

AUBURN PUBLIC SCHOOLS

KINDERGARTEN REGISTRATION 2019



| | |
|--------------------------------|---|
| WHEN: | Wednesday, February 6, 2019 |
| TIME: | 3:00-7:00 PM |
| WHERE: | Auburn High School Presentation Room |
| WHO: | The parents of children who will be 5 years of age on or before September 1, 2019. This registration is for both Bryn Mawr and Pakachoag Schools. If your child is currently enrolled in the APS Preschool, you do not need to attend. (Children do not need to attend registration.) |
| BRING: | 2 proofs of Auburn residency per APS policy Child's Birth Certificate Child's Immunization Records Updated Physical Exam Report |
| QUESTIONS: | Diane Meunier, Pakachoag Secretary, 508-832-7788 Denise Landry, Bryn Mawr Secretary, 508-832-7733 |
| KINDERGARTEN SCREENING: | Appointment Required *Pakachoag School, Monday, April 8, 2019 at Pakachoag *Bryn Mawr School, Wednesday, April 10, 2019 at Bryn Mawr School |

As we continue to streamline our registration process, we will help you to complete some of the registration information online when you arrive. We will provide all needed technology. However, we will also need a completed registration packet and all required documents.

Thank you for your continued support of the Auburn Public Schools.



**Auburn Public Schools
Auburn, MA 01501**

SCHOOL ADMISSIONS

All children of school age who reside in the Town of Auburn will be entitled to attend the public schools.

Advance Registration for prospective kindergarten students will take place in the spring. Every student seeking admission to the school for the first time must present a birth certificate or equivalent proof of age acceptable to the principal and proof of vaccination and immunization as required by the state and the School Committee.

Two forms documenting proof of residency – One from Category A and one from Category B – of the parents or guardian will also be required.

Examples of these documents are:

Category A:

1. Current Paid Residential Real Estate Tax Bill (for the home in which you are residing)
2. Purchase and Sale Agreement
3. Rental or Lease Agreement

Category B:

1. Utility Bill under parent/guardian name
2. Voter Registration
3. Telephone Bill in parent/guardian name at residence

The administration reserves the right to request proof of residency at any time.

Legal References: M.G.L. 15:1G, 76:1; 76:5; 76:15; 76:15A

Cross References: JHCA, Physical Examination of Students
JHCB, Inoculation of Students

First Reading: October 6, 2008
Second Reading: October 20, 2008
Approved: October 20, 2008

Updated: April 6, 2016

Auburn Public Schools

**AUBURN PUBLIC SCHOOLS
STATEMENT OF RESIDENCY FORM**

In order to enroll a new student (transfer) to Auburn Public Schools, the following documents will be needed:

1. Statement of Residency (this form).
2. Two proofs of residency such as a copy of a current paid Residential Real Estate Tax Bill (for the home in which you are residing); Purchase and Sale Agreement; or Rental or Lease Agreement; and a current utility bill in your name (to the address in which you are residing), voter registration card or telephone bill in parent/guardian name at the residence. (Please see School Admissions Policy attached.)

Date: _____

From: _____
Parent/Guardian

To: Building Principal

RE: _____
Name of Student



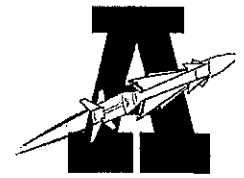
I, _____, _____ of _____
Parent/Guardian Relationship Name of Student

wish to have him/her enrolled in the Auburn Public Schools. The student lives with me at _____, and our telephone number is _____.

I understand that all of the above documents need to be filed before the student can be enrolled and the School Department's Administration may check the legality of the residence.

Signature: _____
Parent/Guardian

Child's Name: _____ School: _____



**AUBURN PUBLIC SCHOOLS
Residency Affidavit – Landlord/Shared Tenancies**

Instructions:

Any parent/guardian who will enroll a student in the Auburn Public Schools who cannot produce property deed or lease must ask the owner or lessee of the property where the applicant lives to complete and sign this legal affidavit.

It is the responsibility of the parent/guardian (not the person who completes the affidavit) to attach a record of recent rent payment, unless this affidavit affirms in #3 below that the tenancy does not require payment of rent.

This form must be notarized prior to submission.

AFFIDAVIT

My name is _____ and I hereby depose and certify as follows: *(Please complete all three items and sign below.)*

1. I am the owner or lessee of property located at _____ in the Town of Auburn, MA.

2. _____, who is the parent/legal guardian of _____

3. Check One:

Leases or subleases this property as their principal residence from me, without a written lease, in a tenancy at will, from month-to-month. I have received, within the last thirty (30) days, rental payment for the lease or sublease of these premises.

OR

Alternatively, I hereby state that the party named above resides with me at the address above with no payment of rent.

*M.G.L. Ch. 76, Sec.5: Every person shall have a right to attend the public school of the town where he 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, gender identity, religion, national origin or sexual orientation.*

Signed of my own free will, under the pains and penalties of perjury, on this _____ day of _____, 20____.

Signature: _____

Print Name: _____

Print Address: _____

NOTARY SEAL



Auburn Public Schools
McKinney-Vento Eligibility Questionnaire

Student's name: _____ DOB: _____ Grade: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information will help us to determine the services your child may be eligible to receive.

1. Is your current address a **temporary/emergency** living arrangement? Yes ___ No ___
2. Is this living arrangement due to loss of housing, economic hardship or similar reasons? Yes ___ No ___

If you answered **NO** to the above questions, you may stop here and sign below.
If you answered **YES** to the above questions, please complete the remainder of this form.

Where is the student presently living? (check one box)

- In a Motel
- In a Shelter
- Doubled-up (where individuals, due to economic hardship, are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members.)
- Moving from place to place
- In a place not designated for ordinary sleeping accommodations (ex. car, park, campsite, basement floor, living room)
- Other _____

Name of Parent(s)/Legal Guardian(s) _____

Address: _____ Phone: _____

Signature of Parent/Legal Guardian : _____ Date: _____

**AUBURN PUBLIC SCHOOLS
KINDERGARTEN REGISTRATION
SPEECH QUESTIONNAIRE**



NAME: _____ **DATE:** _____

Please check yes or no

| | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| A. Do you have any concerns that your child is not speaking as well as other his/her age? | | |
| B. Do people have difficulty understanding what your child is saying? | | |
| C. Are there sounds your child has difficulty saying? | | |
| D. Does your child have difficulty naming a variety of items found in the home, at school, in the store, on the playground, and other areas of his/her environment? | | |
| E. Does your child use simple words or phrases rather than complete sentences when speaking? | | |
| F. Does your child exhibit immature grammar patterns such as: "Me go store"? "Him ride bike?" | | |
| G. Does your child have difficulty following two separate directions given at the same time? (Put your penny in your pocket <u>and</u> button your coat.) | | |
| H. Additional comments about your child's speech and language development. | | |



**Auburn Public Schools
SCHOOL HEALTH
Auburn, MA 01501**

KINDERGARTEN REQUIREMENTS – MEDICAL

In order for your child to enter Kindergarten in September, certain requirements must be met.

- A child must be five years old by September 1st. You must bring your child's original birth certificate or hospital certificate to confirm proof of age. A copy will be kept for the student's permanent record.
- A copy of your child's immunization records must be brought to registration. A child must have the following immunizations prior to entering Kindergarten:

5 DPT
4 POLIO
3 HEP B
2 MMR
2 VARICELLA
1 LEAD TEST

- A copy of your child's Five Year Physical Exam Report must be brought to registration. This must be signed by your child's physician. If your child's 5th birthday is after registration, but prior to September 1st, a physical form will be provided at the time of registration and must be completed by your child's physician and brought to the school prior to August 15th.

A vision (including stereopsis) and hearing screening should be completed by your physician and reported on the "Physical Exam Report".

- A dental form will be provided at the time of registration. It is recommended that your child have a dental examination prior to the start of school.

Physical exams are important, as this would inform us of any health problems that might mean a change in the program for your child.

THE ABOVE REQUIREMENTS MUST BE MET BY AUGUST 15TH OR YOUR CHILD WILL NOT BE ALLOWED TO ENTER.

PLEASE NOTE:

If your child was not vaccinated at the recommended time, the requirements may be different than stated. Please see your school nurse.

Auburn Public Schools
Kindergarten Registration



DENTAL EXAMINATION FORM

This is to certify that _____
who will be attending _____ School
has had a dental examination. I have found the condition checked
below:

No dental defects _____
Is receiving dental care _____
Has had all dental work necessary at this time _____

Date _____

Signature of Dentist

Printed Name of Dentist _____

Address of Dentist _____

