

Dear Parent / Guardian,

Welcome to the Haverhill Public Schools. We are looking forward to getting to know your child and your family. Please use this packet to complete all the necessary paperwork to register your child for school. You may schedule an appointment with our registration office staff for assistance or translation assistance. We are available Monday-Friday 8am – 4pm. Visit our website for more information at [www.haverhill-ps.org/registration](http://www.haverhill-ps.org/registration).

#### REQUIRED DOCUMENTATION FOR ALL NEW STUDENTS IN K-12:

- ☐ New Student Registration Form
- ☐ Child's Birth Certificate
- ☐ Release of Records Form
- ☐ Home Language Survey
- ☐ Health Information Checklist
- ☐ Child's Health Records Containing the Following:
  - ☐ Up to date Immunizations
  - ☐ Copy of Physical Examination (dated within one year)
  - ☐ Results of Lead Testing (for Pre-K and K students)
  - ☐ Results of TB test or "Low Risk" results
  - ☐ Vision Screening (for Pre-K and K students)
- ☐ Any Legal Paperwork pertaining to Child (custody, court orders, etc.)
- ☐ Last Report Card or Transcript if transferring from another school district
- ☐ IEP if student receives services under a Special Education Program
- ☐ 504 Plan if students receives services under Section 504
- ☐ Residency Validation: One document from each column below (A, B and C) is required for enrollment of all applicants. Please note, not providing all required documents will delay enrollment for your child.

Column A	Column B	Column C
Evidence of Residency (choose one)	Evidence of Occupancy (choose one)	Evidence of Identification (Choose one)
<input type="checkbox"/> Recent mortgage payment receipt or property tax bill <input type="checkbox"/> Copy of lease or record of recent rental payment <input type="checkbox"/> Notarized Landlord Affidavit <input type="checkbox"/> Section 8 Agreement	A recent utility bill dated within the last 60 days showing a Haverhill address: <ul style="list-style-type: none"> <li><input type="checkbox"/> Gas, Oil, Electric</li> <li><input type="checkbox"/> Home Telephone (not cell)</li> <li><input type="checkbox"/> Cable or Excise Bill</li> <li><input type="checkbox"/> Lease agreement stating Landlord is paying the utilities</li> </ul>	<input type="checkbox"/> Valid Driver's License <input type="checkbox"/> Valid MA ID Card <input type="checkbox"/> Passport

Students considered homeless under the McKinney-Vento Act have the right to enroll immediately upon registration. Please contact Zoraida Lopez, Homeless Liaison, at 978-420-1967 with any questions or for assistance.

**STUDENT REGISTRATION FORM****STUDENT INFORMATION****SCHOOL YEAR:** \_\_\_\_\_ **GRADE REGISTERING FOR:** \_\_\_\_\_**STUDENT'S FULL NAME** (FIRST, MIDDLE, LAST): \_\_\_\_\_**DATE OF BIRTH** (MONTH/DAY/YEAR): \_\_\_\_\_ **GENDER:** ☐ Female ☐ Male ☐ Non-Binary**ETHNICITY:** ☐ Black or African American ☐ White ☐ Native Hawaiian or  
Other Pacific Islander ☐ American Indian or Alaska Native ☐ Asian **RACE:** ☐ Hispanic/Latino ☐ Not Hispanic/Latino**COUNTRY OF BIRTH:** \_\_\_\_\_ **CITY AND STATE OF BIRTH:** \_\_\_\_\_IS STUDENT A MEMBER OF A MILITARY FAMILY? ☐ YES ☐ NOHAS THE STUDENT ATTENDED HAVERHILL PUBLIC SCHOOL BEFORE? ☐ YES ☐ NO**WHO DOES THE STUDENT LIVE WITH:** ☐ BOTH PARENTS ☐ MOTHER ☐ FATHER ☐ LEGAL GUARDIAN

*Parents are responsible for providing and alerting school staff of any court documentation that affects custodial rights to student records, visitation, etc. Copies of these documents must be provided to the school at time of enrollment. Legal Guardian is defined as "Parent(s), guardian(s), or person(s) assigned by the court."*

ARE THERE ANY CURRENT RESTRAINING ORDERS OR COMMUNICATION RESTRICTIONS RELATED TO THE ABOVE STUDENT? (Please Explain)

**EARLY CHILDHOOD EXPERIENCE****DID STUDENT EVER ATTEND A FORMAL PRESCHOOL OR OTHER EARLY CHILDHOOD EDUCATION PROGRAM?** ☐ YES ☐ NO

IF YES, PLEASE CHECK ALL THAT APPLY:

- |   |   |
|---|---|
| <input type="checkbox"/> More than 20 hours per week        | <input type="checkbox"/> Center based program (childcare center, Head Start, or public preschool program) |
| <input type="checkbox"/> Less than 20 hours per week        | <input type="checkbox"/> Family support program such as:  |
| <input type="checkbox"/> Licensed family childcare provider | <input type="checkbox"/> PCHP (Parent Child Home Program)   |
|   | <input type="checkbox"/> CFCE (Coordinated Family and Community Engagement)                               |

**HOME ADDRESS****STREET ADDRESS:** \_\_\_\_\_ **BLDG./ APT #** \_\_\_\_\_**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_**MAILING ADDRESS** (IF DIFFERENT THAN HOME ADDRESS)**STREET ADDRESS:** \_\_\_\_\_ **BLDG./ APT #** \_\_\_\_\_**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_**PREVIOUS SCHOOL INFORMATION** (IF TRANSFERRING FROM ANOTHER SCHOOL DISTRICT)**SCHOOL DISTRICT:** \_\_\_\_\_**SCHOOL NAME:** \_\_\_\_\_**CITY, STATE, ZIP CODE:** \_\_\_\_\_

## STUDENT REGISTRATION FORM

### PARENT / GUARDIAN 1 INFORMATION

RELATIONSHIP TO STUDENT: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

HOME ADDRESS (IF DIFFERENT FROM STUDENT): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### PARENT / GUARDIAN 2 INFORMATION

RELATIONSHIP TO STUDENT: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

HOME ADDRESS (IF DIFFERENT FROM STUDENT): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### OTHER SIBLINGS OF HOUSEHOLD:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ DOB: \_\_\_\_\_

### SPECIAL EDUCATION SERVICES:

An **Individualized Education Plan (IEP)** provides special education and related services to a student who is identified as having a disability that negatively impacts her ability to receive academic instruction.

A **504 Accommodation Plan** is guided by the Americans with Disabilities Act (ADA) to ensure that a student with a disability has access to accommodations that improve academic functioning.

IS THE STUDENT ON AN INDIVIDUAL EDUCATION PLAN (IEP)? ☐ YES ☐ NOIS THE STUDENT ON A 504 ACCOMMODATION PLAN? ☐ YES ☐ NO

## STUDENT REGISTRATION FORM

### ENGLISH LANGUAGE SERVICES

DOES THE STUDENT RECEIVE ENGLISH LANGUAGE SERVICES? ☐ YES ☐ NO

IF YES, DESCRIBE THE SERVICES: \_\_\_\_\_

IS A LANGUAGE OTHER THAN ENGLISH SPOKEN IN THE STUDENT'S HOME? ☐ YES ☐ NO

WHAT IS THE PRIMARY LANGUAGE SPOKEN IN THE HOME? \_\_\_\_\_

☐ Check here to receive communications in Spanish

### ALERT CONTACT INFORMATION

Please provide the phone numbers and emails where you would like to be contacted in the event of an emergency and receive No School, "Snow Day" Notifications and School Announcements.

PHONE 1: \_\_\_\_\_ PHONE 2: \_\_\_\_\_

EMAIL 1: \_\_\_\_\_ EMAIL 2: \_\_\_\_\_

☐ Check here to receive these notifications in Spanish

### EMERGENCY CONTACTS

Emergency contacts are in addition to and should be different than the parent/guardian information.

☐ Check here to provide permission for emergency contacts to pick up student (must be 18y or older)

#### EMERGENCY CONTACT 1

RELATIONSHIP TO STUDENT: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

#### EMERGENCY CONTACT 2

RELATIONSHIP TO STUDENT: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION****I HEREBY AUTHORIZE:** \_\_\_\_\_\_\_\_\_\_  
Name and Address of Previous School**TO RELEASE A COPY OF THE FOLLOWING INFORMATION:**

- All official transcripts and/or report cards
- MCAS or other state testing reports
- Special education material (IEPs, testing, progress reports etc.)
- 504 plans if applicable
- Health records including immunizations
- Attendance history
- Discipline records

\_\_\_\_\_  
STUDENT NAME\_\_\_\_\_  
DATE OF BIRTH\_\_\_\_\_  
GRADE AND SCHOOL ENTERING\_\_\_\_\_  
STUDENT NAME\_\_\_\_\_  
DATE OF BIRTH\_\_\_\_\_  
GRADE AND SCHOOL ENTERING\_\_\_\_\_  
STUDENT NAME\_\_\_\_\_  
DATE OF BIRTH\_\_\_\_\_  
GRADE AND SCHOOL ENTERING\_\_\_\_\_  
PRINT PARENT /GUARDIAN NAME\_\_\_\_\_  
PHONE NUMBER\_\_\_\_\_  
HAVERHILL ADDRESS\_\_\_\_\_  
SIGNATURE OF PARENT OR STUDENTS (IF OVER 18 YEARS OF AGE)\_\_\_\_\_  
DATE☐ **SEND K-8 RECORDS TO:**

Attendance Department  
Haverhill Public Schools  
45 Fountain Street  
Haverhill, MA 01830  
Tel: 978-374-3439  
Fax: 978-373-3815  
Scan/Email: [smoccio@haverhill-ps.org](mailto:smoccio@haverhill-ps.org)

☐ **SEND HIGH SCHOOL RECORDS TO:**

High School Guidance  
Haverhill High School  
137 Monument Street  
Haverhill, MA 01832  
Tel: 978-374-5700 ext. 1134  
Fax: 978-372-7419  
Scan/Email: [mgravel@haverhill-ps.org](mailto:mgravel@haverhill-ps.org)

**FOR HAVERHILL REGISTRATION STAFF ONLY:**Did student ever attend HPS? ☐ YES ☐ NO

Year Discharged: \_\_\_\_\_

Date Release Sent: \_\_\_\_\_

Initial: \_\_\_\_\_

Date 2<sup>nd</sup> Request Made: \_\_\_\_\_

Initial: \_\_\_\_\_

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**SCHOOL YEAR 2021-2022**  
**PARENTAL NOTIFICATION REGARDING ENGLISH LANGUAGE EDUCATION**

Dear Parent(s)/Guardian(s):

In order to comply with state requirements, school districts must inform parents of students whose home language is other than English of the rights they may have regarding English language education (ELE). The district will test your child in English reading, writing, speaking and listening to determine if your child is an English learner. If your child is found to be an English learner and eligible for placement in an ELE program, you will receive further notification with your child's English proficiency test results and program placement information.

If your child is determined to be an English learner, you have the right to:

- choose an ELE program among those offered by the district as described in state law and regulations;
- visit an ELE program in the district;
- attend available conferences or meetings to learn more about the ELE programs offered in the district;
- request a new ELE program in accordance with state law; and
- withdraw your child from an ELE program.

**AVAILABLE ELE PROGRAM:**

☐ **Sheltered English Immersion (SEI)** – an ELE program in which sheltered grade-level content instruction is used. Sheltered content instruction is content instruction that is modified so that an English learner can comprehend it and participate in the class at his or her level of English proficiency. All instruction and materials are in English.

**ENGLISH LEARNER PARENT ADVISORY COUNCIL (ELPAC)**

Districts serving 100 or more English learners or in which English learners comprise at least 5% of the student population, whichever is less, are required to establish an English learner parent advisory council (ELPAC). Similarly, any school designated as underperforming or chronically underperforming and operating an ELE program is required to establish an ELPAC. Parents of English learners are encouraged to participate in such councils.

**MASSACHUSETTS STATE SEAL OF BILITERACY**

The Massachusetts State Seal of Biliteracy recognizes students who are proficient in English and one or more languages. The insignia is placed on the diploma and/or transcripts upon graduation to inform institutions of higher education and potential employers of the graduate's multilingual skills. Haverhill Public Schools does offer the Massachusetts State Seal of Biliteracy to multilingual graduates.

For more information about the topics discussed in this notice, please contact: Heidi Perez, Director of K-12 English Learner Programs at (978) 420-1933 or [Heidi.Perez@haverhill-ps.org](mailto:Heidi.Perez@haverhill-ps.org).

## 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 \_\_\_\_\_ GENDER: ☐ F ☐ M  
 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) \_\_\_\_\_ NAME OF FORMER SCHOOL AND TOWN \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

### QUESTIONS FOR PARENTS/GUARDIANS

<p>What is the primary language used in the home, regardless of the language spoken by the student?          _____</p> <p>What language did your child first understand and speak?          _____</p> <p>How many years has the student been in US Schools? (Not including Pre-Kindergarten)          _____</p> <p>Will you require written information from the school in your native language? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, what language? _____</p>	<p>What language(s) are spoken with your child?          (Include relatives, grandparents, uncles, aunts and caregivers)          _____</p> <p>How often used: <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always          _____</p> <p>How often used: <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always          Which language do you use most with your child?          _____</p> <p>Which Languages does your child use?          _____</p> <p>How often used: <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always          _____</p> <p>How often used: <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always          Will you require an interpreter/translator at Parent/Teacher meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, what language? _____</p>
<p>Parent/Guardian Signature: _____ Today's Date: _____</p>	

DATE OF ENROLLMENT:	ASSESSMENT	
1 <sup>st</sup> Year in US Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>PK: Pre-IPT Oral</b> A-B-C-D-E	<b>School Placement and Level:</b>
If No, Transferring from? _____ _____	<b>K: WIDA Model</b> First Semester (LS): Second Semester (LSRW): <b>Grades 1 -12: WIDA Screener</b> Overall Composite: <b>EL</b> <b>NOT EL</b>	<b>Programming and Assessment Notes</b> (including domain scores)

## INITIAL / ANNUAL UPDATE HEALTH FORM

☐ New Student
 ☐ Established Student

Name of Student: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Person filling out form: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**HEALTH/MEDICAL CONDITIONS:** CHECK HERE IF ☐ **NONE** OR CHECK ALL THAT APPLY:

PHYSICAL DEVELOPMENTAL CONDITIONS			
<input type="checkbox"/> Allergies <input type="checkbox"/> Seasonal <input type="checkbox"/> Bees <input type="checkbox"/> Food <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Lactose <input type="checkbox"/> Gluten List specific allergies/intolerances: _____ _____ _____	<input type="checkbox"/> Dental Problems <i>Specify:</i> _____  <input type="checkbox"/> Diabetes <input type="checkbox"/> Type I <input type="checkbox"/> Type II Insulin by <input type="checkbox"/> pump <input type="checkbox"/> injection  <input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> <i>Hearing Deficit</i> <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Hearing Aids  <input type="checkbox"/> <i>Visual</i> <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Preferential Seating  <input type="checkbox"/> Seizure Disorder <i>Specify:</i> _____	
<input type="checkbox"/> Asthma (current or history) If yes, used asthma medication within past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No (Describe) _____	<input type="checkbox"/> Postural (back) Problems <i>Specify:</i> _____  <input type="checkbox"/> Heart Condition <i>Specify:</i> _____	<input type="checkbox"/> Blood Disorder <i>Specify:</i> _____  <input type="checkbox"/> Neurological Condition <i>Specify:</i> _____	
<input type="checkbox"/> GI (Stomach/Intestinal) Problems <i>Specify:</i> _____	<input type="checkbox"/> Migraine Headaches  <input type="checkbox"/> Gynecological/Menstrual Issues	<input type="checkbox"/> Skin Condition: <i>Specify:</i> _____	
<input type="checkbox"/> Urination Concerns	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Other Physical/Developmental Conditions: <i>Specify:</i> _____ _____ _____	
<input type="checkbox"/> Constipation or Encopresis	<input type="checkbox"/> Lyme Disease <input type="checkbox"/> Acute or <input type="checkbox"/> Chronic  <input type="checkbox"/> Ear Infections/Tubes		
BEHAVIORAL/EMOTIONAL CONDITIONS			
<input type="checkbox"/> ADHD	<input type="checkbox"/> Depression	<input type="checkbox"/> Other Behavioral/Emotional Conditions: _____ _____ _____	
<input type="checkbox"/> Anxiety (GAD, School Phobia, etc.)	<input type="checkbox"/> Eating Disorder		
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> PTSD/Trauma History		



Will your child need to take medication at school? Ex: Epi-Pen, Albuterol inhaler? ☐ YES ☐ NO

Have you traveled outside of the U.S. in the past 12 months? ☐ YES ☐ NO

If yes, where and for how long? \_\_\_\_\_

Primary Care Doctor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Primary Care Dentist Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have Health Insurance: ☐ YES ☐ NO

Health Insurance Provider: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Health Insurance #: \_\_\_\_\_

Do you need help obtaining health insurance for your family? ☐ YES ☐ NO

#### **PERMISSIONS**

**I give the school nurse permission to administer the following over the counter medication in accordance with the established protocols.**

☐ Ibuprofen/Advil/Motrin ☐ Tylenol/Acetaminophen ☐ First Aid Topicals ☐ Benadryl

☐ Tums (Tums will be administered only to students age 11 or older).

**I understand alcohol based hand sanitizer is being offered in school per CDC recommendation. I do NOT want my child to use school provided alcohol based hand sanitizer. Check here: ☐**

In case of an emergency, the school nurse will attempt to contact the parent/guardian. In the event that we are unable to contact you, your child will be transported by ambulance to the nearest hospital accompanied by a responsible adult.

**Under FERPA guidelines, the school nurse will share information relevant to my child's health condition(s) and medication with appropriate school personnel that is needed to meet my child's health and safety needs.**

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

## AUTHORIZATION FORM

Student's Name (Last, First): \_\_\_\_\_

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

## FREEDOM OF INFORMATION ACT

The Freedom of Information Act states that school rosters or directories with addresses of students and/or parents are public documents as described in that act. Anyone seeking this information must do so in writing and must be specific concerning what roster or directory they are looking for. The school system must annually provide parents the opportunity to remove their child's information from a directory or roster that could be made public if requested by a third party.

### Please Check One of the Options Below:

- ☐ **YES**, I authorize my son/daughter's information be released to any written request by a third party.
- ☐ **NO**, I do not authorize my son/daughter's information be released and request it be removed from any roster/directory that is requested by a third party.

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

## INTERNET ACCESS

Haverhill Public Schools offers full internet access. The benefit of being connected to the internet is that it expands our students' access to resources, including original source material from all over the world. It brings information, data, images, and computer software from around the globe almost instantaneously to the classroom.

While the benefits of the internet are enormous, parents need to be aware that the internet is an open system, which contains pockets of material that many people might find offensive. We cannot absolutely guarantee that your son or daughter will not encounter text, pictures, or references that are objectionable, but we can assure you that your son or daughter will only access Internet resources while under the supervision of a professional staff member. In addition, the District is in full compliance of the Children's Internet Protection Act (CIPA) and has taken technology protection measures that block and/or filter inappropriate material.

We ask for your assistance in developing responsible attitudes and reinforcing appropriate behaviors on the internet. I understand and will abide by the terms and conditions for internet access in the Haverhill Public School System. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action may be taken.

As the Parent or Guardian I have read the terms and conditions for internet access in the Haverhill Public School System. I understand that this access is designed for educational purposes and the School System has taken reasonable precautions to prevent access of inappropriate material. However, I also recognize that it is impossible to prevent access to all inappropriate materials and I will therefore not hold the Haverhill Public School System responsible for materials viewed, acquired, or communicated on the internet or private accounts accessed. I understand that if my son/daughter should commit any violation, his/her access privileges may be revoked and school disciplinary action may be taken.

### Please Check One of the Options Below:

- ☐ **YES**, I give permission for my son/daughter to access the resources of the Internet under the Haverhill Public School District Student Handbook Guidelines.
- ☐ **NO**, I do not give permission for my son/daughter to have internet access at his/ her school.

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

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

*School District Name and Code:* Haverhill Public Schools 01280000

*School/District Contact:*

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):

Add more children