

# TRURO CENTRAL SCHOOL

317 Route 6 - POB 2029, Truro, MA 02666

## SCHOOL CHOICE APPLICATION for 2022-2023 SCHOOL YEAR

Student's Name: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Parent/Guardian work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current School Grade: \_\_\_\_\_ School Currently attending: \_\_\_\_\_

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

Grade in Truro to which you are Applying for Entrance: \_\_\_\_\_

Expected enrollment date: \_\_\_\_\_

Is student receiving special education services? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a family moving out of the School District and requesting Continued Placement in the Truro Schools?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Date of relocation: \_\_\_\_\_

Address of New Residence: \_\_\_\_\_

What attracted you to the Truro schools? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or return to: Patrick Riley,  
*Principal*  
  
Truro Central School  
POB 2029  
Truro, MA 02666  
Phone: 508-487-1558  
Fax: 508-487-4289

**Truro Central School  
P.O.Box 2029  
Truro, MA 02666**

REGISTRATION FORM

Date Enrolled \_\_\_\_\_  
Birth Certificate Presented \_\_\_\_\_  
Special Education \_\_\_\_ Yes \_\_\_\_ No  
Early Intervention \_\_\_\_ Yes \_\_\_\_ No

Student's Legal Name \_\_\_\_\_  
First Middle Last

Preferred Nickname \_\_\_\_\_ Child's Primary Language  
Are any other languages, other than English, spoken in  
the home. If so, what? \_\_\_\_\_

Boy \_\_\_\_\_ Girl \_\_\_\_\_ Grade \_\_\_\_\_

Residential Address: \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (cell)

Date of Birth: year \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_

Place of Birth \_\_\_\_\_  
City State

If born in another country:

\_\_\_\_\_ City Country

Are you a Military Family?  Yes  No

**Please answer BOTH questions.**

Are you Hispanic or Latino? *Select only one.*

- No, not Hispanic or Latino
- Yes, Hispanic or Latino, a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

What is your race? *You may select one or more races.*

- White, a person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- Black or African American, a person having origins in any of the black racial groups of Africa
- American Indian or Alaskan Native, a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliations 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.
- Native Hawaiian or Other Pacific Islander, a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**Parent/Guardian's Name** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

Address if different from student's \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Business phone \_\_\_\_\_

**Second parent/Guardian's name** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Business phone \_\_\_\_\_

Does the child live with both parent's? \_\_\_\_\_ If not, which one? \_\_\_\_\_

Are there any other adults who live with the child? \_\_\_\_\_

If so, please give name and relationship to child's family. \_\_\_\_\_

\_\_\_\_\_

Legal Guardian \_\_\_\_\_ If legal guardian is someone other than child's parent a court document, signed by a judge, must be submitted to the school.

Is there any legal document, i.e. restraining order, regarding this child of which the school should be aware? \_\_\_\_\_

Is there a custody or adoption issue of which the school should be aware? \_\_\_\_\_

Is there any other information of which the school should be aware? \_\_\_\_\_

Name and address of last school attended \_\_\_\_\_

\_\_\_\_\_

Please list all other children in your family, eldest first

Name	D/O/B	Grade	School
------	-------	-------	--------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

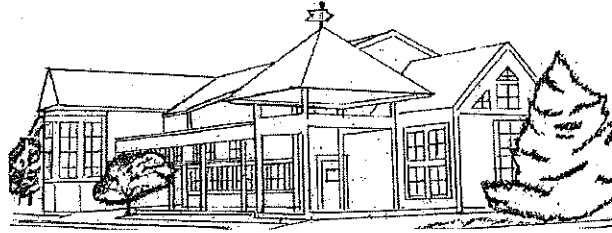
Who completed this form? \_\_\_\_\_

Relationship to child? \_\_\_\_\_ Date \_\_\_\_\_

## Truro Central School

**Stephanie Costigan**  
*Superintendent*

**Patrick Riley**  
*Principal*



317 Rte. 6, P.O. Box 2029  
Truro, MA 02666

**Phone: 508-487-1558**  
**Fax: 508-487-4289**

### **Dear Parents/Guardians of Prospective Kindergarten Students,**

If you decide to enroll your child into the Truro Central School system, please know that we are required by State Law to have the following records before children are allowed to enter school.

#### **1.) Immunizations:**

All children must have at least the minimal requirements in order to attend kindergarten. The School Immunization Law, Chapter 76, Section 15 of the Mass General Laws, as amended by c.16 land 105 CMR 220.000 require the following immunizations for entrance unless there is a medical exemption signed by a physician, or a religious exemption signed by the parent/guardian.

- \_ Five (5) doses of DTP (Diphtheria, Pertussis, Tetanus)
- \_ Four (4) doses of Polio Vaccine
- \_ Two (2) doses of Measles Vaccine, usually given as MMR (Measles, Mumps, Rubella)
- \_ Three (3) does of Hepatitis B
- \_ Two (2) does of Varicella (Chicken Pox) or a physician's note documenting having had the disease.

The principal is required to refuse children who do not have the required immunization documentation. Please have the immunization certificate signed by your primary health care provider and return it to the school before the first day.

#### **2.) Lead Screening:**

Proof of lead screening is required.

#### **3.) Physical Examination:**

All children are required by state law to have a physical examination within six months of entering school. Which means an examination that was done between April and September will be acceptable. The physical and immunization forms should be brought to the exam so that your healthcare provider can fill them out and sign them. Please call your doctor now to schedule this important exam if you plan to have your child begin school in September.

#### **4.) Birth Certificate:**

Please include a copy of your child's birth certificate as part of his/her permanent record.

**Please Note that according to state law, your child will not be able to enter school in September until we have these forms complete with immunization dates and provider's signature.**

Please feel free to contact the School Nurse, Beth Cook, with any questions or problems meeting these requirements at [cooke@truromass.org](mailto:cooke@truromass.org) or 508-487-1558 Ex. 205.

Sincerely,  
Beth Cook, RN

## Truro Central School - INTERVAL HEALTH HISTORY

Name:	DOB: Grade:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian: (person completing this form)	Home Phone: Cell Phone:	Date:	
<b>Primary Doctor:</b> Phone #: <b>Specialists:</b> Phone #:	<b>Health Insurance:</b>		

Please CHECK any of the following conditions that your child currently has or has had in the past:		If Yes, please explain and include date:
Had/Has an Ongoing Medical Condition?	<input type="checkbox"/>	
Had/Has Allergies? Is an EpiPen Needed For Any? Yes <input type="checkbox"/> No <input type="checkbox"/> Which? _____	<input type="checkbox"/>	<input type="checkbox"/> Food <input type="checkbox"/> Environmental <input type="checkbox"/> Insect <input type="checkbox"/> Medication <input type="checkbox"/> Other: _____ Please List Any/All Allergies: _____ _____ _____
Had/Has Reactions to Any Medication?	<input type="checkbox"/>	
Had an Operation or a Hospitalization?	<input type="checkbox"/>	
Miss 5 Consecutive Days of School Due to Illness or Injury?	<input type="checkbox"/>	
Had/Has a Bone or Muscle Injury?	<input type="checkbox"/>	
Passed Out, Had/Has A Concussion or Serious Head injury?	<input type="checkbox"/>	
Had/Has Epilepsy, Seizures, or Convulsions?	<input type="checkbox"/>	
Had/Has A Vision Problem or Condition?	<input type="checkbox"/>	<input type="checkbox"/> glasses <input type="checkbox"/> contacts
Had/Has A Hearing Problem or Condition?	<input type="checkbox"/>	<input type="checkbox"/> hearing aid <input type="checkbox"/> cochlear implant
Wears A Dental Bridge, Braces or Mouthpiece?	<input type="checkbox"/>	
Had Any Immunizations This Past Year?	<input type="checkbox"/>	
Had/Has Any Physical Limitations or Restrictions?	<input type="checkbox"/>	

<input type="checkbox"/> ADHD	<input type="checkbox"/> Asthma/Trouble Breathing	<input type="checkbox"/> Autism/Aspergers
<input type="checkbox"/> Diabetes	<input type="checkbox"/> GI Conditions (Ulcer, Reflux, IBS)	<input type="checkbox"/> Nose Bleeds
<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Urinary Condition	<input type="checkbox"/> Dental Injuries
<input type="checkbox"/> Heart Conditions	<input type="checkbox"/> Single Organ (Kidney, Testicle)	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Obsessive Compulsive Disorder(OCD)	<input type="checkbox"/> Skin Condition
<input type="checkbox"/> Depression	<input type="checkbox"/> Oppositional Defiant Disorder(ODD)	<input type="checkbox"/> Eating Disorder
<input type="checkbox"/> Speech Condition	<input type="checkbox"/> Headaches/Migraines	<input type="checkbox"/> Anxiety

**CURRENT MEDICATIONS**

Please List Name, Dose, and Time(s) Taken

**\*PLEASE UPDATE SCHOOL NURSE WITH CHANGES THROUGHOUT SCHOOL YEAR\***

---

---

**ASSISTIVE EQUIPMENT**

Please **CHECK** Any Of The Following That Your Child May Use At Home And/Or At School.

<input type="checkbox"/>	Crutches	<input type="checkbox"/>	Walker	<input type="checkbox"/>	Wheelchair	<input type="checkbox"/>	Other: _____
--------------------------	----------	--------------------------	--------	--------------------------	------------	--------------------------	--------------

**TREATMENTS**

Please **CHECK** Any Of The Following That Your Child May Use At Home And/Or At School.

<input type="checkbox"/>	Insulin/ Blood Glucose Monitor	<input type="checkbox"/>	Inhaler/ Nebulizer/ Peak Flow Monitoring
<input type="checkbox"/>	Special Diet: _____	<input type="checkbox"/>	Other: _____

**PERMISSIONS:**

- My child has my permission to receive health/wellness services. I understand the information on this form may be shared with appropriate school personnel in order to meet my child's safety and healthcare needs. I give permission to exchange information with my child's primary care physician for the purpose of referrals, diagnosis, and treatments.
- The School Nurse may, as a result of a nursing assessment, administer *Acetaminophen (Tylenol)* pain/discomfort, and *Diphenhydramine (Benadryl)* for minor, non-life threatening signs of allergic reaction (hives, localized itching, and/or rash).

Although it is preferable that an individual order from the student's health care provider is on file in the Nurse's Office, use of the Truro Central School District's Standing Order for the above medication is an option for a limited number of medication administrations. Dosage dispensed will be in accordance with the manufacturer's/label instructions.

Please note if there is a contraindication for your child to receive any of the above medications:

---

- In the event of a public health emergency, I give permission to the school nurse to administer **Potassium Iodide (KI)**.
- In the event of illness or injury, the school will make every effort to notify me or the emergency contact on file with the school. In the event that emergency medical care is necessary, emergency medical services (EMS) will be activated.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HAND SANITIZER**

If you would like your child to **OPT OUT** of the use of sanitizer at school please sign below.

Please know that by leaving the line below **blank** means your child **has** permission to use hand sanitizer in school with supervision.

Parent/Guardian Signature for **OPT-OUT**: \_\_\_\_\_ Date: \_\_\_\_\_

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

*School District Name and Code:* Truro Central School Truro/ 0300

*School/District Contact:* Elizabeth Cook, RN (508)487-1558 x205

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission (also known as consent) to share information about your child with MassHealth. Local communities in Massachusetts have been approved to receive partial reimbursement from MassHealth for the costs of certain health-related services provided by the district to your child (or children). In order for your community to get back some of the money spent on services, the school district needs to share with MassHealth the following types of information about your child: name; date of birth; gender; type of services provided, when, and by whom; and MassHealth ID.

With your permission, the school district will be able to seek partial reimbursement for services provided by MassHealth, including, among others, a hearing test or eye exam; a school physical; occupational or speech or physical therapy; some school nurse visits; and counseling services with the school social worker or psychologist. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

The school district cannot share with MassHealth information about your child without your permission. As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the health-related and/or special education services to which your child is entitled.
2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge MassHealth for services provided. The school district can agree to pay the co-pay or deductible if any such cost is expected.
3. If you give the school district permission to share information with and request reimbursement from MassHealth:
  - a. This will not affect your child's available lifetime coverage or other MassHealth benefit; nor will it in any way limit your own family's use of MassHealth benefits outside of school.
  - a. Your permission will not affect your child's special education services or IEP rights in any way, if your child is eligible to receive them.
  - b. Your permission will not lead to any changes in your child's MassHealth rights; and
  - c. Your permission will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.
4. If you give permission, you have the right to change your mind and withdraw your permission at any time.
5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with MassHealth for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

I have read the notice and understand it. Any questions I had were answered. I give permission to the school district to share with MassHealth records and information concerning my child(ren) and their health-related services, as necessary. I understand that this will help our community seek partial reimbursement of MassHealth covered services.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

# Massachusetts School Immunization Requirements 2022-2023

Massachusetts school immunization requirements are created under authority of [105 CMR 220.000](#)  
[Immunization of Students Before Admission to School](#)

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.

## Childcare/Preschool ¶†

Attendees <2 years should be immunized for their age according to the [ACIP Recommended Immunization Schedule](#). Requirements listed in the table below apply to all attendees ≥2 years. These requirements also apply to children in preschool classes called K0 or K1.

Hib	<b>1-4 doses;</b> the number of doses is determined by vaccine product and age the series begins
DTaP	<b>4 doses</b>
Polio	<b>3 doses</b>
Hepatitis B	<b>3 doses;</b> laboratory evidence of immunity acceptable
MMR	<b>1 dose;</b> must be given on or after the 1 <sup>st</sup> birthday; laboratory evidence of immunity acceptable
Varicella	<b>1 dose;</b> must be given on or after the 1 <sup>st</sup> birthday; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

## Grades Kindergarten – 6 ¶†

In ungraded classrooms, Kindergarten requirements apply to all students ≥5 years.

DTaP	<b>5 doses;</b> 4 doses are acceptable if the fourth dose is given on or after the 4 <sup>th</sup> birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP
Polio	<b>4 doses;</b> fourth dose must be given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose, or a fifth dose is required. 3 doses are acceptable if the third dose is given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose
Hepatitis B	<b>3 doses;</b> laboratory evidence of immunity acceptable
MMR	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable
Varicella	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

§ Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

¶ Meningococcal vaccine requirements (see Grades 7-10 and 11-12) also apply to residential students in Grades Pre-K through 8 if the school combines these grades in the same school as students in Grades 9-12.

† Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

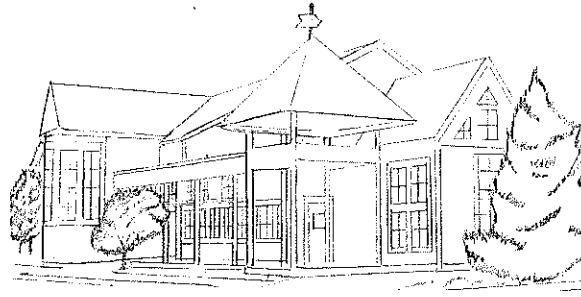
\* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.



# TRURO CENTRAL SCHOOL

Stephanie Costigan  
Superintendent

Patrick Riley  
Principal



317 Rte. 6, P.O. Box 2029  
Truro, MA 02666

Phone: 508-487-1558  
Fax: 508-487-4289

## PRESCHOOL/ KINDERGARTEN SUNSCREEN PROTOCOL

### Rationale

- A healthy balance between too much and too little ultraviolet (UV) radiation from the sun is important for health.
- Too much UV from the sun can cause sunburn, skin damage, eye damage and skin cancer.
- Too little UV from the sun can lead to vitamin D deficiency.
- To ensure that a healthy balance between too much and too little UV is maintained, sun protection is used from the beginning of April until the end of September and whenever the UV index level reaches 3 and above.

### Strategies

- All children and staff use a combination of sun protection measures whenever UV index levels reach 3 and above as reported by [www.weather.com](http://www.weather.com) and when children will be outdoors for 30 minutes or more.
- Sunscreen will be applied between 10 AM and 2 PM when UV index levels reach 3 or above.
- Our Sunscreen Protocol is considered when planning all outdoor events and field trips.
- Sunscreen (SPF 30 or higher) will be provided by the parent/guardian.
- Parents are responsible for applying sunscreen at home to prepare children for AM playground time.

**PRESCHOOL/ KINDERGARTEN  
SUNSCREEN PERMISSION SLIP**

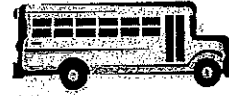
UV index levels will be checked daily on [www.weather.com](http://www.weather.com). If the UV index is 3 or above, staff will apply a sunscreen recommended as safe by the Environmental Working Group for example Kiss My Face Organics spf 30 before midday playground time. Please apply sunscreen at home to prepare children for AM playground time. We will have sunscreen available if you need to use it at arrival time.

We the parents/guardians of \_\_\_\_\_

	do hereby grant permission for the Truro Central School staff to apply sunscreen to my son/daughter.
	do not want sunscreen applied.

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

Signature: \_\_\_\_\_



## Ten Rules for Beginning School

1. Do treat going to school as part of a normal course of events, something that's expected.
2. Don't make the beginning of school a topic of daily conversation during the summer.
3. Don't allow older children to frighten or tease with tales about teachers etc.
4. Do answer all questions the child asks about school honestly. For example:
  - Number of days he/she will attend
  - Length of time away from home
  - How he/she will get to and from school
5. Don't give the impression that there is a choice about whether or not to attend school. If the child says he/she will not go to school, calmly reassure the child you understand but he/she can handle it.
6. Do communicate to the child that you appreciate the effort he/she is making to do what is being asked.
7. Do make transportation plans clear to the child.
8. Don't try to force a child to be positive about going to school. Encourage him/her to express his/her feelings.
9. Do create a normal routine atmosphere at home the first couple of days.
10. Sending the child to school is, or can be, anxiety provoking for the parents. Don't assume the child's anxiety is all his/hers.

## About Kindergarten Screening

Areas Screened	
Each Child is asked to demonstrate his/her abilities to:	Suggestions for Parents
<p><b>Auditory Skills:</b></p> <ol style="list-style-type: none"> <li>1. Discriminate between sounds within a word</li> <li>2. Repeat a sequence of sounds (Ex. Clapping)</li> <li>3. Identify rhyming words</li> </ol>	<ol style="list-style-type: none"> <li>1. Play Simon Says</li> <li>2. Listen to records of zoo and farm animal sounds - identify sounds</li> <li>3. Sing children's songs, repeat poems and nursery rhymes</li> <li>4. Read books with rhyming patterns (i.e. Dr. Seuss)</li> <li>5. Have your child follow 2-3 step directions (i.e. Get your blue shirt in the bottom drawer.)</li> </ol>
<p><b>Visual Skills:</b></p> <ol style="list-style-type: none"> <li>1. Perceive objects in foreground and background and separate them by outlining</li> <li>2. Form shape by connecting the dots</li> <li>3. Discriminate between similar objects</li> </ol>	<ol style="list-style-type: none"> <li>1. Dot to dot designs</li> <li>2. Hidden figure puzzles (found in activity books)</li> <li>3. Missing parts puzzles (found in activity books)</li> <li>4. Sorting activities (buttons, silverware, playing cards)</li> <li>5. Matching activities (money, lotto games, laundry)</li> <li>6. Making pairs (socks, mittens)</li> </ol>
<p><b>Language Skills:</b></p> <ol style="list-style-type: none"> <li>1. Name objects, people, animals, places</li> <li>2. Describe a picture with at least 3 different activities using complete sentences</li> <li>3. Recite a simple nursery rhyme</li> </ol>	<ol style="list-style-type: none"> <li>1. When reading with your child, let him/her talk about the pictures.</li> <li>2. When your child talks about a picture or happening, encourage him/her to tell you more.</li> <li>3. Listen to records: music, nursery rhymes, stories</li> <li>4. Give your child enough time to finish what he is saying. Do not rush to finish sentences for him/her.</li> <li>5. Make speaking fun!</li> </ol>
<p><b>Motor Skills:</b></p> <ol style="list-style-type: none"> <li>1. Walk forward, sideways and backward on a balance beam</li> <li>2. Hop on each foot and skip</li> <li>3. Follow a sequence of three movements involving bouncing and catching a ball</li> <li>4. Draw lines between parallel straight and curved lines</li> </ol>	<ol style="list-style-type: none"> <li>1. Ball bouncing, catching, throwing</li> <li>2. Hopscotch</li> <li>3. Jump in and out of old car tires</li> <li>4. Bean bags toss</li> <li>5. Use hammer and nails, screwdriver</li> <li>6. Paper cutting</li> <li>7. Tracing (on paper, in sand, finger paints, play-doh)</li> <li>8. Pick up sticks</li> </ol>