

MORRIS ELEMENTARY SCHOOL  
129 West St. Lenox, MA 01240 413-637-5570  
REGISTRATION FORM

Grade Entering: \_\_\_\_\_

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

First Name \_\_\_\_\_ Full Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Residence \_\_\_\_\_ Town \_\_\_\_\_ Tel No. \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
City/Town and State Month Day Year

Gender Male \_\_\_\_\_ Female \_\_\_\_\_ Country of Origin \_\_\_\_\_

Country from which immigrant children have migrated

Student Resides with: (circle one) Both Parents Father Mother Other \_\_\_\_\_

Parents/Guardian \_\_\_\_\_  
Father Mother

E-Mail \_\_\_\_\_

If school information; report cards, etc. need to be sent to an alternate address, such as a non-custodial parent, please provide the name and address: \_\_\_\_\_

Has your child ever been enrolled in a school in Massachusetts? Yes \_\_\_\_\_ No \_\_\_\_\_

	Siblings at Home	Age
Former School _____	_____	_____
_____	_____	_____
Street and Number _____	_____	_____
_____	_____	_____
City/Town and State _____	Zip Code _____	

Required:

1. Immunization Record
2. Proof of having had chicken pox or the Varivax vaccine.
3. Verification of a lead test and results.
4. Copy of birth certificate.
5. Physical Examination within one year of enrollment.

	Not Hispanic or Latino	Hispanic or Latino
White		
Black or African American		
Asian		
American Indian or Alaska Native		
Native Hawaiian or other Pacific Islander		

The student is eligible for free or reduced lunch; or receives Transitional Aid to Families benefits; or is eligible for food stamps.

The family has an annual income below the federal poverty guidelines; or the family receives Transitional Aid to Families; or the student is a state ward (foster child) or is in an institution for the neglected or delinquent; or the student is eligible for free/reduced price lunch.

An indication of whether an individual or a parent/guardian accompanying an individual maintains primary employment in one or more agricultural or fishing activities on a seasonal or other temporary basis and establishes a temporary residence for the purpose of such employment.

An indication of whether a student is eligible for the Emergency Immigrant Education Program is, the student must not have been born in any State (any of the 50 states, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the Virgin Islands, the Northern Mariana Islands, or the territory of the Pacific Islands) and not having completed 3 full academic years of school in any state.

\*\*\*\*\*

The Massachusetts Department of Elementary and Secondary Education has established regulations requiring that all schools determine the military family status in each student's home. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student's First Name Middle Name Last Name Grade ☐ F ☐ M Gender

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

- ☐ **No**
- ☐ **Yes – Child of active duty member**
- ☐ **Yes, child of members or veterans who are medically discharged or retired for 1 year**
- ☐ **Yes, child of member who died on active duty**

## LENOX PUBLIC SCHOOLS

### PARENT NOTICE:

#### VERIFICATION OF RESIDENCY and ENROLLMENT STATUS

State law and district policy allow school-age children and young people to enroll in the Lenox Public Schools if:

- He/she is a **resident** of the town,
- He/she is a non-resident accepted through the **School Choice** process,
- He/she is a non-resident enrolled through a **tuition agreement**.

#### Definitions:

**Resident:** A student who lives and sleeps within the boundaries of the town on a permanent basis or on a periodic basis as defined in a custody agreement, divorce decree, or other legal provision. Any school-age resident child has a right to attend the Lenox schools.

**School Choice:** The Massachusetts program that allows school districts to enroll residents of other school districts. Lenox *requires students to apply and to be accepted* in order to enroll through school choice. Openings for school choice are limited. Openings are determined annually based factors such as class/grade size and the number of non-residents already enrolled.

**Tuition Agreement:** A contract between school districts to provide education services to students that the sending district may not offer. Example: Richmond does not have a high school. Lenox currently has a tuition agreement for students from Richmond to serve students in grades 9-12.

**Verification of Residency:** The Lenox Public Schools requires a residency affidavit, along with two forms of government issued identification indicating residency in Lenox, e.g. driver's license, voter registration, vehicle registration. Documents related to custody may be requested if applicable. The district also reserves the right to verify residency by means of a home visit. Parents are advised that ***misrepresenting a child's residency for the purpose of attending the Lenox Schools is not legal***. Students whose residency has been fraudulently represented may be required to immediately withdraw from the Lenox Schools and enroll in their district of residence. The Superintendent of Schools is the district official that will investigate and respond to matters of residency.

**Mid-year change of residency status:** If a resident student moves out of town during the course of the school year, the following rules will apply:

- a.) Before February 15, the student will be required to withdraw and re-enroll in their new resident school district. The student may remain in the Lenox Schools as a school choice student *only if* the current grade of the student is open to choice *and* the district is accepting school choice enrollment at the time of the move.
- b.) After February 15, the student may complete the school year in Lenox as a resident student. The student may apply for school choice for the subsequent school year but acceptance of school choice applications shall be dependent on grade and age-level openings. Prior attendance in the Lenox schools as a resident shall not be a determining factor in school choice acceptance determinations.

SEE REVERSE>

## PARENT DECLARATION OF RESIDENCY/ENROLLMENT STATUS

My child, \_\_\_\_\_

resides at \_\_\_\_\_

Per the definitions on the front of this form, my child will attend (attends) the Lenox Public Schools:

- ☐ As a RESIDENT STUDENT
- ☐ As a SCHOOL CHOICE STUDENT
- ☐ Under a TUITION AGREEMENT

With my signature I attest that the information provided above is correct. I understand that misrepresenting my child's residency is not permitted and may result in my child's withdrawal from the Lenox Schools and possible civil liability. I understand that the district may require proof of residency to verify information provided above.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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## SCHOOL DISPOSITION

ENROLLMENT/RESIDENCY STATUS CONFIRMED                      YES                      NO

METHOD OF CONFIRMATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCHOOL OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS/NOTES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Morris Elementary School PK - GRADE 5

Emergency and Health Information Form (Complete Front and Back Side! Please use ink/print clearly)

TEACHER \_\_\_\_\_ School Year \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Parent(s)/Guardian(s) Full Name(s) \_\_\_\_\_

Residential Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

Town of Residence: \_\_\_\_\_ Birthplace \_\_\_\_\_

Mailing address: \_\_\_\_\_

Child Resides 1. \_\_\_\_\_ Relationship \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

With: 2. \_\_\_\_\_ Relationship \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Siblings attending other Lenox Public Schools:

Sibling's full name:

Grade:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail address: \_\_\_\_\_

Persons to Contact for emergency or illness-will assume responsibility/transportation-list in order of preference including parent

1. \_\_\_\_\_ Home phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

2. \_\_\_\_\_ Home phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

3. \_\_\_\_\_ Home phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Non-custodial parent information (if applicable).

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Residential Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

If there are individuals to whom the school SHOULD NOT DISMISS YOUR CHILD TO because there is a legal, updated court document on file with the school, PLEASE LIST BELOW:

Name(s) \_\_\_\_\_

COMPLETE STUDENT HEALTH INFORMATION ON BACK SIDE →

## Morris Elementary School 2022-2023 Current Health Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Additional Physicians Child Sees: \_\_\_\_\_

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

Health Insurance: YES \_\_\_\_\_ Private \_\_\_\_\_ Public \_\_\_\_\_ (Mass Health, CMSP)  
NO \_\_\_\_\_

Need confidential assistance obtaining health insurance for your child? YES \_\_\_\_\_ NO \_\_\_\_\_

Child's Health Problems (Heart Condition, Diabetes, Asthma, Seizure Disorder, Other):  
\_\_\_\_\_  
\_\_\_\_\_

☐ Hearing Problems Left Ear \_\_\_\_\_ Right Ear \_\_\_\_\_ Hearing Aids \_\_\_\_\_  
☐ Vision Problems Wears Eyeglasses \_\_\_\_\_ Wears Contact Lenses \_\_\_\_\_

Child's Allergies (food, insects, medication, environmental) & describe child's reactions:  
\_\_\_\_\_  
\_\_\_\_\_

Names of any Medications Taken Regularly:  
\_\_\_\_\_  
\_\_\_\_\_

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### Grade PK – 5 Students

#### Consent for Over The Counter (OTC) Medication to be Given in School

I give permission to have the school nurse or school personnel designated by the school nurse give the following medications with dosage and times as per school physician protocols: **(Cross out medications not to be given)**

Advil (Ibuprofen)	Tylenol (Acetaminophen)	Benadryl (Hives/Allergies)	Antacid/Peppermint
Cough Drops	Bacitracin ointment	Benadryl lotion	Anti-itch gel

I give permission for the school nurse to provide information relevant to my child's health condition to appropriate school personnel when necessary to meet my child's health and safety needs, and to exchange my child's information with medical authorities for the purpose of referral, diagnosis and treatment. I also give permission for ambulance transport to the hospital in the event that emergency treatment is determined necessary. I understand that **any medication** which needs to be administered at school, **other than the list above** will need to be **brought in by a parent** in the **original container** and requires a **physician order** to be dispensed by the school nurse or school personnel designated by the school nurse. Forms are available in the school health office and online.

Name of Parent/Guardian completing form: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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LENOX PUBLIC SCHOOLS  
Office of the Superintendent  
Town Hall, 6 Walker Street  
Lenox, MA 01240

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AGREEMENT  
TUITION-FUNDED INTEGRATED FULL DAY PRESCHOOL PROGRAM  
Five-Day Program – 8:10 a.m. – 2:30 p.m.  
2022-2023

In order for my child to be enrolled as a typical peer in the tuition-funded Integrated Preschool Program at Morris Elementary School, I hereby agree to pay the annual tuition of \$3,570.00 payable quarterly (\$200.00 non-refundable registration fee to be submitted with registration forms, and four payments of \$842.50). Upon receipt of a bill, I further agree to submit the quarterly payments in a timely fashion. I understand that the tuition fee will not be modified to reflect any absences incurred by my child during the course of the school year. Payment must be in the form of a check or money order made out to the Lenox Public Schools Preschool Program. **Checks are to be delivered to the Superintendent's Office at the Town Hall** or mailed to the above address. (There will be a \$15.00 charge for checks returned for insufficient funds.)

I understand that, if I fail to make my tuition payment by the due dates, my child will lose his/her seat in the preschool program and my child's seat will likely be given to another student.

I understand that the Preschool does not follow the public school calendar.

I understand that I am making a commitment for the full school year for my child.

I understand that my child's preschool seat is not transferable.

I understand that my child is expected to follow all reasonable rules and expectations for student conduct.

I understand that students who qualify for free or reduced lunch and are selected for the preschool program will receive a tuition waiver.

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TUITION-FUNDED INTEGRATED PRESCHOOL PROGRAM 2022-2023

I have read and understand the above terms and conditions under which my child,  
\_\_\_\_\_, is admitted to the tuition-funded Integrated Preschool Program, and  
I hereby agree to these terms and conditions.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**LENOX PUBLIC SCHOOLS**  
**Integrated Preschool Program**

**APPLICATION FOR TUITION WAIVER**

To apply for a tuition waiver, please complete this application, sign your name, and return it along with **supporting documents (pay stubs for one month, AFDC number, etc.)** to the **Superintendent's Office at the Town Hall, 6 Walker Street**. Please include all members residing in your household.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Household Members and Monthly Income:**

Names Of Household Members	Gross MONTHLY Earnings (before deductions)	All other income, including: MONTHLY Welfare Payments, Child Support, Alimony, etc.
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Signature and Social Security Numbers: I certify that all of the above information is true and correct and that all income is reported. I understand that school officials may verify the information on the application; and that deliberate misrepresentation of the information will mean that my child will not receive a tuition waiver.

\_\_\_\_\_  
Signature of Adult Household Member      Print Name      Date

\_\_\_\_\_  
Home Telephone #      Work Telephone #      Social Security Number

\_\_\_\_\_  
Home Address (Street, City, State, Zip Code)

All information is subject to review at any time during the school year and any changes in monthly income **MUST** be reported to the school immediately. Income verification will be made in September and January.

**FOR SCHOOL USE ONLY** – Eligibility Determination: Approved \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
Signature of Determining Official      Date

*If you would like this form translated, please contact [mloubert@lenoxps.org](mailto:mloubert@lenoxps.org)*



## CIP PARENT INTERVIEW FORM

FORM 751R

Child's Name \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_  
 Today's Date \_\_\_\_\_  
 Boy \_\_\_\_ Girl \_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Child's Birthdate \_\_\_\_\_  
 Street Address \_\_\_\_\_ Child's Age \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Age in Months \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Weight at Birth \_\_\_\_\_ lbs. \_\_\_\_\_ oz.  
 Elementary school this child will attend \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_  
 Number of older siblings: Boys \_\_\_\_ Girls \_\_\_\_ Number of younger siblings: Boys \_\_\_\_ Girls \_\_\_\_  
 Other people in the home \_\_\_\_\_

When was this child last seen by a doctor? \_\_\_\_\_ Doctor's name \_\_\_\_\_

What was the reason? \_\_\_\_\_

Is this child on any medication? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain. \_\_\_\_\_

Was there anything unusual about the pregnancy with this child? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain. \_\_\_\_\_

Please describe any special medical care or hospitalization this child received at birth or during the first month after this child was born. \_\_\_\_\_

Has this child ever been in the hospital or been seriously ill at home? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain. \_\_\_\_\_

Has this child ever had a serious accident? Yes \_\_\_\_ No \_\_\_\_

P \_\_\_\_ R \_\_\_\_ E \_\_\_\_

If yes, please explain. \_\_\_\_\_

Child sat up alone at age \_\_\_\_ Child began walking at age \_\_\_\_

P \_\_\_\_ R \_\_\_\_ E \_\_\_\_

Is this child toilet trained? Yes \_\_\_\_ No \_\_\_\_ If yes, at what age? \_\_\_\_

(Place an X on the best answer. Mark only one choice for each question.)

Has this child ever had any ear/hearing examinations or treatments?

Yes

No

☐

☐

When \_\_\_\_\_ By whom \_\_\_\_\_ Results \_\_\_\_\_

Does this child:

1. Seem to have difficulty hearing?

☐

☐

2. Seem to favor one ear over the other?

☐

☐

3. Jump or appear to be more startled than others if there is a sudden noise?

☐

☐

4. Seem to hear you if you talk in a whisper?

☐

☐

5. Make you talk loudly or repeat yourself frequently?

☐

☐

6. Have a history of ear infections?

☐

☐

If yes, how often? \_\_\_\_\_ How was it treated? \_\_\_\_\_

P \_\_\_\_ R \_\_\_\_ E \_\_\_\_

Yes No

Has this child ever had a vision examination or treatment? (Mark one.)

☐ ☐

When \_\_\_\_\_ By whom? \_\_\_\_\_ Results \_\_\_\_\_

Does this child:

- |  |                       |                          |
|--|-----------------------|--------------------------|
| 1. Seem to have difficulty seeing small lines or pictures? | <input type="radio"/> | <input type="radio"/>    |
| 2. Seem to have a problem seeing things that are far away? | <input type="radio"/> | <input type="checkbox"/> |
| 3. Squint?   | <input type="radio"/> | <input type="radio"/>    |
| 4. Wear glasses?   | <input type="radio"/> | <input type="checkbox"/> |
| 5. Have eyes that turn in or out?                          | <input type="radio"/> | <input type="radio"/>    |
| 6. Other problems (please specify) _____                   | P _ R _ E _           |                          |

We would like to learn more about this child's ability to communicate. At what age did this child say his or her first words? \_\_\_\_\_ Put 2 and 3 words together? \_\_\_\_\_ Say sentences? \_\_\_\_\_

Does this child:

often sometimes rarely

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Speak as well as other children the same age?   | <input type="radio"/>    | <input type="checkbox"/> | <input type="radio"/>    |
| 2. Speak so he or she can be understood by you?    | <input type="checkbox"/> | <input type="radio"/>    | <input type="radio"/>    |
| 3. Speak so he or she can be understood by others? | <input type="radio"/>    | <input type="radio"/>    | <input type="checkbox"/> |
| 4. Use only single words or short phrases?         | <input type="radio"/>    | <input type="checkbox"/> | <input type="radio"/>    |
| 5. Primarily use gestures to communicate?          | <input type="checkbox"/> | <input type="radio"/>    | <input type="radio"/>    |
| 6. Have difficulty producing certain sounds?       | <input type="checkbox"/> | <input type="radio"/>    | <input type="radio"/>    |
| 7. Have an unusual-sounding voice?                 | <input type="radio"/>    | <input type="checkbox"/> | <input type="radio"/>    |
| 8. Seem to stutter?                                | <input type="radio"/>    | <input type="radio"/>    | <input type="checkbox"/> |

What concerns do you have about this child's speech or language ability? \_\_\_\_\_

Other than English, what other language(s) are spoken in the home? \_\_\_\_\_

What language(s) does this child understand? \_\_\_\_\_

What language(s) does this child speak? \_\_\_\_\_

Where and how often does this child use his or her native language? \_\_\_\_\_

Where and how often does this child use English? \_\_\_\_\_

Describe any problems this child has speaking his or her native language. \_\_\_\_\_

Do you want this child to be bilingual? Yes \_\_\_\_\_ No \_\_\_\_\_

P \_ R \_ E \_

What are this child's favorite home activities? \_\_\_\_\_

What are his or her favorite games or toys? \_\_\_\_\_

Does he or she prefer to play alone or with others? \_\_\_\_\_

How does this child get along with playmates? (Please note ages and any special relationships.)  
\_\_\_\_\_

How does this child usually get along with his or her brothers and sisters? \_\_\_\_\_  
\_\_\_\_\_

What kinds of things does this child do that bother you? \_\_\_\_\_  
\_\_\_\_\_

Does this child have any special fears (dogs, darkness, etc.)? \_\_\_\_\_

Are there things this child does that you think are unusual? \_\_\_\_\_  
\_\_\_\_\_

Do you have any special concerns about this child? \_\_\_\_\_  
\_\_\_\_\_

Does anyone read stories to this child? No \_\_\_\_\_ Yes \_\_\_\_\_ Who? \_\_\_\_\_

What kind of stories does he or she like? \_\_\_\_\_

What TV shows does this child watch? \_\_\_\_\_

How many hours of TV does this child watch a day? \_\_\_\_\_ hours

Has this child ever been to another preschool or day care center? No \_\_\_\_\_ Yes \_\_\_\_\_

Where? \_\_\_\_\_ When (how long)? \_\_\_\_\_

What would you like this child to learn in preschool? \_\_\_\_\_  
\_\_\_\_\_

Does this child display any special talents in music, art, drama/performing for others, leading  
other children, or engaging in physical activities or sports? \_\_\_\_\_  
\_\_\_\_\_

Is there any other information that will help us understand this child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form completed by: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Thank you for your time and patience in filling out this questionnaire.



COMPREHENSIVE IDENTIFICATION PROCESS

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Published by Scholastic Testing Service, Inc., Bensenville, Illinois 60106-1617

Cat.# CP175103

Do you notice, or has a doctor reported, any of the following in this child?

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Asthma        | <input type="checkbox"/> Frequent fevers | <input type="checkbox"/> Headaches           | <input type="checkbox"/> Overtired or lacking pep |
| <input type="checkbox"/> Indigestion   | <input type="checkbox"/> Sinus trouble   | <input type="checkbox"/> Nightmares          | <input type="checkbox"/> Earaches/ear infections  |
| <input type="checkbox"/> Constipation  | <input type="checkbox"/> Nose bleeding   | <input type="checkbox"/> Thumb sucking       | <input type="checkbox"/> Difficulty hearing       |
| <input type="checkbox"/> Diarrhea      | <input type="checkbox"/> Bedwetting      | <input type="checkbox"/> Nail biting         | <input type="checkbox"/> Difficulty seeing        |
| <input type="checkbox"/> Vomiting      | <input type="checkbox"/> Allergies       | <input type="checkbox"/> Epilepsy (seizures) | (blinks, squints, rubs eyes)                      |
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Hyperactivity   | <input type="checkbox"/> Poor appetite       | <input type="checkbox"/> Lack of motivation       |

Other physical problems (please explain) \_\_\_\_\_

\_\_\_\_\_

**P** \_\_\_\_ **R** \_\_\_\_ **E** \_\_\_\_

Does this child: (Mark one, place an X on the best answer.)    always    sometimes    rarely    don't know

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Sing little songs or commercials?               | <input type="radio"/>    | <input type="checkbox"/> | <input type="radio"/>    | <input type="radio"/>    |
| 2. Cry or whine?                                   | <input type="checkbox"/> | <input type="radio"/>    | <input type="radio"/>    | <input type="radio"/>    |
| 3. Seem to be unusually quiet?                     | <input type="checkbox"/> | <input type="radio"/>    | <input type="radio"/>    | <input type="radio"/>    |
| 4. Repeat actions or words needlessly?             | <input type="checkbox"/> | <input type="radio"/>    | <input type="radio"/>    | <input type="radio"/>    |
| 5. Pay attention to what you say or do?            | <input type="radio"/>    | <input type="radio"/>    | <input type="checkbox"/> | <input type="radio"/>    |
| 6. Make up little games?                           | <input type="radio"/>    | <input type="radio"/>    | <input type="radio"/>    | <input type="checkbox"/> |
| 7. Seem to be restless or fidgety?                 | <input type="checkbox"/> | <input type="radio"/>    | <input type="radio"/>    | <input type="radio"/>    |
| 8. Seem to be happy?                               | <input type="radio"/>    | <input type="checkbox"/> | <input type="radio"/>    | <input type="radio"/>    |
| 9. Say "I can't" without trying?                   | <input type="checkbox"/> | <input type="radio"/>    | <input type="radio"/>    | <input type="radio"/>    |
| 10. Have temper tantrums?                          | <input type="checkbox"/> | <input type="radio"/>    | <input type="radio"/>    | <input type="radio"/>    |
| 11. Seem to be a leader?                           | <input type="radio"/>    | <input type="checkbox"/> | <input type="radio"/>    | <input type="radio"/>    |
| 12. Cry when not given his or her own way?         | <input type="checkbox"/> | <input type="radio"/>    | <input type="radio"/>    | <input type="radio"/>    |
| 13. Move slowly?                                   | <input type="checkbox"/> | <input type="radio"/>    | <input type="radio"/>    | <input type="radio"/>    |
| 14. Act without reason, on the spur of the moment? | <input type="checkbox"/> | <input type="radio"/>    | <input type="radio"/>    | <input type="radio"/>    |
| 15. Play well with other children?                 | <input type="radio"/>    | <input type="radio"/>    | <input type="radio"/>    | <input type="radio"/>    |
| 16. Get upset easily?                              | <input type="checkbox"/> | <input type="radio"/>    | <input type="radio"/>    | <input type="radio"/>    |
| 17. "Rock" his or her body?                        | <input type="checkbox"/> | <input type="radio"/>    | <input type="radio"/>    | <input type="radio"/>    |
| 18. Have many unusual or different ideas?          | <input type="radio"/>    | <input type="checkbox"/> | <input type="radio"/>    | <input type="radio"/>    |
| 19. Seem to have any friends?                      | <input type="radio"/>    | <input type="radio"/>    | <input type="checkbox"/> | <input type="radio"/>    |

**(0-1) P** \_\_\_\_ **(2-3) R** \_\_\_\_ **(4+) E** \_\_\_\_

# LENOX 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 \_\_\_\_\_ F ☐ M ☐  
Gender

Country of Birth \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Date first enrolled in ANY US School (mm/dd/yyyy) \_\_\_\_\_

### School Information

Start Date in New School (mm/dd/yyyy) \_\_\_\_\_ Name of Former School/Town \_\_\_\_\_ Current Grade \_\_\_\_\_

### Questions for Parents/Guardians

**What is the native language(s) of each parent / guardian?**

\_\_\_\_\_ (mother)  
\_\_\_\_\_ (father)  
\_\_\_\_\_ (guardian)

**Which language(s) are spoken with your child? (include relatives – grandparents, uncles, aunts, etc – and caregivers)**

☐ seldom ☐ sometimes ☐ often ☐ always

☐ seldom ☐ sometimes ☐ often ☐ always

**What language did your child first understand and speak?**

**Which language do you use most with your child?**

**Which other languages does your child know? (check all that apply)**

☐ speak ☐ read ☐ write

☐ speak ☐ read ☐ write

**Which languages does your child use?**

☐ seldom ☐ sometimes ☐ often ☐ always

☐ seldom ☐ sometimes ☐ often ☐ always

**Will you require written information from school in your native language?**

☐ Yes ☐ No

**Will you require an interpreter/translator at Parent/Teacher meetings?**

☐ Yes ☐ No

**Parent/Guardian Signature:**

X

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Today's Date (mm/dd/yyyy)

*Non-discrimination and equal opportunity are the policy of the Lenox Public Schools in all of its educational programs, activities, and employment practices. No person shall be discriminated against or excluded from participation or workplace advancement on the basis of race, color, sex, gender identity, religion, national origin, sexual orientation, limited English proficiency, housing status, or disability.*

## Encuesta del idioma hablado en el hogar

Los reglamentos del Departamento de Educación Primaria y Secundaria de Massachusetts exigen que todas las escuelas determinen los idiomas que se hablan en los hogares de los estudiantes para así identificar sus necesidades específicas relacionadas con el idioma. Esta información es esencial para que las escuelas puedan proveer instrucción que todos los estudiantes puedan aprovechar. Si en su hogar se habla otro idioma que no sea inglés, se requiere que el Distrito evalúe a su hijo más a fondo. Ayúdenos a cumplir con este importante requisito respondiendo a las siguientes preguntas. Gracias por su ayuda.

Información del estudiante		
Nombre _____	Segundo nombre _____	Apellido _____
		F <input type="checkbox"/> M <input type="checkbox"/> Sexo
País de nacimiento _____	Fecha de nacimiento (mm/dd/aaaa) _____	Fecha de matriculación inicial en CUALQUIER escuela de EE.UU. (mm/dd/aaaa) _____
Información de la escuela		
_____/_____/20 Fecha de comienzo en la escuela nueva (mm/dd/aaaa)	_____ Nombre de la escuela y ciudad anterior	_____ Grado actual
Preguntas para los padres/encargados		
<b>¿Cuál es el idioma natal del padre/la madre/los encargados? (encierre en un círculo)</b>  _____ (madre / padre / encargado)  _____ (madre / padre / encargado)	<b>¿Qué idioma(s) se habla(n) con su hijo?</b> (incluya parientes -abuelos, tíos, tías, etc. - y encargados del cuidado)  _____ infrecuentemente / algunas veces / frecuentemente / siempre  _____ infrecuentemente / algunas veces / frecuentemente / siempre	
<b>¿Cuál fue el primer idioma que entendió y habló su hijo?</b>	<b>¿Qué idioma usa usted principalmente con su hijo?</b>	
<b>¿Qué otros idiomas sabe su hijo? (encierre en un círculo todo lo que corresponda)</b>  _____ habla / lee / escribe  _____ habla / lee / escribe	<b>¿Qué idiomas usa su hijo? (encierre uno en un círculo)</b>  _____ infrecuentemente / algunas veces / frecuentemente / siempre  _____ infrecuentemente / algunas veces / frecuentemente / siempre	
<b>¿Requerirá usted la información impresa de la escuela en su idioma natal?</b>  Sí <input type="checkbox"/> No <input type="checkbox"/>	<b>¿Requerirá usted un intérprete/traductor en reuniones de padres y maestros?</b>  Sí <input type="checkbox"/> No <input type="checkbox"/>	
<b>Firma del padre/la madre/encargado:</b>  X	____/____/20 <b>Fecha de hoy:</b> (mm/dd/aaaa)	

Spanish