



Maureen Binienda
Interim Superintendent

EASTHAMPTON PUBLIC SCHOOLS

EASTHAMPTON MUNICIPAL BUILDING
50 Payson Avenue, 2nd Floor
Easthampton, MA 01027
(413) 529-1500 TEL/ (413) 529-1567 FAX

www.epsd.us

Mountain View School Preschool Registration Form

2025-2026

Easthampton Public Schools

Enclosures: *Preschool Welcome Letter*
Letter from Health Services
Mandatory Health Requirements for Students
New Student Registration Checklist
Student Registration Form
Home Language Survey
Early Childhood Education Experience Survey
Release of Information Form
Release of Medical Information Form
Student Medical Emergency and Treatment Consent Form
Verification of Residency

Para obtener una traducción al español, llame al 413-529-1500 o visite el Departamento de la Escuela en 50 Payson Avenue.

For translation of these documents into a language other than English or Spanish, call 413-529-1500 or visit the School Department at 50 Payson Avenue.

لترجمة هذه الوثائق إلى لغة أخرى غير الإنجليزية، يرجى الاتصال بالرقم 413-529-1500 أو زيارة إدارة المدرسة في 50 جادة بيسون.

如需将这些文件翻译成英语以外的语言，请致电 413-529-1500 或前往佩森大道 50 号的学校部。

Pou tradiksyon dokiman sa yo nan yon lòt lang ki pa Angle, rele 413-529-1500 oswa vizite Depatman Lekòl la nan 50 Payson Avenue.

ဤစာရွက်စာတမ်းများကို အင်္ဂလိပ်မှလွဲ၍ အခြားဘာသာစကားသို့ ဘာသာပြန်ဆိုရန်အတွက် 413-529-1500 သို့ခေါ်ဆိုပါ သို့မဟုတ် 50 Payson Avenue ၏ School Department သို့ သွားရောက်ပါ။

To schedule a preschool enrollment appointment, please contact:

Nicky Pease at npease@epsd.us or 413-529-1500 x120



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Enrollment for Preschool Students

Registration Requirements

Welcome to the Easthampton Public Schools! It is our intent that your child has a successful transition to our school system. In order to enroll a student in the Easthampton Public Schools, you complete the required enrollment forms, which are enclosed, and submit the additional documents along with these forms. All enrollments are completed in person by the parent or legal guardian only. Children are welcome to attend but are not required.

According to Massachusetts law, only those students who are living in the City of Easthampton are eligible to attend the Easthampton Public Schools (unless accepted in the School of Choice Program). The Easthampton School Committee has developed a policy on residency which requires administration to develop a procedure for the verification of residency.

Please bring the following documents to your Registration Appointment

- A certified copy of the child's Birth Certificate with raised seal (not the hospital record)
- Documents which establish residency and occupancy:
 - Residency Documents** include: Record of mortgage patent or property bill; fully signed lease or rental agreement.; landlord/owner of property
 - Evidence of Occupancy** include: gas, oil, water or electric bill, or home phone (not cell) bill dated withing the past 30 days.
 - Evidence of Identification** include: photo ID, valid Massachusetts driver's license or photo ID card, valid passport, or other government issued photo ID.
- Health Record: Immunization records and proof of a recent physical exam (within the past 12 months) as required by state law.
- Current Individual Education Plan (IEP) or 504 documents, if applicable
- Proof of physical custody, if applicable

To schedule an appointment, please contact:
Nicky Pease at npease@epsd.us or 413-529-1500 x120



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Dear Parent/Guardian,

Welcome to a new school year. I have included some health information for you to review, along with a health form to be completed and returned to the nurse's office. Keep this page for your reference.

Sending your child to school when they are ill may complicate their illness and puts other children and school staff at risk of also becoming ill. This information is given to help you make a decision about when to keep your child home from school.

Fever

Students with a temperature over 100 degrees Fahrenheit must remain home until they have been fever free (without the use of Tylenol or Ibuprofen) for 24 hours.

Diarrhea and Vomiting

With any occurrence of vomiting and/or diarrhea, please keep your child home for 24 hours.

Cold/Cough

Cough, sneezing, runny nose, body aches, fatigue, runny eyes that impede ability to participate in school.

Antibiotics

Any student on antibiotics for Strep Throat or Conjunctivitis (pink eye) must remain home until they have been on antibiotics for 24 hours.

Rash

Any rash that may be contagious (itchy, scaling, or pustule), please keep your child home and reach out to your child's primary care provider for further evaluation.

Call your doctor's office for advice if you are not sure about your child's condition or have questions about whether your child should stay home from school.

Your Child May Return To School When:

- Fever is below 100 degrees for 24 hours without the use of medication (Tylenol or Ibuprofen).
- No episodes of vomiting for 24 hours without the use of anti-emetic medication.
- No episodes of diarrhea for 24 hours without the use of anti-diarrheal medication.

If your child presents with an illness during school hours, the nurse will evaluate your child and you may be notified that arrangements should be made for your child to be picked up from school.

Emergency numbers and health forms should be updated yearly and be on file for every student. Failure to complete and return the enclosed health form will result in the inability to administer any over the counter medications to your child. Please send in your child's most recent physical from their primary care provider.

Please feel free to reach out with any questions or concerns.

Easthampton High School
413-529-1585

Mountain View Middle School
413-529-1530

Mountain View Elementary
413-529-1545



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MANDATORY HEALTH REQUIREMENTS FOR STUDENTS

Physicals

The Massachusetts Department of Public Health mandates that all schools have on file a current physical exam for all students dated within one year of entrance to school and then at intervals of every 3 years (or 4th, 7th and 10th grade). A student transferred from another school system shall be examined as an entering student. Health records transferred from the student's previous school may be used to determine compliance with this requirement.

Immunizations

Massachusetts Law M.G.L. ch 76 sec 15 states that children must be administered immunizations in accordance with the law in order to attend school.

The following immunizations are required for your child to attend school:

- DPT – Four (4) doses for Pre-K – or – Five (5) doses for all other students
- Polio – Three (3) doses for Pre-K – or – Four (4) doses for all other students
- HIB – One to Three (1-3) doses (Pre-K only)
- Hep B – Three (3) doses
- MMR – One (1) dose for Pre-K – or – Two (2) doses for all other students
- Varicella – One (1) dose for Pre-K – and – Two (2) doses for all other students
- A Tetanus Booster (Tdap) is required for those students entering 7th grade or at least 12 years of age.
- Meningococcal Conjugate Vaccine. 1 dose for entry in Grade 7-9, and 1 Booster Dose for Grade 11 or 12.

Medical or Religious exemptions are required in writing and must be renewed each school year.

Please have your child's physician forward or fax a copy of the appropriate health records to the school nurse.

Mandatory Screenings

- Heights and Weights are done in grades 1, 4, 7 and 10
- Hearing Screenings are done in grades K-3, 7 and 9
- Vision Screenings are done in grades K-5, 7 and 9
- Postural Screenings are done in grades 5-9
- SBIRT (Screening, Brief Intervention, and Referral to Treatment) will be conducted once in 7 or 8 grade and once in 9 or 10 grade.

Letters will be sent home prior to screenings. You may choose to opt out of these screenings for your child.



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New Student Registration Checklist

STUDENT NAME _____ ENTERING GRADE: _____

PARENT/GUARDIAN
NAME(S): _____

INTERPRETATION OR
TRANSLATION
NEEDED? YES NO IF YES, WHICH
LANGUAGE?: _____

CHECKLIST OF INFORMATION REQUIRED

- ☐ Student Registration Form
- ☐ Home Language Survey
- ☐ Verification of Residency and Required Documents
- ☐ Health Records
 - ☐ Release of Medical Information
 - ☐ Student Medical Emergency and Treatment Consent
 - ☐ Physician Record of Immunization and latest physical exam
(Available from your student's physician)

- ☐ Birth Certificate

Does Student receive any special services at this time?

- ☐ No ☐ Yes
- ☐ Copy of I.E.P. to Special Education Office



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Student Registration Form

Student Name: _____ ☐ Male ☐ Female ☐ Non-Binary
(Last) (First) (Middle)

Address: _____
No. Street Apt. No. Town Zip

Mailing Address: _____
(If Different) No. Street Apt. No. Town Zip

Date of Birth: _____ City/Town of Birth: _____
(MM/DD/YYYY) City/Town State Country

Contact Telephone: _____ Alternate Telephone: _____

Language for Home/School Communication, if other than English: _____

Foster Child: ☐ Yes ☐ No State Ward: ☐ Yes ☐ No

Date of Entrance: _____ Grade Entering: _____

First Entry to Massachusetts School: ☐ Yes ☐ No Birth Certificate (Required): ☐ Yes ☐ No

Previous School: _____ Phone: _____
Name Address

Student Lives With: ☐ Both parents ☐ Parent/Guardian #1 ☐ Parent/Guardian #2 ☐ Legal Guardian
☐ Grandparent(s) ☐ Other Adult Relative of Student ☐ Sibling of Student ☐ Other _____

Parent/Guardian #1: _____ Home Phone: _____

Address: _____
No. Street Apt. No. Town Zip

Work Phone: _____ Employer: _____

Cell Phone: _____ Email: _____

Parent/Guardian #2: _____ Home Phone: _____

Address: _____
No. Street Apt. No. Town Zip

Work Phone: _____ Employer: _____

Cell Phone: _____ Email: _____

Legal Guardian: _____ Home Phone: _____

Address: _____
No. Street Apt. No. Town Zip

Work Phone: _____ Employer: _____

Cell Phone: _____ Email: _____

List any Social Service Agencies involved with student: _____

EMERGENCY CONTACT INFORMATION: (Please list contacts who will assume temporary care of your child if you cannot be reached.)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____



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Siblings currently enrolled in Easthampton Public Schools:

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

First (Native) Language*: _____

*Native language is the specific language or dialect first learned by or first used by the parent/guardian with the child.

RACE/ETHNICITY: (Please check all that apply)

- ☐ **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North America and who maintains identification through tribal affiliation or community attachment.
- ☐ **Asian or Pacific Islander** – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- ☐ **Black** – A person having origins in any of the black racial groups of Africa.
- ☐ **White** – A person having origins in any of the original peoples of Europe or North Africa or the Middle East.
- ☐ **Hispanic** – A person of Mexican, Puerto Rican, Cuban, or South American or Spanish culture of origin, regardless of race.

CHECK WHERE APPLICABLE FOR THE FOLLOWING:

- ☐ **LOW INCOME STATUS** – The family has an annual income below the federal poverty guidelines; or the family receives Transitional Aid to Families; or is eligible for food stamps.
- ☐ **PERKINS LOW INCOME STATUS** – 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 lunch.
- ☐ **MIGRANT STATUS** – 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.
- ☐ **IMMIGRANT STATUS** – An indication of whether a student is eligible for the Emergency Immigration Education Program is: (1) 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 (2) has not completed three (3) full academic years of school in any state.
- ☐ **MILITARY FAMILY MEMBER** – Student is eligible for assistance as a member of a military family as defined by the Interstate Compact on Educational Opportunity for Military Children if the student is a child of:
- Active duty members of the uniformed services, National Guard and Reserve on active duty orders.
 - Members or veterans who are medically discharged or retired for less than one (1) year.
 - Members who die on active duty.

APPROVED SCHOOL CHOICE: ☐ Yes ☐ No

SPECIAL EDUCATION: (Walk-in Only) ☐ Yes ☐ No

HEALTH INSURANCE: ☐ Yes ☐ No Name of Insurance: _____

Signature of Parent/Guardian: _____ Date: _____



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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 _____
Country of Birth _____	Date of Birth (mm/dd/yyyy) _____ Date first enrolled in ANY U.S. school _____
School Information	
_____/_____/20 _____	
Start Date in New School (mm/dd/yyyy)	Name of Former School and Town _____ Current Grade _____
Questions for Parents/Guardians	
What is the primary language used in the home, regardless of the language spoken by the student? _____	Which language(s) are spoken with your child? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
What language did your child first understand and speak? _____	Which language do you use most with your child? _____
How many years has the student been in U.S. Schools? (not including pre-kindergarten) _____	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
Will you require written information from school in your native language? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language? _____
Parent/Guardian Signature: X	_____/_____/20 Today's Date: (mm/dd/yyyy)



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Release of Medical Information

By signing the Release of Medical Information, you are giving us permission to share information with your child's doctor. Please include the name of any other specialist that your child may be seeing for medication or any other health need.

Primary Clinician:

I hereby grant permission to Dr. _____ to release to the school nurse any information which they deem to be in the best interest of my student, _____, inclusive of: immunization records, medical information, mental health diagnosis and medications, appointment dates (physicals, medication follow-ups), allergies, and other health concerns. I also grant permission to the school nurse to release to Dr. _____ all the information as listed above in addition to any information they deem to be in the best interest of my student.

Signature of Parent/Guardian

Date

Specialist/Other Clinician:

I hereby grant permission to Dr. _____ to release to the school nurse any information which they deem to be in the best interest of my student, _____, inclusive of: immunization records, medical information, mental health diagnosis and medications, appointment dates (physicals, medication follow-ups), allergies, and other health concerns. I also grant permission to the school nurse to release to Dr. _____ all the information as listed above in addition to any information they deem to be in the best interest of my student.

Signature of Parent/Guardian

Date

Please return this form to the Health Office or with your registration packet.

****This form is voluntary. You are not required to sign and return this form, although we feel that it would be in the best interest of your student if we had this release on file should an issue arise and we need to contact their doctor. Thank you.*



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Student Emergency/Health Form

Student's Name: _____ **Date of Birth:** _____ **Grade:** _____

Preferred Name: _____ **Pronouns:** _____

Address: _____ **Town:** _____

Parent/Guardian: _____ **Address:** _____

Work Phone: _____ **Home Phone:** _____ **Cell Phone:** _____

Parent/Guardian: _____ **Address:** _____

Work Phone: _____ **Home Phone:** _____ **Cell Phone:** _____

Primary Language Spoken at Home: _____

Interpreter Needed: ☐ YES ☐ NO

Name of Siblings in School District: _____

Emergency Contact (If parent/guardian cannot be reached):

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Medical Information

Child's Primary Health Care Provider: _____ **Phone:** _____

Child's Dentist: _____ **Phone:** _____

Allergies: _____ **Reaction:** _____

Is an EPI PEN used? ☐ YES ☐ NO **IF YES, one should be provided to nurse's office with doctor's order*

Asthma? ☐ YES ☐ NO **IF inhaler needed at school, one should be provided to nurse's office with doctor's order*

Please check any/all that apply to you child:

Heart Condition: _____ **Diabetes:** _____ **ADD/ADHD:** _____

Hearing Difficulty: _____ **Vision Problems:** _____ **Seizures:** _____

Chronic Health Conditions/Information to make nurse aware of: _____

Any surgeries or significant illness/injury in the past 12 months? _____



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Permission to Administer Over the Counter Medications

I give permission for the following medications to be administered by the School Nurse:

(in accordance with the school physician standing orders and school policy and procedure)

Acetaminophen (Tylenol) YES NO

Ibuprofen YES NO

Diphenhydramine (Benadryl) YES NO

Calamine Lotion YES NO

Cough Drops YES NO *only given to students in grades 3 or above

Antibiotic Ointment YES NO

Hydrocortisone Cream YES NO

Antacid Tablet YES NO *only given to students in grade 6 or above

Petroleum Jelly (Vaseline) YES NO

**any other medications needing to be administered during the school day require a doctor's order and further parental permission and forms. Please reach out to your school nurse for more information.*

- I give permission to the school nurse to share information relevant to my child's health/mental health with appropriate school personnel when needed for my child's health and safety needs while at school.
- I hereby authorize the school nurse to contact, share and obtain information with/from my child's prescriber's/health care professions outside of school.
- In the event of an emergency, I give permission to treat and/or transport my child to the hospital if I am unable to be reached.

Signature of Parent/Guardian: _____ Date: _____



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Verification of Residency

Prior to admission, and yearly thereafter, students living within the district must provide proof of residence and occupancy (Policy JBA). M.G.L. C 76, §5 allows the School Committee to obtain the full cost of any student's education from any adult who allows a student to attend Easthampton Public Schools, knowing that the student is not a resident.

Student's Name: _____

Resides at the following address: _____
Street City State Zip

I understand that a student must reside in Easthampton to attend the Easthampton Public Schools (or be accepted into the school choice program). As the adult with whom this student is now residing at the address shown above, I hereby certify that I am the student's (check one below):

☐ Parent ☐ Legal Guardian* ☐ Relative*

I agree to notify school authorities of any change of address without delay.

Signed under the pains and penalties of perjury on: _____
Month / Day / Year

Print Name: _____

Signature: _____

*Legal guardianship requires additional documentation from a court or agency.

The Easthampton Public Schools residency policy **does not apply** to homeless students eligible under the McKinney-Vento Act

☐ Student eligible for services under the McKinney-Vento Act (to be determined by school staff).

All Applicants must submit **at least one document from each of the following columns:**

COLUMN A	COLUMN B	COLUMN C
<input type="checkbox"/> Copy of Deed or record of recent mortgage payment <input type="checkbox"/> Copy of lease <input type="checkbox"/> Legal affidavit from landlord affirming tenancy and record of most recent rent payment <input type="checkbox"/> Section 8 Agreement	A utility bill or work order dated within the past 60 days, including: <input type="checkbox"/> Gas Bill <input type="checkbox"/> Oil Bill <input type="checkbox"/> Electric Bill <input type="checkbox"/> Home Telephone bill – (not Cell) <input type="checkbox"/> Cable Bill	<input type="checkbox"/> Valid driver's license <input type="checkbox"/> Current vehicle registration <input type="checkbox"/> Valid Massachusetts Photo ID <input type="checkbox"/> Valid Passport, dated within the past year <input type="checkbox"/> W-2 Form <input type="checkbox"/> Excise (vehicle) tax bill <input type="checkbox"/> Property tax bill, dated within the past 60 days <input type="checkbox"/> Letter from government agency <input type="checkbox"/> Payroll stub <input type="checkbox"/> Bank or credit card statement
For Office Use Only		
Signature of Staff Person		Date

For Office Use Only:

- ☐ Meets Residency Criteria OR
☐ Referred to attendance Officer
☐ Residency confirmed
☐ Residency not confirmed