North Brookfield Public Schools
Office of Student Services
10 New School Drive
North Brookfield, MA 01535
Telephone (508) 867-3166
Fax (508) 867-8148
kgrenevich@nbschools.org

Information for Application for Integrated Preschool Class

REGISTRATION

We are currently offering two, four (T-F) half day sessions of Preschool (AM and PM) The times for these sessions are 8:45 am to 11:15 am (morning session) and 12:00 pm to 2:30 pm (afternoon session) . Applications for the North Brookfield Public School District Preschool will be accepted on a continuous basis. Student applications will be added to the active waiting list in the order in which they are received. As space becomes available in the preschool program, placement will be offered to the next student listed on the waiting list.

The parent of a child who has already been in the program during the previous year is given the opportunity to accept a slot prior to students on the waiting list. Once placement has been offered, a Tuition deposit and tuition contract will be due within 15 days to secure your spot. Post 15 days your spot may be forfeited to the next student on the waiting list.

Children who are age eligible for Kindergarten are not permitted to stay in the preschool program. The Kindergarten entrance date for this district requires a child to be 5 by August 31st.

Please note that families will be offered a choice of available placement based upon their position on the Preschool waiting list.

PRESCHOOL CALENDAR

In general, the Preschool follows the North Brookfield Public School's calendar. In cases of inclement weather, parents should listen to their local radio stations regarding a delay, cancellation or early dismissal. You will also receive an automated phone message with specific information through our one call system. The Preschool follows the elementary school times for release, cancellations and delays. If there is a delay, we cancel the AM Preschool class. If there is early release, the PM Preschool class will be canceled. Newsletters for each month are sent out to all Preschool School families to give you even more information on any given month.

TUITION

Tuition is charged for the 10-month school year. We charge a tuition rate of $211 per month ($145 reduced rate for qualified applicant). The district offers tuition assistance for those who qualify, and we encourage you to fill out the reduced fee qualification form within the application packet if you believe you may qualify. If qualified, we will let you know upon placement offer for a preschool spot.

It is important to note that it is your responsibility to pay tuition each month. ***Tuition payments must be sent to school in payment envelope or brought/mailed direct to the School's Student Services Office by the 25th of each month preceding the month of attendance***. Payment envelopes, to go back and forth between home and school, will be sent home at the beginning of the school year. For example, payment for September must be received by August 25th. If you are not paid by the 7th of the current month your child will not be allowed to return until your account is current. After notifying you of an overdue payment, if you have not paid by the 15th of the current month your child will be removed from our roster and not allowed to return if we do not hear from you.

Please mail or deliver payments to:

North Brookfield Public Schools
Attn: Student Services Office
10 New School Drive
North Brookfield, MA 01535

Application for Integrated Preschool Class
North Brookfield Public Schools
School Year 2025-2026

Student's Name: _____

Birth Date: _____ Sex: Male _____ Female _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Parent/Guardian Name: _____
(Please print)

Parent/Guardian Signature: _____

Preference (please number in order):

_____ 4 Half Days/Week (AM) – TU-FRI – 8:45am-11:15am

_____ 4 Half Days/Week (PM) – TU-FRI – 12:00pm-2:30pm

Please Return this form along with your enrollment packet to the Student Services Office.

Placement in the preschool program will be made from the active waiting list on a first received basis as spots are available.

We will try our best to accommodate your preferences, but we cannot guarantee your request.

North Brookfield Public Schools
Student Services
10 New School Drive
North Brookfield, MA 01535
Telephone (508) 867-3166
Fax (508) 867-8148

As part of our enrollment process, we need to collect important information about who is authorized to pick up your child from preschool. Please carefully read the information below regarding dismissal contacts and emergency contacts, and fill out the attached form accordingly.

Dismissal Contacts vs. Emergency Contacts

Dismissal Contacts:

- **Definition**: Individuals authorized to pick up your child from school on a regular basis.
- **Purpose**: These are the people you trust to pick up your child at the end of the school day. This can include parents, guardians, relatives, friends, or caregivers.
- **Usage**: These contacts will be used every day unless you notify us of any changes. Your child will only be released to these individuals unless we receive written or verbal permission from you for an alternative arrangement.

Emergency Contacts:

- **Definition**: Individuals we should contact if we are unable to reach you in an emergency situation.
- **Purpose**: These contacts are used in situations where immediate action is needed, such as if your child becomes ill or there is an urgent situation at school.
- **Usage**: These individuals will only be contacted if we cannot reach you, the primary guardian. They should be people who can respond quickly in an emergency and make decisions on your behalf if necessary.

Please complete and return the attached form with the required information for dismissal contacts. Your Dismissal contacts can be updated at any time by contacting student services. If you wish to update your emergency contacts at any time in the school year please contact the school or access via the parent portal.

Preschool Dismissal Process

Parents/authorized individuals should line up in a single file at the door during dismissal. If someone other than the parent/guardian is picking up your child, they must present a valid ID. Before a student is released, the parent/guardian or authorized individual must provide the student's dismissal number, which must match the number tag on the student's backpack. The number on the student's tag will be checked before dismissing the student. If someone attempts to pick up your child without proper ID or does not know the student's dismissal number, the main office must be contacted before the student is released.

Thank you for your cooperation in completing this form. If you have any questions, please do not hesitate to contact us at 508-867-3166.

We look forward to a wonderful year ahead!

Dismissal Contacts Form

Child's Name: _____

Parent/Guardian Name: _____

Dismissal Contacts: (Individuals authorized to pick up your child from school, other than parent/guardians)

1. **Name**: _____ **Relationship**: _____

   Phone Number: _____

2. **Name**: _____ **Relationship**: _____

   Phone Number: _____

3. **Name**: _____ **Relationship**: _____

   Phone Number: _____

4. **Name**: _____ **Relationship**: _____

   Phone Number: _____

5. **Name**: _____ **Relationship**: _____

   Phone Number: _____

North Brookfield Public Schools
10 New School Drive
North Brookfield, MA 01535
Telephone (508) 867-3166

Session_____
For district use

Preschool Contract

I/We wish to enroll (student) _____ in North Brookfield Public School Preschool for the upcoming school year.

There is a nonrefundable registration fee of **$211**. This fee will be applied to your first month's bill.

I/we understand that if qualified for reduced payment the difference of registration fee from reduced payment amount will be applied to your next bill.

I/We agree to pay an additional nine (9) equal monthly payments of $211 (or nine equal payments of reduced payment amount, if qualified)

I/We understand the monthly tuition fee is due on the 25th of each month for the following month. (the following month is referred to as the current month below) Example: payment due January 25th is tuition payment for the month of February.

I/We understand that if tuition payment is not made prior to the 7th of the current month; the student may not return until the account is current & if payment is not received by the 15th of the current month; it could result in removal from preschool.

This Contract is made and entered into this the _____ day of _____ month, 20____, by and

between North Brookfield Public Schools and (parent name) _____

address and phone number is:_____

Street Address Phone#

Signature:_____ Date:_____

The North Brookfield Public Schools does not discriminate on the basis of race, color, sex, religion, national origin, age, gender identity, status as a parent, marital status, sexual orientation, disability, homelessness or a political affiliation.

North Brookfield Public Schools
Enrollment Packet

Hello! We are excited to be welcoming your child to North Brookfield Public Schools! Use this checklist to ensure you have a completed enrollment packet for registration. Please fill out all paperwork and bring it and the requisite documents to the school main office.
It includes:

☐Confidential Student Registration Form

☐Residency Statement

- ☐Column A Proof
- ☐Column B Proof

☐Confidential Student Medical Form

☐Home Language Survey

☐Mass Health consent form *(fill out if applicable)*

☐Reduced fee qualification form *(fill out if applicable)*

☐family survey early childhood *(fill out if applicable- Kindergarten students only)*

☐Bus Eligibility *(not applicable for preschool)*

☐Early Dismissal Plan

☐Acceptable use agreement

☐Parent-student handbook signature page

In addition, please provide the school with:

☐Driver's License/Valid photo ID

☐Child's Birth Certificate (will be photocopied in office and original returned)

☐Child's Last Physical (within 12 months)

- ☐Child's List of Vaccinations* (if not included in physical)

It is the policy of the North Brookfield Public Schools pursuant to Federal and Massachusetts laws not to discriminate against individuals on the basis of race, color, sex, gender identity, religion, national origin, sexual orientation, disability, or housing status.

North Brookfield Public Schools

Confidential Student Registration Form

Students Full Legal Name _____
Last First Middle (full)

☐ Male ☐ Female ☐ Non-binary Date of Birth: ___/____/____ City & State of Birth: _____

Primary Residence Address: _____ Apt.# _____

City _____ State_____ Zip _____

Mailing Address (if Different) _____ Apt.# _____

City _____ State_____ Zip _____

Current Federal and State reporting standards require that you identify your child in the following categories: Please answer in both categories.

A. Race (select one or more) ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White

B. Ethnicity (select one) ☐ Hispanic or Latino ☐ NOT Hispanic or Latino

Is English the student's primary language? ☐ Yes ☐ No

If No, what language is the student's primary language? _____

Registering Student for Grade:

☐ Pre-Kindergarten ☐ Kindergarten ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Has student ever attended another school in Massachusetts? ☐ Yes ☐ No

What school is the student transferring from?

School _____ Address _____

City or Town _____ State _____ Zip_____

Student Current Living Status: (Check One)

☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Self ☐ Grandparent(s)
☐ Guardian ☐Mother/Stepfather ☐ Father/Stepmother

☐Other (Please Specify) _____

Is the student a state ward? ☐ Yes ☐ No

Does the student have a caseworker? ☐ No ☐ Yes(provide Name):

FOR DISTRICT USE ONLY

Student Enrollment date: ____/_____/____ LASID(School ID): _____ SASID(State ID): _____

Parents/Legal Guardians information

Legal Name _____
Last First
Relationship to Student _____

Email _____

Cell Phone _____

Work Phone _____

Home Phone _____

Please Check all that apply:
☐ Lives with student - ☐ full time : ☐ Partial time
☐ Can Receives Student mailings
☐ Can Pick up student
☐ Can View Student Information
☐ Emergency Contact

Residential Address _____

City _____ State_____ Zip_____

Mailing Address (if different) _____

City _____ State_____ Zip_____

Please review carefully and check all that apply:
☐ Yes, both parents have custody and parental rights with respect to this student.

☐ No, both parents **DO NOT** have custody and parental rights with respect to this student. **Access to student and records will be granted to both parents, unless court documents limiting access are provided to the North Brookfield Public Schools.**

If No, which of the following applies
☐ Mother guardian with joint custody
☐ Mother guardian with sole custody
☐ Father guardian with joint custody
☐ Father guardian with sole custody
☐ Other (please explain): _____
_____

Is either parent (or other person) restricted by any court order from contact with this student or receiving information about this student?
☐ No
☐ Yes, **please explain the restriction and provide the appropriate school with copies of any court documents regarding this restriction:** _____
_____

Legal Name _____
Last First
Relationship to Student _____

Email _____

Cell Phone _____

Work Phone _____

Home Phone _____

Please Check all that apply:
☐ Lives with student - ☐ full time : ☐ Partial time
☐ Can Receives Student mailings
☐ Can Pick up student
☐ Can View Student Information
☐ Emergency Contact

Residential Address _____

City _____ State_____ Zip_____

Mailing Address (if different) _____

City _____ State_____ Zip_____

Please review carefully and check all that apply:
☐ Yes, both parents have custody and parental rights with respect to this student.

☐ No, both parents **DO NOT** have custody and parental rights with respect to this student. **Access to student and records will be granted to both parents, unless court documents limiting access are provided to the North Brookfield Public Schools.**

If No, which of the following applies
☐ Mother guardian with joint custody
☐ Mother guardian with sole custody
☐ Father guardian with joint custody
☐ Father guardian with sole custody
☐ Other (please explain): _____
_____

Is either parent (or other person) restricted by any court order from contact with this student or receiving information about this student?
☐ No
☐ Yes, **please explain the restriction and provide the appropriate school with copies of any court documents regarding this restriction:** _____
_____

**** You are responsible for furnishing the school with a copy of any court order that the school may be responsible to enforce ****

Associated Contacts (Non legal guardians ie. Stepparent)

Legal Name _____
Last First
Relationship to Student _____

Email _____

Cell Phone _____

Work Phone _____

Home Phone _____

Please Check all that apply:
☐ Lives with student - ☐ full time : ☐ Partial time
☐ Can Receive Student mailings
☐ Can Pick up student
☐ Can View Student Information
☐ Emergency Contact

Residential Address _____

City _____ State_____ Zip_____

Mailing Address (if different) _____

City _____ State_____ Zip_____

Legal Name _____
Last First
Relationship to Student _____

Email _____

Cell Phone _____

Work Phone _____

Home Phone _____

Please Check all that apply:
☐ Lives with student - ☐ full time : ☐ Partial time
☐ Can Receive Student mailings
☐ Can Pick up student
☐ Can View Student Information
☐ Emergency Contact

Residential Address _____

City _____ State_____ Zip_____

Mailing Address (if different) _____

City _____ State_____ Zip_____

Emergency Contact Information (Other than parents/legal guardians or associated contacts)

Emergency Contact #1

Legal Name _____

Relationship to Student _____

Cell Phone _____

Email _____

Please Check all that apply:
☐ Lives with student
☐ Can Receives Student mailings
☐ Can Pick up student

Emergency Contact #2

Legal Name _____

Relationship to Student _____

Cell Phone _____

Email _____

Please Check all that apply:
☐ Lives with student
☐ Can Receives Student mailings
☐ Can Pick up student

Emergency Contact #3

Legal Name _____

Relationship to Student _____

Cell Phone _____

Email _____

Please Check all that apply:
☐ Lives with student
☐ Can Receives Student mailings
☐ Can Pick up student

Emergency Contact #4

Legal Name _____

Relationship to Student _____

Cell Phone _____

Email _____

Please Check all that apply:
☐ Lives with student
☐ Can Receives Student mailings
☐ Can Pick up student

Special Education Services, 504 Accommodation Plan, Title 1		
Does the student receive Special Education Services?	☐ Yes	☐ No
If Yes, Please explain Services _____		
Do you have a copy of the student's IEP?	☐ Yes	☐ No
Does the student have a 504 Accommodation Plan?	☐ Yes	☐ No
Do you have a copy of the plan?	☐ Yes	☐ No
Does the student participate in Title 1?	☐ Yes	☐ No

Student Medical Needs

Known Medical Problems _____

_____

Medical Restrictions _____

_____

Member of Military Family

Is the student a child of:

an active military member: ☐ Yes ☐ No

a military member or veteran who are medically discharged or retired for 1 year: ☐ Yes ☐ No

a military member who died on active duty: ☐ Yes ☐ No

I certify that everything I have stated on these forms is true and correct.

Signature: _____ **Date:** _____

Print Name: _____

North Brookfield Public Schools
Residency Statement

I/We, the parent(s) or legal guardian(s) of _____ hereby certify as follows:
[Print Student's Full Name]

I/we wish to enroll the above named student in the North Brookfield Public School. I/We understand that pursuant to Massachusetts law and North Brookfield Public Schools Committee Policy, students who reside in the Town of North Brookfield may attend the North Brookfield Public Schools and students who do not reside in the Town of North Brookfield may not attend North Brookfield Public Schools.

1. I/We hereby certify that effective _____ / _____ / 20____ the above names student is/will be residing at the following address in North Brookfield, Massachusetts, with:

_____
[Printed Name(s) of Parent(s)/Guardian(s)]

at _____ North Brookfield, MA 01535
[Street address & Apt/unit number]

Cell Phone: _____

Work Phone: _____ Home Telephone: _____

2. I/We acknowledge that I am/we are required to notify the North Brookfield Public Schools or the above named student's school in writing of any change in said address within five (5) calendar days of such change in address.
3. I/We understand that this residency Statement will be relied upon by the North Brookfield Public Schools for the purpose of determining the above student's eligibility to attend the North Brookfield Public Schools on the basis of residency. If said student is enrolled in the North Brookfield Public Schools based on the information provided and it is subsequently determined that the student does not reside in North Brookfield, I/we understand that the student's enrollment in the North Brookfield Public Schools will be promptly terminated and I/we will be jointly and severally liable to the North Brookfield Public Schools for the student's tuition for the full academic year(s).
4. I/We understand that all applicants must reside in the Town of North Brookfield *(Massachusetts General Laws, Chapter 76, sec 5)*. Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly attended public school. No person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, religion, national origin or sexual orientation.

   Amended by st. 1971, c.622, c1: st.1973, c925, s.9A, st.1993, c.282; st.2004, c352, s.33

Signed under the pain and penalties of perjury on this _____ day of _____, 20____:

_____ _____
[Signature of Parent/Guardian/Responsible Adult] [Signature of Parent/Guardian/Responsible Adult]

Proof of residency must accompany this form with at least one document from each of the following two columns- see next page

North Brookfield Public Schools
Residency Statement
Proof of residency

Proof of residency must accompany this form with at least one document from each of the following two columns:

Column A- Evidence of Residency*	Column B - Evidence of Identification
Record of recent mortgage payment	Valid MA Drivers License
Property tax bill	Valid MA Photo ID card
Water bill	Valid Passport
Purchase of Sale	Valid Other Government issued Photo ID
Copy of Lease AND record of recent rental payment	
Occupancy Statement AND recent rental payment	
Section 8 Agreement	
Signed HUD Settlement Statement	

*Please note that the Town Census is not accepted as proof of residency.

North Brookfield Public Schools
Confidential Student Medical Form

The following information will be kept in the Nurse's office

Student Name Last: _____ First: _____ Middle: _____

Student Date of Birth ____ / ____ / _____ Student Grade: _____

Preferred First Contact - Name: _____ Relation to student: _____

Phone Number(s): _____

Preferred Second Contact- Name: _____ Relation to student: _____

Phone Number(s): _____

If necessary, your child will be transported by ambulance to an emergency care facility.

Preferred Hospital Name: _____ Location: _____

Please list any medications your child regularly takes at home or school: _____

_____

Please Check all that apply to your child:

- ☐ Severe Allergy requiring EpiPen - Please Specify _____
- ☐ Other Allergies- Please Specify _____

☐ Asthma	☐ ADD/ADHD	☐ Heart Condition	☐ Vision Problems
☐ Diabetes	☐ Autism	☐ Hearing Problems	☐ Glasses
☐ Seizures	☐ Anxiety	☐ Hearing Aids	☐ Contacts
☐ Migraines	☐ Depression		

- ☐ Other Health Condition- Please specify _____

_____

➔ I give permission for the school Nurse to administer the following medication to my child per School Physician Standing Orders:

Parent/Guardian: *Please* ***CROSS OUT*** *any medications that you* ***DO NOT*** *want your child to receive. Any medications that are* ***not crossed out*** *will be considered approved for administration by the nurse.*

- ★ Acetaminophen (Tylenol)
- ★ Ibuprofen (Mortin, Advil)
- ★ Diphenhydramine (Benadryl)
- ★ Chewable Antacid (Tums/Rolaids)
- ★ Cough drops with menthol/sugar free (May be crushed)

➔ I give permission for the school nurse to share information relevant to my child's health condition with appropriate school and/or emergency medical personnel when needed to meet my child's health and safety needs. I give permission for the nurse to exchange information with my child's primary care provider for the purpose of referral, diagnosis and treatment.

➔ I give permission for my child to be treated and transported by emergency medical personnel to an emergency care facility if necessary. In case of emergency the school will attempt to contact a parent/guardian.

Parent/Guardian Signature _____ Date _____

North Brookfield 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 _____

Country of Birth _____ Date of Birth (mm/dd/yyyy) ____/____/_____ Date first enrolled in ANY U.S. school (mm/dd/yyyy) ____/____/_____

School Information

Start Date in New School (mm/dd/yyyy) ____/____/ 20____ 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 -*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?

_____

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? Y ☐ N ☐

If yes, what language? _____

Will you require an interpreter/translator at Parent-Teacher meetings? Y ☐ N ☐

If yes, what language? _____

Parent/Guardian Signature:

X

_____/_____/20_____
Today's Date: (mm/dd/yyyy)

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

School District Name and Code: North Brookfield Public Schools 02150215

School/District Contact: Student Services 10 New School Drive, North Brookfield, MA 01535 Phone: (508) 967-3166

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.
   b. 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.
   c. Your permission will not lead to any changes in your child's MassHealth rights; and
   d. 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):**

North Brookfield Public Schools
Early Childhood Program Survey

**** fill out for incoming Kindergarten students only****

Please answer the questions below. A formal early childhood program is participation in a public school preschool, licensed community-based preschool/child care, Head Start program and/or licensed family child care provider for one month or more.

Name of child:_____ Date of Birth:_____

1. Has your child participated in at least one formal early childhood program (i.e., providers/programs) (when your child was 4)?

0 = No 1 = Yes 2 = Don't Know

If no or don't know, did your child participate in a CFCE or PCHP program?

0 = No 1 = Yes – Coordinated Family and Community Engagement (CFCE)

2 = Yes – Parent-Child Home Program (PCHP) 3 = Yes – Both CFCE and Parent-Child Home Program

Stop here if your child did not attend an early childhood program this past year (when they were 4)

2. What type of early childhood program(s) has your child attended (when your child was 4)?

1= Licensed Family child care

2= Licensed Center-based care, including public preschool, Head Start, community-based preschool

3= Both family child care and center-based program

4= Family child care and/or center-based care in a program located outside of the United States

3. On average during this year (September 2024 through August 2025) how much time per week did/will your child spend in an early childhood program(s)?

1 = less than an average of 20 hours per week 2 = an average of 20 or more hours per week

**** fill out for incoming Kindergarten students only****

North Brookfield Public Schools
Bus Eligibility Survey

The Commonwealth of Massachusetts mandates transportation for students who live more than 1.5 miles away from school, however, North Brookfield transports students who live at least **.9** miles away from school and all students in kindergarten through grade 3 regardless of their proximity to the schools. Please indicate whether your child is bus eligible regardless of if they ride the bus or not. The following information is needed for state reporting purposes. To determine bus number and view bus routes, please visit the school website at: https://www.nbschools.org/

Yes, ☐ _____ is bus eligible; bus # _____

Student Name (Please print)

If yes, please check **all** that apply:

☐ We live under 1.5 miles away from school
☐ We live over 1.5 miles away from school
☐ We live over .9 miles away from school
☐ We live under .9 miles away from school (student in K-3)

no, ☐ _____ is not bus eligible

Student Name (Please print)

Address:

_____

For all options, please fill in address

North Brookfield Public Schools
Early Dismissal Plan

During the school year there is always the possibility of an early dismissal due to a winter storm warning or emergency weather forecast that could affect the afternoon dismissal. *We are asking all parents to have a plan in place for these occasions.* Please indicate the plan you would like us to follow at the bottom of this page.

Our "automated calling system" will be utilized when these emergencies arise. We ask that you specify one telephone number to call. (Please notify the office as soon as possible if you do not receive these automated calls.) Announcements will also be made on local Radio and Television stations.

❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖ ❖

Please fill in the circle below designating the "Early Dismissal Protocol" you would like us to follow along with the early dismissal telephone number and return the completed notice to your child's homeroom teacher.

Please note we are unable to call parents individually in the event of an early dismissal

_____ _____

(Child's Name) *(Teacher/Grade)*

Early Dismissal Phone Number: _____

Early Dismissal Plan:

Go home on Bus (as usual) Walk home (as usual)
Parent Pick Up (as usual) Other (please specify below)

_____

Signature: _____ Date: _____
(Parent/Guardian)

North Brookfield Public Schools

ACCEPTABLE POLICY USE FOR TECHNOLOGY

Purpose

The North Brookfield Public Schools shall provide access for employees and students to the system/network, including access to external networks, for limited educational purposes. Educational purposes shall be defined as classroom activities, career and professional development, and high quality self-discovery activities of an educational nature. The purpose of the system/network is to assist in preparing students for success in life and work by providing access to a wide range of information and the ability to communicate with others. The system/network will be used to increase communication (staff, parent. and student), enhance productivity, and assist staff in upgrading existing skills and acquiring new skills through a broader exchange of information. The system/network will also be utilized to provide information to the community, including parents, governmental agencies, and business.

Availability

The Superintendent or designee shall implement, monitor, and evaluate the district's system/network for instructional and administrative purposes.

Access to the system/network is a privilege, not a right. All users shall be required to acknowledge receipt and understanding of all administrative regulations and procedures governing use of the system and shall agree in writing to comply with such regulations and procedures. Noncompliance with applicable regulations and procedures may result in suspension or termination of user privileges and other disciplinary actions consistent with the policies of the North Brookfield Public Schools.

Acceptable Use

The Superintendent or designee shall develop and implement administrative regulations, procedures, and user agreements, consistent with the purpose and mission of the North Brookfield Public Schools as well as with law and policy governing copyright.

Monitored Use

Electronic mail transmissions and other use of electronic resources by students and employees shall not be considered confidential and may be monitored at any time by designated staff to ensure appropriate use for instructional and administrative purposes.

Liability

The North Brookfield Public Schools shall not be liable for users' inappropriate use of electronic resources or violations of copyright restrictions, users' mistakes or negligence, or costs incurred by users. The North Brookfield Public Schools shall not be responsible for ensuring the accuracy or usability of any information found on external networks.

North Brookfield Public Schools

ADMINISTRATIVE PROCEDURES FOR IMPLEMENTATION

1. Commercial use of the system/network is prohibited.
2. The district will provide training to users in the proper use of the system/network.
3. The district will provide each user with copies of the Acceptable Use Policy and Procedures.
4. Copyrighted software or data shall not be placed on the district's system/network without permission from the holder of the copyright and the system administrator.
5. Access will be granted to employees with a signed agreement and permission of their supervisor.
6. Access will be granted to students with a signed access agreement and permission of the building administrator or designee(s).
7. Account names will be recorded on access agreements and kept on file at the building level.
8. Initial passwords provided by the network administrator should be set to expire on login.
9. Passwords shall be changed every 30 days and all passwords shall be expired at the end of each school year.
10. Passwords are confidential. All passwords shall be protected by the user and not shared or displayed.
11. Principals or their designee will be responsible for disseminating and enforcing policies and procedures in the building(s) under their control.
12. Principals or their designee will ensure that all users complete and sign an agreement to abide by policies and procedures regarding use of the system/network. All such agreements are to be maintained at the building level.
13. Principals or their designee will ensure that training is provided to users on appropriate use of electronic resources.
14. Principals or their designee shall be authorized to monitor or examine all system activities, including electronic mail transmissions, as deemed appropriate to ensure proper use of electronic resources.
15. Principals or their designee shall be responsible for establishing retention and backup schedules.
16. Principals or their designees shall be responsible for establishing disk usage limitations, if needed.
17. Individual users shall, at all times, be responsible for the proper use of accounts issued in their name.
18. The system/network may not be used for illegal purposes, in support of illegal activities, or for any activity prohibited by district policy.
19. System user shall not use another user's account.
20. System users should purge electronic information according to district retention guidelines.
21. System users may redistribute copyright material only with the written permission of the copyright holder or designee. Such permission must be specified in the document or in accordance with applicable copyright laws, district policy, and administrative procedures.
22. System administrators may upload/download public domain programs to the system/network.
23. Any malicious attempt to harm or destroy equipment, materials, data, or programs is prohibited.
24. Deliberate attempts to degrade or disrupt system performance may be viewed as violations of district policy and/or as criminal activity under applicable state and federal laws. This includes, but is not limited to, the uploading or creation of computer viruses.
25. Vandalism will result in the cancellation of system privileges and will require restitution for costs associated with hardware, software, and system restoration.
26. Forgery or attempted forgery is prohibited.
27. Attempts to read, delete, copy, or modify the electronic mail of other users or to interfere with the ability of other users to sent/receive electronic mail is prohibited.
28. Use appropriate language; swearing, vulgarity, ethnic or racial slurs, and other inflammatory language is prohibited.
29. Pretending to be someone else when sending/receiving a message(s) is prohibited.
30. Transmitting or viewing obscene material is prohibited.
31. Revealing personal information (address, phone numbers, etc.) is prohibited.
32. The district will cooperate fully with local, state, or federal officials in any investigation concerning or relating to misuse of the district's system/network.

A user who violates district policy or administrative procedures will be subject to suspension or termination of system/network privileges and will be subject to appropriate disciplinary action and /or prosecution.

North Brookfield Public Schools

STUDENT USER AGREEMENT FOR PARTICIPATION IN AN ELECTRONIC COMMUNICATIONS SYSTEM

This user agreement must be renewed each academic year.

Users Name _____ Student ID _____

Grade Level _____ School _____

I have read the district's Acceptable Use Policy and Administrative Procedures and agree to abide by their provisions. I understand that violation of these provisions may result in disciplinary action including, but not limited to, suspension or revocation of privileges, suspension or expulsion from school, termination of employment, and criminal prosecution.

In consideration for the privilege of using the district's system/network, and in consideration for having access to the public networks, I hereby release the district, its operators, and institutions with which they are affiliated form any and all claims and damages of any nature arising from my child's use of, or inability to use the system/network, including, without limitation, the type of damage identified in the district's policy and administrative procedures.

Student Signature _____

Parent/Guardian Signature _____

Parent/Student Handbook
Record of Annual Notice
2025 - 2026

SIGNATURE PAGE

The North Brookfield Elementary School Parent/Student Handbook is available on the NBES website at www.nbschools.org. Both the parent/guardian and student should read and review the Parent/Student Handbook.

I understand that the policies and procedures outlined in the Parent/Student Handbook are in effect from the time a student gets on the school bus until the student exits the school bus during regular school days, at all school-sponsored and school-related events and activities. I understand that it is my responsibility to read the information contained in this handbook carefully and ask the appropriate school official questions for which I need clarification. I understand that I am to abide by all the rules, regulations, policies and procedures contained in this handbook. Please check the appropriate box below:

- ☐ I have been able to access the North Brookfield Elementary School Parent/Student Handbook online.
- ☐ I am not able to access the Parent/Student Handbook online and am requesting a hard copy of the document.

Both parent/guardian and student must sign and date this form in the space provided below. By signing this document you indicate that you have accessed, read, and reviewed the North Brookfield Elementary School Parent/Student Handbook for the 2025-2026 school year.

Grade: _____ Homeroom: _____ Date: _____

_____ _____
Print Student Name Print Parent/Guardian Name

_____ _____
Student Signature Parent/Guardian Signature

****

Photograph/Scholastic Summary:

We often post pictures or videos of our students engaging in fun activities over the course of the school year to social media or the local press. Sometimes the student is identified in these pictures. **If you have any objections to your child's picture/video being published in this manner, please circle no.**

Can your child be photographed or videotaped? Please Circle Yes No

<u>If you do not circle either, we will assume that your child can be photographed or videotaped.</u>

****

North Brookfield Public Schools Offer Meals at No Cost for Students

North Brookfield Public Schools participate in the National School Lunch Program and the School Breakfast Program. As part of this program, all schools offer healthy meals every school day at **NO COST** to the students due to the implementation of the Community Eligibility Provision for school year **2025-2026**. Students receive (1) breakfast and (1) Lunch at school without having to pay a fee or submit a household application.

Non-Discrimination Statement:
In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

This institution is an equal opportunity provider.

North Brookfield Public Schools
10 New School Drive
North Brookfield, MA 01535
Telephone (508) 867-9821 Ext. 3003
Fax (508) 867-8148

Dear Parent/Guardian:

North Brookfield Public Schools will be participating in the National School Lunch Program and the School Breakfast Program. As part of this program, all schools will offer healthy meals every school day at NO COST to the students due to the implementation of the Community Eligibility Provision for the school year **2025-2026**. Students will be able to get breakfast and lunch at school without having to pay a fee or submit a household application.

For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.

- ☐ Yes! I **DO** want school officials to share information from Direct Certification with: **NBPS Preschool Program**
- ☐ Yes! I **DO** want school officials to share information from Direct Certification with: **NBPS Champions Program**
- ☐ Yes! I **DO** want school officials to share information from Direct Certification with: **NBPS Event Coordinators to determine scholarship eligibility**
- ☐ Yes! I **DO** want school officials to share information from Direct Certification with: **NBPS Sports Program Coordinators**

If you checked yes to any or all the boxes above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____School:

Child's Name: _____School:

Child's Name: _____School:

Child's Name: _____School:

Signature of Parent/Guardian: _____Date:

Printed Name:

Address:

For more information, you may call **Donna Holmes** at **(508) 867-6348 or e-mail at doholmes@nbschools.org**.
Return this form to:
North Brookfield Public Schools
10 New School Drive
North Brookfield Ma. 01535

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Dear Parent/Guardian:

If your children are Direct Certified they may also be able to get free or low-cost health insurance through Medicaid or the State Children's Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and CHIP that your children are eligible for free or reduced price meals,* ***unless you tell us not to.*** Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or CHIP, fill out the form below and send in.

(Sending in this form will not change whether your children get free or reduced price meals).

☐ **No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: _____School:

Child's Name: _____School:

Child's Name: _____School:

Child's Name: _____School:

Signature of Parent/Guardian: _____Date:

Printed Name:

Address:

For more information, you may call **Donna Holmes** at **(508) 867-6348 or e-mail: doholmes@nbschools.org**
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The North Brookfield Public Schools participates in the School Breakfast Program (SBP), National School Lunch Program (NSLP), and will provide reasonable modifications to the program meals or meal service to accommodate children with disabilities. Our programs will ensure that breakfast and lunch offered throughout the districts meet the respective meal pattern requirements set by the USDA and will make reasonable modifications to accommodate children with disabilities. We will make substitutions to meals at no extra charge for children with a disability that restricts the child's diet when supported by a written statement from a State licensed healthcare professional, to include a list of substitutions.

Section 504, the ADA, and Departmental Regulations at 7 CFR part 15b define a person with a disability as any person who has a physical or mental impairment that substantially limits one or more "major life activities," has a record of such impairment, or is regarded as having such impairment." (See 29 USC § 705(9)(b); 42 USC § 12101; and 7 CFR 15b.3.) "Major life activities" are broadly defined and include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. "Major life activities" also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. (See 29 USC § 705(9)(b) and 42 USC § 12101.)

Meals that do not meet the program meal pattern are not eligible for State or Federal reimbursement unless supported by a medical statement, however, we will accommodate requests related to a disability that are not supported by a medical statement if the requested modifications can be accomplished within the program meal pattern. If you have a medical issue, please fill out the 'Meal Modification Request form and return it to your School Nurse or Donna Holmes, Food Service Director.

Donna Holmes
Food Service Director
North Brookfield Public Schools
(508) 867-6348
doholmes@nbschools.org

OFFICE FOR FOOD AND NUTRITION PROGRAMS
Fueling the Commonwealth

dese MASSACHUSETTS Department of Elementary and Secondary Education

Meal Modification Request Form

Child/Participant Name	School/Organization
What Food(s) Should be Avoided:	Recommended Substitutions:
Brief Explanation of How Exposure to the Food(s) and/or Disability Affects the Participant:	
Are There Any Other Modifications to the Meal Needed (including texture modifications)?	
Infants (0-12 months): What formula is medically required for infant in lieu of standard Iron Fortified Infant Formula? (Please provide name/brand)	

Signature of Parent/Guardian	Printed Name	Date
Signature of Medical Authority	Printed Name	Date

This is form contains the information required to process a meal modification request. Any document signed by a authorized medical authority in Massachusetts stating: What foods to avoid, recommended substitutions and a brief explanation of how exposure to the food effects the person can be used in place of this specific form.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**

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USDA I Speak Statements

- ☐ Unë flas **shqip** (Albanian)
- ☐ **አማርኛ** አናገራለሁ (Amharic)
- ☐ أنا أتكلم اللغة العربية (Arabic)
- ☐ Ես խոսում եմ **հայերեն** (Armenian)
- ☐ আমি বাংলা কথা। (Bengali)
- ☐ Ja govorim **bosanski jezik** (Bosnian)
- ☐ ကျွန်တော်/ကျွန်မ မြန်မာစကား ပြောသည်။ (Burmese)
- ☐ 我说中文 (Chinese Simplified)
- ☐ 我說中文 (Chinese Traditional)
- ☐ Ja govorim **hrvatski**. (Croatian)
- ☐ [illegible] (Farsi)
- ☐ Je parle **français**. (French)
- ☐ Je parle le **Français haïtien** (French Creole)
- ☐ Μιλάω **ελληνικά**. (Greek)
- ☐ હું ગુજરાતી બોલું છું (Gujarati)
- ☐ Mwen pale **Kreyòl**. (Haitian Creole)
- ☐ मैं हिंदी [illegible] (Hindi)
- ☐ Kuv hais **lus hmoob**. (Hmong)
- ☐ Ana m a su **Igbo** (Igbo)
- ☐ Parlo **Italiano** (Italian)
- ☐ [illegible] **日本語** [illegible] (Japanese)
- ☐ Mi chat **Jamiekan langwijj** (Jamaican Creole)
- ☐ **yk t kqkl** (Karen)
- ☐ [illegible] (Khmer)
- ☐ [illegible] 한국어 [illegible] (Korean)
- ☐ [illegible] (Kurdish)
- ☐ [illegible] **Klào** [illegible] (Kru)
- ☐ [illegible] (Lao)
- ☐ Yie gorngv **Mienh** waac. (Mien)
- ☐ म **नेपाली** बोल्छु (Nepali)
- ☐ Mowię **po polsku**. (Polish)
- ☐ Eu falo **Português**. (Portuguese)
- ☐ ਇ ਸ਼ੁਮਾਰ ਪੰਜਾਬੀ (Punjabi)
- ☐ Cunosc limba **Română**. (Romanian)
- ☐ Я говорю **по-русски**. (Russian)
- ☐ Ou te tautala **faaSamoa** (Samoan)
- ☐ Govorim **srpski**. (Serbian)
- ☐ Waxaan ku hadlaa **Somali**. (Somali)
- ☐ Yo hablo **español**. (Spanish)
- ☐ [illegible] **السودانية** (Sudanese)
- ☐ Marunong po akong magsalita ng **Tagalog**. (Tagalog)
- ☐ [illegible] (Thai)
- ☐ ኣነ ትግርኛ ይዛረብ እየ. (Tigrinya)
- ☐ Я розмовляю **українською**. (Ukrainian)
- ☐ [illegible] (Urdu)
- ☐ Tôi nói tiếng **Việt**. (Vietnamese)
- ☐ איך רעד אידיש (Yiddish)
- ☐ Mo gbo **Yoruba** (Yoruba)

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ATTENTION: If you speak [ ], language assistance services, free of charge, are available to you. Call 1-(508) 867-9821. ATTN: Timothy McCormick

Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-(508) 867-9821. ATTN: Timothy McCormick
Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1- (508) 867-9821. ATTN: Timothy McCormick
Mandarin Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。 請致電 1-(508) 867-9821. ATTN: Timothy McCormick
Portuguese ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-(508) 867-9821. ATTN: Timothy McCormick
Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.Звоните 1-(508) 867-9821. ATTN: Timothy McCormick
Haitian Creole ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-(508) 867-9821. Attn: Timothy McCormick
Insert language as needed.

Student Name: _____

School: _____ Grade: _____