All necessary forms for registering your child are in this Registration web section. Please call the Main Office at 508-696-7738 X400 to set up a registration appointment. You should bring the following documents with you.

WEST TISBURY RESIDENTS:

Please bring the following with you to your registration appointment:

1. Birth Certificate
2. Proof of Residency (examples are: lease or rent receipt, building permit and letter from builder, contract to buy or purchase of sale agreement, tax bill, mortgage, utility bill. The example you choose to provide should have your physical address, not your mailing address.)
3. Immunization Records
4. Lead Screening
5. Current Physical Exam
6. Custody Documents (if relevant)
7. Copy of 504 or IEP (if applicable)

FORMS
Registration Form
Health Form
Illness/Emergency Procedure Form
Records Release/Request (if transferring from another school)
Race and Ethnicity Form
Home Language Survey
Network Use Acceptable Use for Students
Other Permissions
Title VII Office of Indian Education - Student Eligibility Certificate (if applicable)
Military Families Survey (if applicable)

ADDITIONAL KINDERGARTEN REGISTRATION FORMS
Kindergarten Entry - Parent Questionnaire
Parent Consent for Disclosure
Early Childhood Education Experience Survey

NON-RESIDENTS
If you are NOT a resident of West Tisbury but would like your child to attend the West Tisbury School, please send a letter requesting your desire for your child to attend the West Tisbury School for the upcoming school year. Please address this letter to Donna Lowell-Bettencourt, Principal. School Choice requests are due by June 15th. A decision will be made by July 1st. Acceptance will be based on class enrollment. PLEASE NOTE: You must also register your child at the school of the town in which you reside. If accepted through school choice, your child’s records will be requested from that school in your town of residence.
West Tisbury School
Kindergarten Student Registration HOW-TO's

1. You MUST be a West Tisbury resident to enroll your child(ren) and provide Proof of Residency; Immunizations; Birth Certificate.
2. If you are a Martha's Vineyard resident hoping to enroll your child in West Tisbury School, please read our School Choice Policy in the About Our School(Policies) section on this website. You MUST register your child in the town in which you reside, and only then, can you apply for School Choice.
3. Once registration opens, please call the WT School Main Office to verbally register your child. In January, local newspapers will run the Superintendent's Kindergarten Registration Announcement, which will provide you with registration and visitation dates.
4. Please read over the following paperwork, print, fill out completely, and return to the Main Office, Attention: Sue Merrill
5. A hardcopy Emergency Medical/Contact Card will provided by the School Office for you to fill out and return. This hardcopy card is used by our Nurse Kristine, in case of illness or emergency.
6. A Free/Reduced Lunch Application has been provided here, if you feel you might qualify for this program. For more detailed information about our Lunch Program, please visit the Lunch Section on this website.

Any questions, please contact the Main Office.
West Tisbury School REGISTRATION

Today’s Date: ______________________

Student’s Full Name __________________________ Sex _ Grade _ Primary Home Language ____________

Date of Birth __________________________ Place of Birth __________________________ Number of years your child has been in school in the U.S.A. ____________

Home Address __________________________________________ Mailing Address __________________________ Telephone number ____________

Street ____________ Town ____________ Box # ____________ Town ____________

Child will take the bus to school _ No _ Yes

Child lives with: __ Both Parents _ Mother _ Father _ Guardian

Are there any custody documents or issues that exist concerning this child? _ YES. Please complete box below. _ NO. Skip box below and go to next section.

Custody documents indicate physical and legal custody of child as follows:

Legal Custody: _ both parents (joint) _ mother _ father _ guardian

Physical Custody: _ both parents (joint) _ mother _ father _ guardian

Please provide court documentation involving custody and visitation with this child to the guidance office and update each year.

Mother’s Name __________________________ Address if different __________________________ Phone # ____________ E-Mail address ____________

Mother’s Employer __________________________ Phone # of employer __________________________

Step-parent living with child (if applicable)

Father’s Name __________________________ Address if different __________________________ Phone # ____________ E-Mail Address ____________

Father’s Employer __________________________ Phone # of employer __________________________

Step-parent living with child (if applicable)

Guardian __________________________ Address if different __________________________ Phone # ____________ E-Mail Address ____________

Other children in family: Name __________________________ Age ____________ Name __________________________ Age ____________

If the person the child lives with is unavailable, please indicate below who may be contacted to pick up the child in a case of an emergency. If divorced/separated and you would like the other parent to be able to pick up your child, please add their name below. The Nurse’s Emergency Card should have the same names listed below.

(1) __________________________ Relationship __________________________ Telephone number __________________________

(2) __________________________ Relationship __________________________ Telephone number __________________________

(3) __________________________ Relationship __________________________ Telephone number __________________________

Check here if you have added more names on the back side.

Parent/Guardian signature __________________________ Date: __________________________
West Tisbury School
Kindergarten and New Student Health History Form

Student's Name ________________________________

Child’s Birth Weight: __________
Any complications or problems with this pregnancy or birth?
Please explain: ____________________________

Please check any allergies your child has:

- Bee stings
- Environmental – Please list: ____________________________
- Foods – Please list: ____________________________
- Latex
- Medications – Please list: ____________________________
- Others: ____________________________

Does your child have a doctor’s order for an EPI-PEN? Yes No

Are there any foods your child should/does not eat because of family, religious or personal preferences?

______________________________

Are you concerned about your child’s weight? Yes No

Does your child have trouble sleeping? Yes No

Does your child have a condition which limits her/his physical activity? Yes No
Please explain: ____________________________

Has your child had any operations? Please give dates & details:

- Appendix ____________________________
- Tonsils, Adenoids ____________________________
- Ear Tubes ____________________________
- Other ____________________________

Birth Date __/__/__ Today’s Date: __/__/__

Please list any medications your child is currently taking:

______________________________

Please check if your child has any of the following:

- Speech concerns
  - Receives speech therapy
- Hearing or ear problems
  - Wears hearing aids
- Vision Problems
  - Wears glasses
- Instructions for wearing: ____________________________

Please check any problems your child has had:

- Asthma
- Convulsions
- ADHD
- Broken bones or other bone/joint problems
- Cystic Fibrosis
- Cancer
- Epilepsy
- Congenital Abnormality
- Heart Condition
- Dental
- Frequent Headaches
- Congenital Heart Disease
- Nose Bleeds
- Kidney, Bladder or other Urinary Tract Disorder
- Serious Head Injury
- Intestinal Disorders
- ____________
- ____________
- ____________
- ____________
- ____________
- ____________

Please give dates & details:

______________________________

Give dates if your child has had any of the following illnesses:

- Chicken Pox
  - German measles
- Measles
  - Meningitis
- Herpes
  - Mumps
- Polio
  - Pneumonia
- Rheumatic Fever
  - Scarlet Fever
- ____________
  - Tonsillitis
- Strep Throat
  - ____________
- ____________
  - Tuberculosis
- ____________
  - Whooping Cough
Illness/Emergency Procedure

Last Name: ___________________ First Name: ___________________ Middle Name: ___________ Grade: ___________
Birth Date: ________ Home Phone: ______________ Communication Language: __________

Mailing Address: ___________________ Street Address: ___________________ Town of Residence: ___________________.
Email Address: ___________________

Parent 1 Name: _______________ Home Phone: _______________ Cell Phone: _______________ Work Phone: _______________.
Parent 2 Name: _______________ Home Phone: _______________ Cell Phone: _______________ Work Phone: _______________.
Guardian (If applicable): _______________ Home Phone: _______________ Cell Phone: _______________ Work Phone: _______________.
Stepparent (if applicable): _______________ Home Phone: _______________ Cell Phone: _______________ Work Phone: _______________.
Physician: ___________________ Dentist: ___________________

Child Lives With: _______________.

If the person the child lives with is unavailable, please indicate below who may be contacted to pick up the child in a case of emergency. If divorced/separated and you would like the other parent to be on this emergency list, please add their name below. The names below should match the names on the data sheet.

1. _______________ Relationship: _______________ Phone Number: _______________.
2. _______________ Relationship: _______________ Phone Number: _______________.
3. _______________ Relationship: _______________ Phone Number: _______________.

List any illnesses, injuries, surgeries, or immunizations since last school year:

__________________________________________________________________________

List any chronic conditions, allergies or other information which might be important for your child's care:

__________________________________________________________________________

Does student use any of the following: eyeglasses ______ contact lenses ______ hearing aid ______

List any medications taken by this student and reason for taking:

__________________________________________________________________________

Indicate by an "x" if you give permission for the following to be given to your child:
( ) Acetaminophen ("Tylenol") ( ) Ibuprofen ("Advil") ( ) Anti-itch Lotion ( ) Antacid/Digestive Aid
( ) Other (specify other medication you may send in for your child's use)

I give my permission to the school nurse to communicate with any and all health care providers regarding my child. Yes ___ No ___ Parent/Guardian Signature: ______________________ Date: __________

Indicate by an "x" if you give permission to your 6th, 7th and 8th grade child to participate in after school and interscholastic competitive sports during this school year. Yes ( ) No ( )

All students must submit a current physical to the nurse to be able to participate in sports.

In case of accident or serious illness, I request the school to contact me and authorize the school staff to obtain whatever medication attention seems appropriate including the use of emergency medical technicians reached through 911 services.

Additional comments: __________________________________________________________

Do you have medical insurance for this child? Yes ___ No ___ Company ____________________

Parent/Guardian Signature: ______________________ Date: __________
# MARThA’S VINEYARD PUBLIC SCHOOLS

4 PINE STREET, VINEYARD HAVEN, MA 02568 • 508.693.2007 FAX: 508.693.3190  WEB: HTTP://WWW.MVYPS.ORG

**Excellence and Equity For All Children**

**RECORDS RELEASE REQUEST**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>M.I.</th>
<th>GRADE</th>
<th>DATE OF BIRTH</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>SS#</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
</table>

**PARENT/GUARDIAN:**

**SCHOOL-LEAVING**

**SCHOOL/AGENCY RELEASING INFORMATION**

**SCHOOL-ENTERING**

**SCHOOL/AGENCY REQUESTING INFORMATION**

<table>
<thead>
<tr>
<th>Phone No.</th>
<th>Fax No.</th>
</tr>
</thead>
</table>

**E-Mail address:**

**TYPE OF MATERIAL:**

- □ Standard Education Record
- □ Copy of Birth Certificate
- □ Immunization Records
- □ Certificate of Hearing, Vision, and Dental
- □ Copy of Social Security Card
- □ Discipline / Attendance
- □ Programs/Services: Gifted, ESOL, SST
- □ Medical Record
- □ Special Education Record
- □ Psychological Report
- □ Eligibility/IEP
- □ Placement Records
- □ Other
- □ Other
- □ Other
- □ Other

I hereby authorize the Martha’s Vineyard Public School System to □ RELEASE □ OBTAIN pertinent information concerning the above-named student for **EDUCATIONAL PLANNING □ MEDICAL TREATMENT □** or (please specify)

- □ My child receives special education services
- □ My child does not receive special education services

**Authorizing Signature:**

**Date:**

Parent/Guardian Forwarding Address: ____________________________

Telephone No. ____________________________

Date Records REQUESTED: ____________________________

Date Records RECEIVED: ____________________________
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: _____________________________
Martha’s Vineyard Public Schools
Home Language Survey

Student’s Name: ___________________________ Date: ____________________

Date of Birth: ___________________________

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 be assured that all information given is confidential and will be used only to assist us in providing each student with the most appropriate educational program. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

*If one or more of your answers indicates the child speaks a language other than English, the child will be tested for English language proficiency. This test indicates the current level of a student’s English language proficiency.

1. What is the native language(s) of each parent/guardian? (circle one)
   ___________________________ (mother / father / guardian) ___________________________ (mother / father / guardian)

2. What was the first language that your child learned to speak? ___________________________

3. Which language do you most frequently use when speaking to your child? ___________________________

4. Which language does your child most frequently use to speak to you at home? ___________________________

5. Which language does your child most frequently speak to others in your home? ___________________________

6. Which language does your child most frequently use when speaking to friends? ___________________________

7. In which languages can your child read? ___________________________

8. In which languages can your child write? ___________________________

9. At what age did your child start school? ___________________________

10. Has your child continued to go to school regularly since that time?  YES  NO

11. Please send written notices in the following language (Circle one):
   ENGLISH  PORTUGUESE  SPANISH  OTHER: ___________________________

12. Would you like to have an interpreter available at school meetings?  YES  NO

________________________________________  _______________________
Signature of Parent or Guardian                  Date

January 2014
MVPS NETWORK ACCEPTABLE USE POLICY FOR STUDENTS

Definition of Networks and Systems Covered Under This Policy
There are three basic levels of networks that are covered under this policy. The Local Area
Network (LAN) consists of all networked computers at the Martha's Vineyard Public Schools
(MVPS). The Wide Area Network (WAN) consists of the network connecting all Island schools,
and in the future other Island institutions. The third level is our connection to the Internet. Within
each of these networks, all hardware, software, and related peripherals used in connecting to or as
a part of the network are included in this policy. In addition, all computers owned or leased by the
MVPS shall be included under this policy.

Guidelines
Access to the MVPS networks is for educational purposes only. This access includes connections
made on any Island public school through a dial up or other provided access, or through the
Internet. Below are categories of acceptable and unacceptable activities for these networks.
A. General
1. All users of these networks are representatives of the MVPS and should present themselves
   accordingly.
2. Access is for educational use only.
3. All users are expected to exercise responsible and ethical behavior when using these
   networks.
4. Students may only access the Internet under the supervision of a teacher or staff member.
5. Student use of the Internet should be for approved educational purposes only.
6. Activity on all network levels is subject to MVPS regulations, as well as all applicable
   local, state, federal, and international law.
7. Even though security measures are in place, be aware that sometimes information on
   networks can be accessed. Do not put information on line that you do not want others to
   have access to (i.e. credit card, bank account numbers, etc.)
8. Unauthorized use of copyrighted materials is prohibited.
9. Do not subscribe to any mail or listservs, or any service that will download large numbers
   of email messages to your mailbox without prior permission from a system administrator or
   Technology staff person.
10. Access to chat groups, video teleconferences, and the like are only to be done with the
    permission of a teacher or staff member and under their direct supervision.
11. If an email account is provided to a user, that person will use it for educational purposes
    only.
12. The MVPS reserves the right to examine, modify or remove any or all data stored in
    computers that are part of these networks to make sure that all users are in compliance with
    these regulations.

B. Security
1. Use only account(s) assigned to you.
2. All users with an account will be given a password -do not give your password to anyone
   else or use another user's password at any time -You will be responsible for all activities
   taking place on your account.
3. If you think someone has accessed your account, or has information about your account,
   notify the system administrator or technology staff immediately.
4. If you identify any security problems, notify a system administrator, technology staff, or
   MVPS administrator only. Do not show or identify a security problem to other users.

C. Vandalism/Destruction/Unauthorized access of data or files/Harassment
1. Do not upload, download, or use any computer programs or hardware that will record or
   otherwise give access to passwords or other information to allow unauthorized access to a
   computer or account.
2. Do not upload or download any malicious program or other program designed to destroy or
   in any way compromise the operation of any computer, server, Network system or data.
The West Tisbury School
2019/2020
Student Permission Form
Publicity/Special Activities/Transportation/E-mail

PUBLICITY RELEASE: This gives The West Tisbury School permission to release photos of students to the press, media, or internet for the purpose of fostering positive public relations. This permission also includes videotaped school events on West Tisbury School, MVTV, Channels 13, 14 or 15 or the like.

TRANSPORTATION PERMISSION:
ON-ISLAND: This gives The West Tisbury School permission to take students off school property. Any trip of this kind will be announced to you in advance. You will always have the option to give or withhold permission for your child's participation.
OFF-ISLAND: You will be notified in advance of any off-island field trips directly from the teacher in charge and will be required to grant permission for your child to participate or not.
*Please refer to the Student Handbook for policies regarding after school bus transportation.

Please sign off on the following options:
Please fill out an individual form for each of your children. Thank you

<table>
<thead>
<tr>
<th>CHECK WHICH APPLIES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I GIVE my permission to The West Tisbury School to release photos/video of my child.</td>
<td></td>
</tr>
<tr>
<td>I GIVE permission for my child to participate in on-island field trips, with advance notice.</td>
<td></td>
</tr>
<tr>
<td>I GIVE my permission for The West Tisbury School to share my E-mail address with The West Tisbury School PTO.</td>
<td></td>
</tr>
<tr>
<td>I DO NOT GIVE my permission to The West Tisbury School to release photos/video of my child.</td>
<td></td>
</tr>
<tr>
<td>I DO NOT GIVE permission for my child to participate in on-island field trips.</td>
<td></td>
</tr>
</tbody>
</table>

COMMENTS:

STUDENT NAME ____________________________

HOMEROOM/CLASSROOM TEACHER NAME ____________________________

PARENT SIGNATURE ____________________________
Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. This form will become part of your child's school record and will not need to be completed every year. This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band resides; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD ___________________________ Date of Birth _______________________
(As shown on school enrollment records)

School Name ___________________________________________ Grade __________

NAME OF TRIBE, BAND OR GROUP ____________________________________________

Tribe, Band or Group is: (check one)

  Federally Recognized, State
  Including Alaska Native Recognized Terminated Definition Above

  Organized Indian Group Meeting #5 of the

Name of individual with tribal membership: _______________________________________

Individual named is (check one):  _____ Child  _____ Child's Parent  _____ Child's
                                 Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) ____________________ OR
   Other (explain) ___________________________________________________________

Name and address of organization maintaining membership data for the tribe, band or group:
   ____________________________________________________________

I verify that the information provided above is accurate:

PARENT'S SIGNATURE __________________________________ DATE ______________

Mailing Address __________________________________ Telephone ______________

Notice: Public Reporting Burden Notice on Reverse Side
PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3E200, Washington, D.C. 20202-6355.
Military Families Survey

PLEASE RETURN THIS FORM, AND CHECK THE APPLICABLE BOX, IF you have a student enrolled at the West Tisbury School who is a child of:

______ an active duty member of the armed services on active duty

______ a member or veteran who was medically discharged or retired in the last year

OR

______ a member who died on active duty in the last year

Student's Name: __________________________________________

Parent's Name: __________________________________________

Parent's Signature: ___________________________ Date: ________

Levantamento de Famílias Militares

POR FAVOR, DEVOLVA ESTE FORMULÁRIO E VERIFIQUE A CAIXA APLICÁVEL, SE VOCÊ TIVER UM ALUNO ENVOLVIDO NA ESCOLA TISBURY OCIDENTAL QUE É UM FILHO DE:

______ um membro ativo das forças armadas na ativa

______ um membro ou veterano que recebeu alta médica ou se aposentou no último ano

OU

______ um membro que morreu na ativa no último ano

Nome do Estudante: ________________________________________

Nome dos Pais: ____________________________

Assinatura dos Pais: ___________________________ Data: ________
MARThA’S VINEYARD PUBLIC SCHOOLS
EARLY LEARNING DEPARTMENT
PARENT QUESTIONNAIRE

Date received:

Child’s Name: (First, Middle, Last) _______________________________________

Nickname: ___________________________ Town: ___________________________

Date of Birth: ______________________ Gender: __________________________

Parent(s): ____________________________________________________________________

Phone: (H) __________________________ (C) _________________________

Mailing Address: ____________________________________________________________________

Email: ____________________________________________________________________

Race: ________ Ethnicity: ______________ First Language: __________________________

Place of Birth: ____________________________________________________________________

CHILD’S FAMILY

Who lives in the home with this child?

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relation to child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If parents are not living together, how often does the child see each parent?

Mother __________________________ Father __________________________

CHILD CARE/SCHOOL HISTORY

Name of preschool/childcare attended: __________________________

Current Schedule: Days: __________________________ Times: __________________________

Years attended: __________________________ Average group size: __________________________
EARLY GROWTH AND HEALTH

Child’s birth weight: __________ lbs __________ oz  Length of Labor: __________________________
Was Child Premature? _______  How many weeks early? __________________________
Special problems or complications during pregnancy or delivery? __________________________

Special care for mother or infant at birth? ____________________________________________

Have there ever been concerns about your child’s height, weight or growth? __________

Age at which your child was able to do the following:
Say First Words _______  Sit alone _______  Walk up/down stairs _______
Feed self completely _______  Walk alone _______  Two word combinations _______

Has your child had any chronic or serious illnesses, health conditions, or serious
accidents? _______  If yes, please explain ____________________________________________

Number of ear infections, if any, and when: __________________________________________
Describe any current ear problems, if any: ____________________________________________

Have any of the following ever been checked? If so, when? What was the result?
Lead Level __________________________  Hearing __________________________
Vision __________________________  Teeth __________________________

Has your child ever had any trouble seeing or hearing? ____________________________

Have you ever had any serious questions or concerns about your child’s behavior,
emotional, or mental health? _______  If yes, please explain ____________________________________________

Is there a family history of learning difficulties, speech or language problems, inherited
illness or conditions: _______  If yes, please explain ____________________________________________

Child’s Doctor: __________________________  Last Visit date: _______
Reason for visit ____________________________________________

Your child’s general state of health:  Excellent   Good   Fair   Poor  __________

Release of Information request:
I (we) give permission for the MV Early Learning Department to share/receive
information with __________________________ (doctor) for __________________________ (child).

____________________________________  Date
PRESENT DEVELOPMENT

PLAY
What are your child’s favorite activities when playing indoors? _______________________
What are your child’s favorite outdoor activities? _______________________

Check all that apply which describe your child’s play and behavior at home and/or in a
preschool or child care setting:

Plays easily with a group of 3 or more friends
Prefers to play with one friend at a time
Prefers to play alone most of the time
Needs close supervision most of the time
Prefers outdoor, active play
Prefers indoor, quiet activities
Needs little supervision at play
Enjoys planned activities with an adult
Makes choices of activities
Can finish play and clean up with reminders
Follows and learns daily routines well

BEHAVIOR, PERSONALITY AND SOCIAL SKILLS
Check all that apply to your child:

Friendly ________ Cooperative ________
Easily Angered ________ Extremely quiet ________
Independent ________ A daydreamer ________
Fearful ________ Clumsy ________
Short attention ________ Shy ________
Easy going ________ Easily upset ________
Cries easily ________ Stubborn ________
Difficult to handle ________ Outgoing ________
Overactive ________ Often hurts self ________
Unexplained tantrums ________ Separates easily from parent ________
Other (describe) ________

How does your child usually handle conflicts with other children? _______________________

__________________________________________________________________________

How does your child usually express anger or frustration? _______________________

__________________________________________________________________________
HOME LIFE

Describe your child’s eating habits, likes, dislikes, etc. and describe any eating related difficulties.

What are your child’s current sleeping habits? Naps? Any difficulties getting to sleep or staying asleep? Wetting? Nightmares?

Does your child enjoy being read to? ____ Amount of time spent reading ______

Favorite books ____________________________

Does your child watch TV; videos? ____ Amount of time watched daily ______

Favorite shows, videos ____________________________

Activities you and your child enjoy doing together ____________________________

What is the best way to help your child when he/she is sad, frightened, or otherwise upset? ____________________________

What approach to discipline is most helpful to your child to encourage and support positive behavior and coping? ____________________________

What is the best way to handle your child when he/she is misbehaving? ____________________________

SELF CARE SKILLS

Describe your child’s current level of skill in each of these areas:

Dressing: (choosing/matching clothing, zipping, buttoning, snapping, shoes and socks, etc. – how much help is needed)

Personal Hygiene: (tooth brushing, washing, bathing, hair care, etc)

Eating: (use of utensils, preparation of simple foods, pouring, etc.)
Toileting: (independence level, night wetting, accidents)

MOTOR DEVELOPMENT
Check any item that your child does consistently
(gross motor)
Runs well, seldom falls
Kicks a ball forward
Has good balance and coordination
Makes broad running jumps
Swings self on swing, pumping by self
Walks up/down stairs alone
Stands on one foot without support briefly
Uses pedals on a tricycle or bike
Hops on one foot
(fine motor)
Draws a person with at least 3 body parts
Uses a drawing tool to make controlled marks
Draws recognizable pictures
Cuts or snips with scissors
Builds or creates things with small items
e.g. legos, beads, blocks

LANGUAGE DEVELOPMENT
Check any which apply to your child now
Speaks clearly most of the time
Has difficulty with some speech sounds
Often is difficult to understand
Talks in long sentences and paragraphs
Usually talks in short sentences (2-4 words)
Understands most directions and conversations
Needs directions given one at a time
Seems confused or needs things repeated
Can talk about things that have happened to him/her
People outside our family don’t seem to understand what he/she is saying
Sometimes misinterprets what is said
Remembers favorite stories and can tell general idea
Sings short songs or says nursery rhymes
Tells about his/her feelings, e.g. happy, sad, mad
I have concerns about my child’s speech or language  Yes ___  No ___
I have concerns about my child’s hearing  Yes ___  No ___
I have concerns about my child’s vision  Yes ___  No ___
I have concerns about my child’s learning  Yes ___  No ___

Please return questionnaire to:
Early Learning Department 4 Pine Street, Vineyard Haven, MA 02568
(508) 693-2007 ext 26
Early Childhood Education Experience Survey

Please check next to the option that best describes your child’s preschool experience in the school year prior to entering Kindergarten. Select one option only, and indicate hours where applicable. Thank you!

Name of child: ____________________________  Date of Birth: __________________

☐ My child did not have any formal early childhood program experience.

☐ My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.

☐ My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.

☐ My child did not have formal early childhood program experience but participated in BOTH Coordinated Family and Community Engagement (CFCE) AND Parent Child Home Program (PCHP) services.

☐ My child attended a Licensed Family Child Care Provider (Indicate hours below)

   ___ for less than 20 hours per week
   ___ for 20+ hours per week

☐ My child attended a Center Based Program (Indicate hours below)

   ___ for less than 20 hours per week
   ___ for 20+ hours per week

☐ My child attended BOTH a Licensed Family Child Care Provider AND a Center Based Program (Indicate hours below)

   ___ for less than 20 hours per week
   ___ for 20+ hours per week

Definitions:

Coordinated Family and Community Engagement (CFCE) Services: locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities).
Parent Child Home Program (PCHP): home visiting model program funded through the Department of Early Education and Care.

Licensed Family Childcare: refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.

Center-Based Care: refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.
Kindergarten Registration

Parent Consent for Disclosure

I give my permission for ________________________________________________ to
Name of PreSchool or Family Daycare Provider

verbally share information regarding my child, ____________________________
with the Martha's Vineyard Public Schools Early Childhood Education Coordinator
and staff of the West Tisbury School, for the purpose of Kindergarten transition and
educational planning.

_________________________________________  _______________________
Parent/Guardian Signature  Date
# 2019-2020 Massachusetts Application for Free and Reduced Price School Meals

If you have received a Notice of Direct Certification — FREE from the school district for free meals, do not complete this application. If you have received a Notice of Direct Certification — REDUCED PRICE from the school district for reduced price meals, this application may be submitted. Do let the school know if any children in the household are not listed on the Notice of Direct Certification — FREE letter you received.

## STEP 1
**List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)**

Definition of Household Member: “Anyone who is living with you and shares income and expenses, even if not related.” Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

<table>
<thead>
<tr>
<th>Child’s First Name</th>
<th>MI</th>
<th>Child’s Last Name</th>
<th>School Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## STEP 2
Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

Write the **Agency ID Number**, then go to **STEP 4 (Do not complete STEP 3)**

EBT number not accepted; SNAP award letter may be requested

Agency ID Number:

## STEP 3
**Report Income for ALL Household Members (Skip this step if you answered ‘Yes’ to STEP 2)**

Review the charts titled “Sources of Income” for more information. The “Sources of Income for Adults” chart will help you with the All Adult Household Members section.

The “Sources of Income for Adults” chart will help you with:

- **A. Child Income**
  - Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here:
  ```
  Name of Adult Household Members (First and Last) | Earnings from Work | How often?
  -----------------------------------------------|-------------------|---------------
  | Weekly | Bi-weekly | 2x per month | Monthly
  | $0     | $0        | $0           | $0 |
  | $0     | $0        | $0           | $0 |
  | $0     | $0        | $0           | $0 |
  | $0     | $0        | $0           | $0 |
  | $0     | $0        | $0           | $0 |
  | $0     | $0        | $0           | $0 |
  | $0     | $0        | $0           | $0 |
  | $0     | $0        | $0           | $0 |
  | $0     | $0        | $0           | $0 |
  | $0     | $0        | $0           | $0 |
  | $0     | $0        | $0           | $0 |
  ```

- **B. All Adult Household Members (Including yourself)**
  - List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only:
  ```
  Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member
  ```

## STEP 4
**Contact Information and Adult Signature**

Mail Completed Form To: INSERT YOUR SCHOOL/DISTRICT MAILING ADDRESS HERE

"I certify (preamble) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal Funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (If available) | Apt # | City | State | Zip | Daytime Phone and Email (optional) | Today's Date
|-------------------------------|-------|------|-------|-----|-------------------------------|-------|

Printed name of adult signing the form | Signature of adult | Error prone
### Sources of Income for Children

<table>
<thead>
<tr>
<th>Sources of Child Income</th>
<th>Example(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings from work</td>
<td>- A child has a regular full or part-time job where they earn a salary or wages</td>
</tr>
<tr>
<td>Social Security</td>
<td>- A child is blind or disabled and receives Social Security benefits</td>
</tr>
<tr>
<td>- Disability Payments</td>
<td>- A parent is disabled, retired, or deceased, and their child receives Social Security benefits</td>
</tr>
<tr>
<td>- Survivor's Benefits</td>
<td></td>
</tr>
<tr>
<td>Income from person outside the household</td>
<td>- A friend or extended family member regularly gives a child spending money</td>
</tr>
<tr>
<td>Income from any other source</td>
<td>- A child receives regular income from a private pension fund, annuity, or trust</td>
</tr>
</tbody>
</table>

### Sources of Income for Adults

<table>
<thead>
<tr>
<th>Earnings from Work</th>
<th>Public Assistance / Allotment / Child Support</th>
<th>Pensions / Retirement / All Other Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary, wages, cash bonuses</td>
<td>Unemployment benefits</td>
<td>Social Security (including railroad retirement and black lung benefits)</td>
</tr>
<tr>
<td>- Net income from self-employment (farm or business)</td>
<td>Worker's compensation</td>
<td>Private pensions or disability benefits</td>
</tr>
<tr>
<td>If you are in the U.S. Military:</td>
<td>Supplemental Security Income (SSI)</td>
<td>Regular income from trusts or estates</td>
</tr>
<tr>
<td>- Basic pay and bonuses (do NOT include combat pay, ESA or privatized housing allowances)</td>
<td>Cash assistance from State or local government</td>
<td>Annuities</td>
</tr>
<tr>
<td>- Allowances for food and clothing</td>
<td>Allotment payments</td>
<td>Investment income</td>
</tr>
<tr>
<td></td>
<td>- Child support payments</td>
<td>Earned Interest</td>
</tr>
<tr>
<td></td>
<td>- Veteran's benefits</td>
<td>Rental Income</td>
</tr>
<tr>
<td></td>
<td>- Strike benefits</td>
<td>Regular cash payments from outside household</td>
</tr>
</tbody>
</table>

### Ethnicity (check one):
- □ Hispanic or Latino
- □ American Indian or Alaskan Native
- □ Native Hawaiian or Other Pacific Islander
- □ Asian
- □ Black or African American
- □ White

### Children's Racial and Ethnic Identities

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FPIN) case number or number other FPIN identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign language, etc.) should contact the agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program Information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- mail: U.S. Department of Agriculture
- Office of the Assistant Secretary for Civil Rights
- 1400 Independence Avenue, SW
- Washington, D.C. 20250-9410
- fax: (202) 690-7442; or
- email: program.intake@usda.gov

This institution is an equal opportunity provider.

---

### Total Income

<table>
<thead>
<tr>
<th>Household Size</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Annual Income Conversion:

| Weekly | 52 |
| Every 2 Weeks | 26 |
| Twice A Month | 24 |
| Monthly | 12 |

### Eligibility:

<table>
<thead>
<tr>
<th>Free</th>
<th>Reduced</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

### Categorical Eligibility

[ ]

### Determining Official’s Signature

[ ]

### Date

[ ]

### Confirming Official’s Signature

[ ]

### Date

[ ]

### Verifying Official’s Signature

[ ]

### Date
<table>
<thead>
<tr>
<th>Número do processo:</th>
<th>Nome:</th>
<th>Assinatura do adulto</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PASSO 1:** Informações do adulto (antecedentes e saúde mental)

<table>
<thead>
<tr>
<th>Nome completo</th>
<th>CPF</th>
<th>Estado</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PASSO 2:** Informações do adulto (carência e renda)

<table>
<thead>
<tr>
<th>Data de nascimento</th>
<th>Renda per capita</th>
<th>Renda familiar</th>
<th>Total de membros da família</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PASSO 3:** Informações da criança (primeiros dados)

<table>
<thead>
<tr>
<th>Primeiro nome da criança</th>
<th>Último nome da criança</th>
<th>Série</th>
<th>Saliente</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PASSO 4:** Informações da criança (segundo nome e informações adicionais)

<table>
<thead>
<tr>
<th>Segundo nome</th>
<th>Data de nascimento</th>
<th>Data de entrada</th>
<th>Estado</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PASSO 5:** Informações da criança (capacidade e condições de saúde)

<table>
<thead>
<tr>
<th>Capacidade</th>
<th>Condições de saúde</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PASSO 6:** Informações da criança (assinatura do adulto)

<table>
<thead>
<tr>
<th>Assinatura do adulto</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Fonte de renda para crianças

<table>
<thead>
<tr>
<th>Fonte de renda da criança</th>
<th>Exemplo(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renda do trabalho</td>
<td>A criança tem um emprego regular de período integral ou meio-período onde ganha um ou mais salários</td>
</tr>
<tr>
<td>Seguro Social</td>
<td>- Uma criança é cega ou possui deficiência e recebe benefícios da Previdência Social</td>
</tr>
<tr>
<td>- Pagamentos de deficiência</td>
<td>- Um parente está desativado, aposentado, ou falecido, e o filho recebe pensões da previdência social</td>
</tr>
<tr>
<td>- Pensão de sobrevivência</td>
<td>- Um membro familiar ou amigo(a) dá dinheiro para a criança gastar criança regularmente</td>
</tr>
<tr>
<td>Renda da pessoa fora do agregado familiar</td>
<td>- A criança recebe renda regular de um fundo de pensão privado, anuidade, ou de trust</td>
</tr>
</tbody>
</table>

### Fonte de renda para adultos

<table>
<thead>
<tr>
<th>Rendas do trabalho</th>
<th>Assistência Pública/Pensão Alimentar/Apoio à Criança</th>
<th>Pensões/Aposentadoria/Todas as outras rendas</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Ordenado, salários, bônus em dinheiro</td>
<td>- Seguro desemprego</td>
<td></td>
</tr>
<tr>
<td>- Lucro líquido de auto-emprego (fazenda ou negócio)</td>
<td>- Compensação do trabalhador</td>
<td></td>
</tr>
<tr>
<td>Se você está no Exército dos EUA:</td>
<td>- Renda suplementar de segurança (SSI)</td>
<td></td>
</tr>
<tr>
<td>- Remuneração base e bônus em dinheiro (NÃO inclui pagamento de combate, FSSA ou subsídios de habitação privatizados)</td>
<td>- Assistência de dinheiro do Estado ou governo local</td>
<td></td>
</tr>
<tr>
<td>- Subsídios de habitação fora da base, alimentação e vestuário</td>
<td>- Pagamentos de pensão alimentícia</td>
<td></td>
</tr>
<tr>
<td>- Pagamentos de apoio à criança</td>
<td>- Pagamentos de apoio a crianças</td>
<td></td>
</tr>
<tr>
<td>- Benefícios a veteranos</td>
<td>- Benefícios da greve</td>
<td></td>
</tr>
<tr>
<td>- Benefícios da greve</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OPCIONAL: Identidades étnicas e raciais das crianças

Somos obrigados a solicitar informações sobre a raça de seus filhos e etnia. Esta informação é importante e ajuda a ter certeza de que nós estamos servindo plenamente nossa comunidade. A resposta a esta seção é opcional e não afeta a elegibilidade de seus filhos para receber refeições gratuitas ou a preço reduzido.

Raça (marque um): [ ] Branca  [ ] Amarela ou Latina  [ ] Negra ou Africana  [ ] Asiática

Se você sabe, se marquem um ou mais:

- [ ] Índia americana ou nativa do Alasca  [ ] Nativa do Havaí ou de Outra Ilha do Pacífico

### Não preencha: Somente para uso escolar

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

<table>
<thead>
<tr>
<th>Total Income</th>
<th>Household size</th>
<th>Categorical Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Determining Official’s Signature  [ ]  Date  [ ]  Confirming Official’s Signature  [ ]  Date

Verifying Official’s Signature  [ ]  Date

Eligibilidade

<table>
<thead>
<tr>
<th>Free</th>
<th>Reduced</th>
<th>Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As pessoas com deficiência que necessitam de meios alternativos de comunicação para informações do programa (por exemplo Braille, leituras grandes, Rita de audiol, linguagem gestual americana, etc.) devem entrar em contato com a Agência (Estado ou local) onde se cadastraram para benefícios. Se ligarem de fones sem assistência auditiva ou têm dificuldade de fala podem entrar em contato com o USDA através do Serviço Federal de transmissão em (800) 877-8335. Além disso, informações sobre o programa também disponíveis em outros idiomas além do inglês.

Para registrar uma queixa de programa de discriminação, preencha o formulário de queixa de discriminação do programa USDA (AO-330) encontrado online em: http://www.ascr.usda.gov/complaint_filing_cust.html, e em qualquer escritório do USDA, ou escreva uma carta dirigida ao USDA e forge a carta todas as informações solicitadas no formulário. Para solicitar uma cópia do formulário de reclamação, ligue para (866) 632-9990. Envie seu formulário ou carta completa para USDA por:

Correio: Departamento de Agricultura dos EUA

Gabinete do Secretário Adjunto de Direitos Cívicos

1400 Independence Avenue, SW

Washington, D.C. 20250-9410

Fax: (202) 690-7442; ou

Email: program.intake@usda.gov.

Esta instituição é um provedor de igualdade de oportunidades.