox"/> count objects to 10       |
| <input type="checkbox"/> identify numbers 10-20          | <input type="checkbox"/> identify alphabet letters | <input type="checkbox"/> count objects to 20       |
| <input type="checkbox"/> listen to and follow directions | <input type="checkbox"/> identify shapes           | <input type="checkbox"/> pick up after him/herself |
| <input type="checkbox"/> complete tasks begun            | <input type="checkbox"/> tell his/her full name    | <input type="checkbox"/> tell his/her phone number |
| <input type="checkbox"/> occupy self with quiet play     | <input type="checkbox"/> tell left from right      | <input type="checkbox"/> sit and listen to a story |
| <input type="checkbox"/> tell his/her address            |  |  |

Thank you for taking the time to supply us with this information. Your cooperation is appreciated. If there is any other information you feel the school should know, please note it at the bottom of this sheet.

Information supplied by:

<b>Signature of Parent/Guardian</b>	<b>Relationship to Student</b>	<b>Date</b>
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**DO NOT WRITE BELOW THIS LINE**

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**GRADE** \_\_\_\_\_ **BIRTH CERTIFICATE VERIFIED** \_\_\_\_\_ **NURSE INITIALS** \_\_\_\_\_ **DATE** \_\_\_\_\_

**WACHUSETT REGIONAL SCHOOL DISTRICT  
HEALTH HISTORY**

**Student's Name** \_\_\_\_\_ **Class** \_\_\_\_\_

Child's Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician: \_\_\_\_\_

Dentist: \_\_\_\_\_

Please check if your child has any of the following and explain below:

**GENERAL HEALTH:**

Hospitalizations/Operations? \_\_\_\_\_

Under care of a specialist physician? \_\_\_\_\_

Take medication regularly? Yes/No

If yes, what is medication taken for?

\_\_\_\_\_

Any physical restrictions? \_\_\_\_\_

Sleep well? \_\_\_\_\_

Good appetite? \_\_\_\_\_

Any accidents/fractures/injuries? \_\_\_\_\_

Explain:

\_\_\_\_\_

\_\_\_\_\_

**ALLERGIES:**

Food: \_\_\_\_\_

Bees: \_\_\_\_\_

Latex: \_\_\_\_\_

Eczema: \_\_\_\_\_

Medications: \_\_\_\_\_

Gluten: \_\_\_\_\_

Seasonal: \_\_\_\_\_

Prescribed Epi-Pen: \_\_\_\_\_

Explain:

\_\_\_\_\_

\_\_\_\_\_

**RESPIRATORY:**

Asthma? \_\_\_\_\_

Inhaler use regularly? \_\_\_\_\_

Nebulizer use? \_\_\_\_\_

Explain:

\_\_\_\_\_

**IMMUNIZATIONS:**

Up to date: \_\_\_\_\_

Exemptions or defer vaccines: \_\_\_\_\_

Explain:

\_\_\_\_\_

\_\_\_\_\_

**EARS, NOSE, THROAT:**

Frequent ear infections? \_\_\_\_\_

Hearing/Speech Issues? \_\_\_\_\_

Ear tubes? \_\_\_\_\_

Frequent Strep Throat? \_\_\_\_\_

Frequent nosebleeds? \_\_\_\_\_

Dental Issues? \_\_\_\_\_

Explain:

\_\_\_\_\_

**URINARY/GASTROINTESTINAL:**

Frequent UTIs: \_\_\_\_\_

Pain when urinating: \_\_\_\_\_

Pain with bowel movement: \_\_\_\_\_

Constipation Issues: \_\_\_\_\_

Frequent stomach aches: \_\_\_\_\_

Food Intolerance: \_\_\_\_\_

Ability to wipe/toilet independently? Yes/No

Explain:

\_\_\_\_\_

**SKIN:**

Frequent rashes: \_\_\_\_\_

Eczema: \_\_\_\_\_

Hives: \_\_\_\_\_

Explain:

\_\_\_\_\_

**EYES:**

Wear glasses/contacts: \_\_\_\_\_

Followed by ophthalmologist for vision concerns: \_\_\_\_\_

If so, physician name: \_\_\_\_\_

Referred school vision exam: \_\_\_\_\_

**CARDIOVASCULAR:**

Any current/past heart problems: \_\_\_\_\_

Followed by cardiologist: \_\_\_\_\_

Explain:

\_\_\_\_\_

**SKELETAL:**

Complaints of leg, arm, back, or joint pains: \_\_\_\_\_

Any back problems/scoliosis: \_\_\_\_\_

Any limping/hip issues: \_\_\_\_\_

Explain:

\_\_\_\_\_

**NOTE: No medication can be given at school without written orders from the physician and parent signature. See medication order policy and forms.**

**Parent/Guardian Signature:**

\_\_\_\_\_

Date: \_\_\_\_\_

# MASSACHUSETTS SCHOOL HEALTH RECORD

## Health Care Provider's Examination

Name \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_

Medical History \_\_\_\_\_

### Pertinent Family History

### Current Health Issues

Y N

Allergies: Please list: Medications \_\_\_\_\_ Food \_\_\_\_\_ Other \_\_\_\_\_  
History of Anaphylaxis to \_\_\_\_\_ Epi-Pen®:  Yes  No

Asthma: Asthma Action Plan  Yes  No (Please attach)

Diabetes:  Type I  Type II

Seizure disorder: \_\_\_\_\_

Other (Please specify) \_\_\_\_\_

**Current Medications (if relevant to the student's health and safety)** Please circle those administered in school; a separate medication order form is needed for each medication administered in school.

### Physical Examination

Date of Examination: \_\_\_\_\_

Hgt: \_\_\_\_\_ (\_\_\_\_%) Wgt: \_\_\_\_\_ (\_\_\_\_%) BMI: \_\_\_\_\_ (\_\_\_\_%) BP: \_\_\_\_\_

(Check = Normal / If abnormal, please describe.)

General \_\_\_\_\_  Lungs \_\_\_\_\_  Extremities \_\_\_\_\_

Skin \_\_\_\_\_  Heart \_\_\_\_\_  Neurologic \_\_\_\_\_

HEENT \_\_\_\_\_  Abdomen \_\_\_\_\_  Other \_\_\_\_\_

Dental/Oral \_\_\_\_\_  Genitalia \_\_\_\_\_

### Screening:

(Pass) (Fail)

(Pass) (Fail)

(Pass) (Fail)

Vision: Right Eye

Hearing: Right Ear

Postural Screening:

Left Eye

Left Ear

(Scoliosis/Kyphosis/Lordosis)

Stereopsis

**Laboratory Results:**  Lead \_\_\_\_\_ Date \_\_\_\_\_  Other \_\_\_\_\_

**The entire examination was normal:**

**Targeted TB Skin Testing:**  Med-to-High risk (exposure to TB; born, lived, travel to TB endemic countries; medical risk factors):

TB Test Type:  TST  IGRA Date: \_\_\_\_\_ Result:  Positive  Negative  Indeterminate/Borderline

Referred for evaluation to: \_\_\_\_\_ Date: \_\_\_\_\_  Low risk (no TB test done)

This student has the following problems that may impact his/her educational experience:

Vision  Hearing  Speech/Language  Fine/Gross Motor Deficit

Emotional/Social  Behavior  Other

Comments/Recommendations: \_\_\_\_\_

Y  N This student may participate fully in the school program, including physical education and competitive sports. If no, please list restrictions: \_\_\_\_\_

Y  N Immunizations are complete: If no, give reason: Please attach Massachusetts Immunization Information System Certificate or other complete immunization record.

Signature of Examiner Circle: MD, DO, NP, PA Date \_\_\_\_\_

\_\_\_\_\_  
Please print name of Examiner.

Group Practice \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Please attach additional information as needed for the health and safety of the student.

MDPH 04/06/20



**MassHealth  
School-Based Medicaid Program Bulletin 32  
June 2019**

**TO:** School-Based Medicaid Providers Participating in MassHealth

**FROM:** Daniel Tsai, Assistant Secretary for MassHealth

**RE: Parental Consent for Local Education Agencies to Bill MassHealth Does Not Change MassHealth Benefits Outside of School**

## **Background**

MassHealth is dedicated to improving the health outcomes of our diverse members, their families, and their communities by providing access to integrated health care systems that sustainably promote health, well-being, independence, and quality of life.

According to guidance published by the Department of Elementary and Secondary Education (DESE), the Family Education Rights and Privacy Act (FERPA) requires LEAs to obtain consent from a parent or guardian to share information with MassHealth, including information needed to bill MassHealth for services provided to students, DESE provides [guidance on parental consent](#) requirements on its website.

This bulletin clarifies that parental consent allowing LEAs to bill MassHealth does not change the MassHealth services that members can receive inside or outside of school. LEAs are encouraged to share this bulletin with parents and guardians to clarify this policy.

The School Based Medicaid Program (SBMP) does offer local education agencies (LEAs) an important opportunity to be reimbursed when they provide MassHealth covered services to MassHealth members. LEAs can be cities, towns, charter schools, regional schools, vocational schools, or technical schools. LEAs may bill MassHealth for reimbursable services and administrative costs. Parents and guardians of MassHealth members are **not** billed for these services.

## **Consent to LEA Billing MassHealth**

Granting or revoking parent or guardian consent to allow the LEA to bill MassHealth **does not change** the amount, frequency, or duration of MassHealth services that MassHealth members can receive inside or outside of school. Services that MassHealth members may receive both in and out of school include, but are not limited to

- Nursing services
- Physical, occupational, and speech therapies
- Applied Behavior Analysis (ABA) services
- Psychotherapy services

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MassHealth may require prior authorization (PA) to determine whether certain services are medically necessary outside of school. PA may be required before services start or after a certain threshold of visits have been met. As part of the PA process, MassHealth reviews the member's needs and/or conducts a clinical evaluation of the member's needs and also considers the services the member already receives, including the services expected to be delivered in the school setting.

Clinical review and prior authorization are conducted as appropriate **regardless of whether an LEA bills MassHealth**. Thus, the granting or revoking of parental or guardian consent for LEAs to bill MassHealth does not change the amount, frequency, or duration of services provided outside of school.

### **SBMP Website**

For more information about the School-Based Medicaid Program, including the upcoming changes effective July 1, 2019, please see [www.mass.gov/masshealth/schools](http://www.mass.gov/masshealth/schools). A copy of this bulletin can be found at [www.mass.gov/lists/sbmp-program-bulletins](http://www.mass.gov/lists/sbmp-program-bulletins).

### **Questions**

If LEAs have questions about this bulletin please contact the School-Based Medicaid Claiming Program at (800) 535-6741 or by email at [schoolbasedclaiming@umassmed.edu](mailto:schoolbasedclaiming@umassmed.edu).

If parents or guardians have questions or concerns about their child's out-of-school MassHealth benefits, please contact the MassHealth Customer Service Center at (800) 841-2900.

For questions specifically about Community Case Management (CCM), please contact the CCM program at (508) 856-6222.

For questions about parent or guardian consent, please contact the DESE Office of Student and Family Support at (781) 338-3010 or by email at [achievement@doe.mass.edu](mailto:achievement@doe.mass.edu).



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

*School District Name and Code:* Wachusett Regional School District 07750000

*School/District Contact:* Christine Smith , 508-829-1670 x238

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: \_\_\_\_\_

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

Add more children