



Cohasset Public Schools

New Kindergarten Registration Packet

We would like to welcome you to our school district. Cohasset Public School's Full-Day Kindergarten is free. Full-Day Kindergarten classes are held during the regular school hours of 9:10 AM to 3:20 PM. Students will eat lunch at school and, if eligible for transportation, will be transported on regular school busses.

To help your son or daughter enroll as quickly as possible, we have put together the following list of information you will need to provide us PRIOR to your son or daughter being officially enrolled as a student with Cohasset Public Schools.

Legal Birth Certificate

Proof of Residence (see Residency Verification form for required documentation)

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 physician immediately for an appointment.

Copy of Custody Agreement (If Applicable)

COMPLETE THE FORMS LISTED BELOW:

- Registration Form
- Ethnicity Form
- Home Language Survey
- Residency Verification Form
- Massachusetts School Health Record & Certificate of Immunization
- Medical Information Form
- Military Family Status Form
- Release of Records Request

NO ENROLLMENT WILL BE PROCESSED UNTIL ALL OF THE ABOVE DOCUMENTATION AND THE DEPOSIT HAS BEEN RECEIVED

**Nonstandard enrollments may require additional documents.

Please contact the Joseph Osgood Elementary School: 781-383-6117



Cohasset Public Schools

COHASSET PUBLIC SCHOOLS - NEW KINDERGARTEN REGISTRATION FORM

Student's Full Legal Name: _____
Last First Middle

Address: _____ City: _____ State: _____ ZIP: _____

Home Tel. # _____

Birth Date (MM/DD/YYYY): _____ Gender: ___M___F entering Grade: _____

Town/State/Country of Birth: _____ SASID #: (To be filled out by school) _____

Mother's/Guardian's Name Address City/Town/Zip

Email Work Tel. Cell

Father's/Guardian's Name Address City/Town/Zip

Email Work Tel. Cell

Child lives with:

___Both___ ___Father___ ___Mother___ ___Guardian___ (Please supply Court Docs if applicable)

___Mother/Stepfather___ ___Father/Stepmother___



Cohasset Public Schools

COHASSET PUBLIC SCHOOLS - NEW KINDERGARTEN REGISTRATION FORM (cont.)

Previous School Information

Last School attended: _____ Grade: _____

City: _____ State: _____

Special Education Services Information

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

Is your child being tested for Early Intervention? Yes No

Is the Student applying a sibling of a current Cohasset Student? Yes No

If so, Name and grade of Student: _____

Parent/Guardian Signature: _____ Date: _____

Please Print Name: _____



Cohasset Public Schools

STUDENTS ENTERING KINDERGARTEN:

Student's Full Legal Name: _____
Last First Middle

Has the student ever been enrolled in a Massachusetts Public School: _____ YES _____ NO

Previous School Name: _____

Previous School Address: _____ Phone: _____

Do we have permission to contact the school? _____ YES _____ NO

Prior to age six (6) Please mark the circle which best describes your child's previous experience in a school

- No formal early childhood program experience
- Family Support: Coordinated Family and Community Engagement (CFCE)
- Family support: Parent Child Home Program (PCHP)
- Family Support: Both CFCE & PCHP
- Formal: Licensed Family Child Care Provider < 20 hours per week
- Formal: Licensed Family Child Care Provider > 20 hours per week
- Formal: Center Based Program < 20 hours per week
- Formal: Center Based Program > 20 hours per week
- Formal Both Family Child Care Provider and Center Based Program < 20 hours per week
- Formal Both Family Child Care Provider and Center Based Program > 20 hours per week

Has your student received any of the following services? (Please mark all that apply)

Special Education Title 1 Individual Health Care Plan
 Occupational Therapy Physical Therapy Speech Language
 Counseling
 English Language Learner Program
 Section 504 Accommodation Plan Other (please describe below)



Cohasset Public Schools

STUDENTS ENTERING KINDERGARTEN (Cont.):

Is there any additional information you would like the school to know about your child?

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



Cohasset Public Schools

RESIDENCY VERIFICATION

verification of residence is required of all students enrolling in the Cohasset Public Schools.

The CPS residency policy does not apply to students experiencing homelessness

Please contact our District's McKinney Vento Liaison, Barbara Cerwonka, Director of Student Services, for assistance regarding the enrollment process for homeless students. She can be reached at bcerwonka@cohassetk12.org or 781-383-6104.

If you own the property, we require:

- Copy of most recent tax bill
- Copy of most recent utility bill (cable, electric, landline phone, etc.) or mortgage statement.

If you lease/rent, we require:

- Copy of most recent utility bill in your name (cable, electric, landline phone, etc.).

If you are living with a relative, we require:

- Notarized letter from the property owner stating the child is currently living at a Cohasset address with a copy of the property owner's most recent property tax bill
- Copy of most recent car insurance bill or credit card bill in your name mailed to you at the Cohasset address.

Without proper proof of residency, the student will not be allowed to enroll in the Cohasset Public Schools.

Parent/Guardian Signature: _____ Date: _____

Student's Name: _____

The above signature certifies that all statements and documents of residency are true and that you agree to periodic checks of residency, if required.

Should your residency change at any time, you must notify the Cohasset Public Schools immediately.

Resident verified by: _____ Date: _____

Proof of Residency submitted: _____



Cohasset Public Schools

RACE & ETHNICITY FORM

Every school district in Massachusetts is required to report to the Massachusetts Department of Education each year student data by race and ethnicity categories that are set by the Federal Government. The Department of Education does not report individual student data to the Federal Government but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments and ensure that all students receive the educational programs and services to which they are entitled. The completion of this form is strictly voluntary.

Student's Name: _____ **Grade:** _____

Please answer BOTH questions 1 and 2.

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, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

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

- American Indian or Alaska 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)

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Parent/Guardian chose not to complete Ethnicity/Race information

Authorized Signature: _____ Date: _____



Cohasset Public Schools

CONFIDENTIAL STUDENT EMERGENCY INFORMATION FORM

Student's Full Legal Name: _____
Last First Middle

Address: _____ City/Town: _____ ZIP: _____

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 list local contacts only.

Please complete the following information:

Mother's/Guardian's Name Address City/Town/Zip

Email Work Tel. Cell

Father's/Guardian's Name Address City/Town/Zip

Email Work Tel. Cell

Child lives with:

____ Both ____ Father ____ Mother ____ Guardian (Please supply Court Docs if applicable)

____ Mother/Stepfather ____ Father/Stepmother



Cohasset Public Schools

CONFIDENTIAL STUDENT EMERGENCY INFORMATION FORM (cont.)

Please arrange for ***two other*** responsible adults to care for, and that can dismiss your child if you cannot be reached (Please list local contacts only)

Name: _____

Address: _____ City/Town: _____

Phone: _____ Relationship to Student: _____

Name: _____

Address: _____ City/Town: _____

Phone: _____ Relationship to Student: _____

List other children living in the home:

Name	Date of Birth	Relationship to Student
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature: _____ Date: _____

Please Print Name: _____



Cohasset Public Schools

STUDENT HEALTH INFORMATION FORM

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

Student's Full Legal Name: _____
Last First Middle

Address: _____ City/Town: _____ ZIP: _____

Home Tel. _____ Birth Date (MM/DD/YYYY): _____ Place of birth: _____

Mother's/Guardian's Name Address City/Town/Zip

Email Work Tel. Cell

Father's/Guardian's Name Address City/Town/Zip

Email Work Tel. Cell

MEDICAL INFORMATION

Physician Name: _____ Tel#: _____

Dentist Name: _____ Tel #: _____

Health Insurance Provider: _____

Please circle one: 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

The Cohasset Public Schools policy of nondiscrimination shall apply to the District's students, staff, and families, and shall extend to the District's dealings with the general public and those with whom it does business, in accordance with applicable law. No individual shall be discriminated against in admission, employment, or access to educational opportunities, courses of study, programs, activities, or facilities of the Cohasset Public Schools on the basis of actual or perceived race, color, ethnicity, national origin, ancestry, immigration status, religion, creed, sex, sexual orientation, gender, gender identity or expression, genetic information, veteran status, U.S. uniformed military service member status, disability, age (student age eligibility requirements excepted), homelessness, marital or parental status, pregnancy or pregnancy related condition, or any status or characteristic protected under applicable federal, state or local law. Cohasset Public Schools is an equal opportunity employer. Any complaint of a violation of the District's nondiscrimination policy should be directed to the Superintendent of Schools or to the relevant District Officer or Coordinator (e.g., Title VI, Title VII, Title IX, ADA, Section 504, McKinney-Vento).



Cohasset Public Schools

STUDENT HEALTH INFORMATION FORM (cont.)

OTHER MEDICAL INFORMATION

Did your child have a premature birth? _____Yes _____No

Does your child have a medical history that the school nurse should be aware of? _____Yes _____No
If yes, please explain (include history of disease, current and past medical conditions, injuries, surgeries, and hospitalizations)

Are there any activities or restrictions for your child? _____Yes _____No

If yes, please explain: _____

Does your child have any allergies (food, insects, medication, etc.?) _____Yes _____No

Please describe:

Is your child taking any medications? _____Yes _____No

If so, please explain:

Current Medication: _____

Name	Dose	Time of Dose
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Current Medication: _____

Name	Dose	Time of Dose
------	------	--------------

Does your child wear glasses? _____Yes _____No When was his/her last eye exam? _____

Does your child have hearing difficulties? _____Yes _____No

If yes, please explain



Cohasset Public Schools

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

Massachusetts Department of Public Health Minimum Immunization Requirements for School Entry

<u>Immunization</u>	<u>Day Care/Preschool</u>	<u>Kindergarten</u>
DTaP/DTP/DT/Td	4 doses DTaP/DTP	5 doses DTaP/DTP
Polio	3 doses	4 doses
MMR	1 dose	2 doses
Hepatitis B	3 doses	3 doses
Hib	1 dose	---
Varicella*	1 dose	2 doses

*A physician's documentation of a history of Varicella (Chicken Pox) or serologic proof of immunity is required if the Varicella vaccine has not been given.

Proof of all required immunizations **MUST** be provided before your child may enter school. A **physical examination** within one year of the first day of school, which includes a **lead screening** with the date and results of test, and a **vision screening** including stereopsis results is required to be submitted. If your child's yearly exam is scheduled during the fall months, please contact your doctor to get any required immunizations prior to the start of school and submit the updated physical when completed.

PLEASE CONTACT THE SCHOOL NURSE WITH ANY QUESTIONS OR CONCERNS

Parent/Guardian Signature

Print Name

Date

Please Print Name: _____



Cohasset Public Schools

KINDERGARTEN HEALTH REGISTRATION FORM

Dear Parent/Guardian,
Please complete this form and return to your designated school.

Student's Full Legal Name: _____
Last First Middle

Address: _____ Home Tel. _____ Birth Date (MM/DD/YYYY): _____

Please answer the following questions.

- 1) Is your child CURRENTLY being treated for the following? Please circle "Y" for Yes or "N" for No and provide the details where indicated.

Arthritis or join disease	Y	N	Heart Disease	Y	N
Asthma	Y	N	Kidney Disease	Y	N
Blood Disorder	Y	N	Food Allergy	Y	N
Celiac Disease	Y	N	Medication Allergy	Y	N
Compromised Immune System	Y	N	Bee Sting Allergy	Y	N
Concussion/Head Injury	Y	N	Seizures	Y	N
Diabetes	Y	N	Behavioral or Social/Emotional regulation issues	Y	N
Lyme Disease	Y	N	Fracture or Sprain injuries	Y	N
Cystic Fibrosis	Y	N	Other ____ Explain Below:	Y	N

Please explain any "yes" answers to the above and provide more detailed information and dates:

- 2) Does your child take any medications* now? ____ Yes ____ No Medication: _____
 *If a student requires medication at school, a physician's order is required

- 3) Does your child require an EPIPEN*? ____ Yes ____ No
 *If yes, written physician's orders and the EPIPEN must be provided before the child may start school.

- 4) Check off the following health concerns that pertain to the student

Eyes:	Glasses	Y	N	Other (continued)	
	For Distance or Near	Y	N	Headaches	Y N
	Lazy Eye	Y	N	Lungs	Y N
Ears:	Frequent Infections	Y	N	Skin	Y N
	Tubes	Y	N	Bowel Problems	Y N
	Hearing Difficulty	Y	N	Phobias	Y N
Other:	Nose Bleeds	Y	N	Dental	Y N
	Eating	Y	N	Bedwetting	Y N
	Sleeping	Y	N	ADD/ADHD	Y N
	Bladder Problem	Y	N		

Please explain above health concern: _____

I give the school nurse permission to share the above confidential health information with his/her teacher, specialist, principal, and assistant principal on an as needed basis. ____ Yes ____ No

Parent/Legal Guardian Signature

Date



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



Cohasset Public Schools

MILITARY STATUS FOR STUDENTS

In May 2012, as part of the VALOR Act, Massachusetts became a member of the Interstate Compact on Educational Opportunity for Military Children. The Compact aims to make the transition to a new school easier for military children in areas such as enrollment, assessment, graduation, etc. The provisions of the Compact also apply to students whose Parent/Guardian is currently deployed, or who was discharged from active duty due to a disability or died while on active duty within the past year. For more information, please visit: www.mic3.net.

In accordance with the new Massachusetts Department of Elementary and Secondary Education reporting requirements, we are now required to report on the Military Family Status of our students annually.

Please choose the most appropriate response below and return this form to your child's school.

- There is a Parent or Guardian in the student's household who: (Please check the box that applies)
 - is a full-time member of the uniformed services or National Guard and Reserve on active-duty orders.
 - is a member or veteran who was severely injured or medically discharged or retired for a period of one year after medical discharge or retirement.
 - is a member of the uniformed services who died on active duty or as a result of injuries sustained on active duty for a period of one year after death.
 - None of the above.

Student Name: _____ Grade: _____

Name of Service Member: _____

Relationship to Student: _____

Parent/Legal Guardian Name (please print): _____

Parent/Legal Guardian Signature _____ Date: _____



Cohasset Public Schools

REQUEST FOR PREVIOUS SCHOOL RECORDS

Student's Full Legal Name: _____
Last First Middle

Address: _____ City/Town: _____ ZIP: _____

Previous School: _____ City: _____ State: _____ Grade: _____

Please forward the following information to:

Joseph Osgood (K-2)
210 Sohier Street
Cohasset, MA 02025
781-383-6117
F: 781-383-0255

Deer Hill (3-5)
208 Sohier Street
Cohasset, MA 02025
761-383-6115
F: 781-383-6791

Cohasset Middle School (6-8)
143 Pond Street
Cohasset, MA 02025
781-383-6100
781-383-4168

Cohasset High School (9-12)
143 Pond Street
Cohasset, MA 02025
781-236-1006
F: 781-383-6556

___ ACADEMIC RECORDS

___ TRANSFER CARD

___ HEALTH RECORD

___ BIRTH CERTIFICATE/OTHER

___ DISCIPLINE RECORDS

___ I.E.P. (If applicable)

___ SASID #

___ C.A.P. (If applicable)

___ TEST SCORES (MCAS)

___ 504 PLAN (If applicable)

___ ATTENDANCE

I hereby authorize release of all records requested.

Parent/Guardian Signature

Print Name

Date



Cohasset Public Schools

TRANSPORTATION

Registration for Transportation for the upcoming school year will open in April

Transportation Registration for Incoming Kindergarteners and New Students

New students may not be in our Student Information System at the time you register them for transportation. Please use the link on our website to register

Home > Departments Finance and Operations

Finance and Operations

- Business Overview
- Budget Process
- Monthly Finance Reports
- Use of Facilities
- Transportation
 - ▶ StopFinder information
 - ▶ Transportation Registration
 - ▶ Fee Waiver
 - ▶ Transportation for New Students
 - ▶ Bus Schedules and Routes
 - ▶ Bus Pass Replacement Request
 - ▶ K-1 Bus Drop-off Procedures
 - ▶ Bus Stop Safety
 - ▶ Student Parking Information
- Human Resources & Payroll

Transportation Registration for Incoming Kindergarteners and New Students

New students may not be in our Student Information System at the time you register them for transportation. Please use the links below to register.

Bus Registration - New Students & Kindergarteners that live outside of 2 miles from designated school (NO FEE)

Bus Registration - New Students & Kindergarteners that live within 2 miles from designated school (FEE)

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