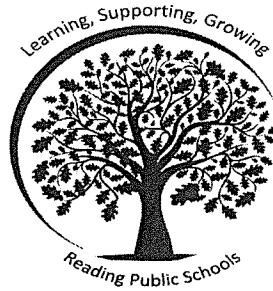


John F. Doherty, Ed. D.  
Superintendent of Schools

82 Oakland Road  
Reading, MA 01867  
Phone: 781-944-5800  
Fax: 781-942-9149



Christine M. Kelley  
Assistant Superintendent

Jennifer A. Stys, Ed.D.  
Director of Student Services

Gail Dowd, CPA  
Chief Financial Officer

# Reading Public Schools

*Instilling a joy of learning and inspiring the innovative leaders of tomorrow*

October 2020

Dear Prospective Reading Public School Parents:

Welcome to the Reading Public Schools! We are beginning the kindergarten registration process for the 2021-2022 school year. The School Committee Policy JEB – School Entrance Requirements for admission to school is as follows:

“A child must have reached the age of five years **on or before August 31** of the entering year. Under no circumstances will children younger than five years be admitted to kindergarten.”

If your child is now attending a private kindergarten and you plan to enroll him/her in our first grade, please indicate this on the attached form. Please know that the building principals will assign students to first grade or kindergarten in accordance with their age. If your youngster meets the age requirements indicated above but you are not sure and/or are not planning to send him/her to kindergarten in the fall, we would appreciate that you return the registration form (page 1 with your child’s name, address and date of birth) indicating that you will be holding your child out.

The Reading Public Schools offers two kindergarten programs: a tuition-based full day program and a half day program. The cost of the full day program is \$4,450 which can be paid in 10 monthly payments. There is no cost for the half day program. Students whose families complete the necessary forms and qualify for free or reduced lunch will receive a reduced tuition or have the tuition waived. Our half day programs may be traditional or consist of an integrated model with full and half-day students mixed in each class, based on available space and enrollment.

The following guidelines, in priority order, for kindergarten programming and assignments will be used:

1. Access to Full Day Kindergarten for families that want it
2. Maintaining Adequate Class sizes (18-22 students in Grades K-2)
3. Keeping half and full day classes separate and not integrated
4. Keeping siblings in the same school if it is a half day program
5. Maintaining neighborhood schools

**It is important to note that based on kindergarten enrollment for each program and classroom space availability, it is possible that half day kindergarten classes may not be assigned to every school. If a student is in a half day kindergarten program, their class for the 2021-22 school year may not be assigned at their neighborhood school, but at a different elementary school. They will return to their neighborhood school as a first grade student for the 2022-2023 school year. We will notify parents of ½ day and full day kindergarten school assignments by January 31<sup>st</sup>.**

To begin your child's kindergarten experience, we would like to invite you to a parent information meeting on **Wednesday November 4, 2020 via Microsoft Teams at 7:00 PM.** At this meeting we will discuss the registration process, half and full-day kindergarten programs, and the screening process. Because information changes from year to year, we recommend that all incoming kindergarten parents attend this session.

**Superintendent Doherty will send the link to the meeting via Connect-Ed (current families), via the twitter feed that will be posted on the district homepage (<http://reading.k12.ma.us>)**

If you plan on holding your child out of kindergarten or will be sending to a private kindergarten for the 2021-22 school year, please return the registration form (page 1) with the applicable notation.

Please complete the following information and return it to the Superintendent's Office **by Friday, December 4, 2020.**

- student registration form
- application for full-day kindergarten & \$35 registration fee (if interested)
- proof of residency,
- a copy of your **child's birth certificate**
- medical history
- home language survey
- Connect Ed form

You are welcome to drop the information off at the Superintendent's Office or mail it to the above address. **Please note: if you want to be considered for our full day program, your paperwork must be postmarked or received by December 4<sup>th</sup>. For your convenience, we now have a secure envelope drop off at the entrance of the Superintendent's Office.**

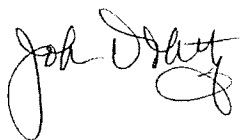
\* School placement will be determined by residency, class size, and program availability. Please see Reading School Committee Policy JC – Attendance Areas for placement procedures.

Additional Information included in this packet:

- Reading School Committee Policy JC – Attendance Areas
- Reading School Committee Policy JEB – School Entrance Requirements

We look forward to working with you to ensure a successful school experience for your child. If you have any questions, please contact the Reading Public Schools Administration Offices at 781-944-5800 or by email to [linda.engelson@reading.k12.ma.us](mailto:linda.engelson@reading.k12.ma.us).

Sincerely,



John F. Doherty, Ed.D.  
Superintendent of Schools

Holding Out   
Private K   
Grade 1

## READING PUBLIC SCHOOLS REGISTRATION FORM

\*All fields must be completed. If something does not apply to you, please enter "NO" or "N/A"

### STUDENT INFORMATION

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

STUDENT NAME: \_\_\_\_\_  
Last Name First Name Middle Name

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PRIMARY PHONE (Required) \_\_\_\_\_

GENDER:  Male  Female  Non-Binary STUDENT BIRTHDATE \_\_\_\_\_  
MM-DD-YYYY

PLACE OF BIRTH (city): \_\_\_\_\_ COUNTRY OF ORIGIN (where child was born): \_\_\_\_\_  
Mandatory

Previous School Attended (please list most recent first):

1)	_____	_____	_____
	School	Address	State/Zip
2)	_____	_____	_____
	School	Address	State/Zip

FIRST TIME IN A MASSACHUSETTS SCHOOL:  Yes  No

RACE/ETHNICITY (choose one):  Hispanic  Not Hispanic

CHOOSE ALL THAT APPLY MUST CHOOSE AT LEAST ONE:

White/Caucasian  Black/African American  Asian  Native American  Native Hawaiian/Pacific Islander

INDIVIDUAL EDUCATION PLAN (IEP) Does the student currently receive services on an IEP?  Yes  No

504 ACCOMMODATION PLAN Does the student currently receive services on a 504?  Yes  No

ELL SERVICES ON PAST?  Yes  No ELL SERVICES NEEDED?  Yes  No

DOES THE CHILD'S FAMILY HAVE A MILITARY AFFILIATION?

No, not a member of a military family  Yes, child of active duty member

Yes, child of members or veterans who are medically discharged or retired for 1 year

Yes, child of member who died on active duty

ARE BOTH PARENTS LIVING? \_\_\_\_\_ DOES CHILD LIVE WITH BOTH PARENTS? \_\_\_\_\_

STUDENT RESIDES WITH: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

GUARDIAN STATUS:  Yes  No

STATE WARD STATUS:  Yes  No

CUSTODIAL AGREEMENT in place?  Yes  No

If yes, provide a copy of the custodial agreement to the Main Office of your child's school.

**SIBLINGS – LIST ALL THAT LIVE AT THE SAME ADDRESS**

SIBLING FULL NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

SIBLING FULL NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

SIBLING FULL NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION**

**PRIMARY CONTACT**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ PHONE 2: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

**CONTACT #2**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ PHONE 2: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** – CONTACT MUST BE SOMEONE OTHER THAN PARENT/GUARDIAN

NAME: \_\_\_\_\_ PRIMARY PHONE: \_\_\_\_\_

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

NAME: \_\_\_\_\_ PRIMARY PHONE: \_\_\_\_\_

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

NAME: \_\_\_\_\_ PRIMARY PHONE: \_\_\_\_\_

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

Reading Public Schools  
Reading, MA 01867

Application for Full-Day Kindergarten Program  
2021-2022

The Reading Public Schools offers tuition-based full day program. The cost of the full day program is \$4,450 which can be paid in 10 monthly payments. Students whose families complete the necessary forms and qualify for free or reduced lunch will receive a reduced tuition or have the tuition waived. The forms for free or reduced lunch for the 2021-22 school year will be available in the early summer of 2021.

*Please complete the information below and return this form and the non-refundable application fee of \$35 (Cash or Check only) by **December 4, 2020** to the Superintendent's Office, 82 Oakland Road, Reading, MA 01867.*

Child's Name \_\_\_\_\_

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

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Parent/Guardian 1 Name \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Email Address 1: \_\_\_\_\_

Email Address 2: \_\_\_\_\_

**Kindergarten assignments will be based on geographical location and class size.**

\_\_\_\_\_ I have enclosed a check in the amount of \$35 payable to the Town of Reading.

**If you need further information regarding the application process, please contact the Superintendent's Office.**

**Office Use Only**

\_\_\_\_\_ Check Received

\_\_\_\_\_ Date Received

# \_\_\_\_\_



# READING PUBLIC SCHOOLS



## RESIDENCY REQUIREMENTS

You must be a resident of Reading in order to attend the Reading Public Schools. Before a student is registered in the Reading Public Schools and can begin school, his/her parent or legal guardian must provide proof of primary residence. Temporary residence in the Town of Reading for the sole purpose of attending the Reading Public Schools will not be considered residency. Because residency can, and does, change for students and their families during the course of the academic year and a student's educational life, the Reading Public Schools may continue to verify residency after the commencement of classes.

### What documents are required to verify residency?

**One document from each column below must be submitted.**

<b>Proof of Residency</b>	<b>Proof of Occupancy</b>	<b>Proof of Identification</b>
<p><u>One</u> of the following required:</p> <ul style="list-style-type: none"><li>• recent mortgage statement</li><li>• property tax bill</li><li>• current lease</li><li>• HUD lease or other public housing lease (Section 8)</li><li>• HUD settlement statement (closing statement)</li></ul>	<p><u>One</u> of the following required: must be dated within the past 30 days</p> <ul style="list-style-type: none"><li>• cable/satellite TV bill</li><li>• electric bill</li><li>• gas bill</li><li>• water bill</li><li>• home/renter's insurance</li></ul>	<p><u>One</u> valid photo identification from the following list required:</p> <ul style="list-style-type: none"><li>• driver's license</li><li>• state ID card</li><li>• passport</li><li>• military ID</li><li>• other government-issued photo ID</li></ul>

### What if I live with a friend or relative?

The parent/guardian and owner/renter must complete the residency affidavit and both signatures must be notarized. The person with whom you are living with must submit a Proof of Residency, Proof of Occupancy and photo identification.

READING PUBLIC SCHOOLS – OFFICE OF THE SUPERINTENDENT

82 OAKLAND ROAD, READING, MA 01867

781 944-5800

**Residency Affidavit to Show Proof of Residency in Reading**

Any applicant for the Reading Public Schools who cannot produce required residency documents in his/her own name must ask the owner or lessee of the property where the applicant lives to complete Section 1, sign and have this affidavit notarized. The following three documents are required:

1. A current mortgage, tax bill or lease **and**
2. A recent utility bill (cable/satellite TV, electric, gas, water, home/renter insurance) within 30 days **and**
3. A valid photo identification

Section I: To be completed by owner, lessee or landlord:

1. I, \_\_\_\_\_ am the home owner/lessee/landlord  
print name  
of property located at: \_\_\_\_\_ in the Town of Reading.  
address

2. \_\_\_\_\_, who is the parent/legal guardian of  
Name of parent/guardian  
\_\_\_\_\_ are living at this address as their principal residence.  
Name of student (s)

3. **I understand that the information contained in this legal affidavit is subject to verification by the Reading Public Schools at any time.**

Signed under the pains and penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_ of 20\_\_\_\_.

\_\_\_\_\_  
Signature of homeowner/tenant/landlord

\_\_\_\_\_  
Phone number of homeowner/tenant/landlord

\_\_\_\_\_  
Signature of Notary Public

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Section II: To be completed by owner, lessee or landlord:

In order to attend the Reading Public Schools, a student must actually reside in the Town of Reading. The residence of a minor child is presumed to be the primary legal residence of the parent/guardian who has physical custody of the child. "Residence" is the place where a person dwells permanently, not temporarily, and is the place that is the center of his/her domestic, social and civic life. Temporary residence in the Town of Reading solely for the purpose of attending Reading Public Schools will not be considered residency. Any student who is found not to reside in the Town of Reading will be dismissed from the Reading Public Schools. Additional penalties – including fines and legal action – may be imposed on families found to be in violation of the residency policy. This residency policy does not apply to homeless students.

**I understand that the information contained in this legal affidavit is subject to verification by the Reading Public Schools at any time.**

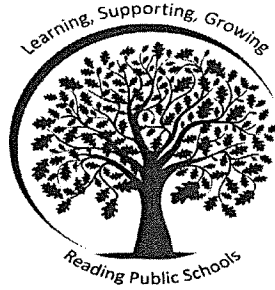
Signed under the pains and penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_ of 20\_\_\_\_.

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Signature of Notary Public

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_





# Reading Public Schools

*Instilling a joy of learning and inspiring the innovative leaders of tomorrow*

## *School Medical Policies*

**Your child's health is very important to us. A healthy child is a child who is ready to learn.**

1. **Documentation of all Kindergarten immunizations and a physical exam must be provided prior to the first day of school as mandated by Massachusetts State Law.** All medical requirements are included in your paperwork. If your child has a summer birthday, please make sure their scheduled physical happens before the first day of school and send the documentation to school for your child's record. Medical or religious immunization exemptions are permitted; however, documentation of such exemptions is required.
2. **First Aid:** Most injuries are minor; however, please make sure to complete all emergency contact information for your child. Include contact numbers for parents and any other person who might be responsible for picking up your child in the event of an emergency. Also include your child's physician's name and contact information. Remember to update this information throughout the school year for any corrections or changes.
3. **Medication Guidelines:**
  - a. Doctor's orders and parent authorization forms must be completed for **ALL** medications given in school (including over-the-counter medications such as Tylenol, cough drops/cold or flu preparations and for prescription medication). All medication orders expire at the end of the school year.
  - b. Medications must be provided in their original labeled container.
  - c. A parent or responsible adult must transport medication to and from the Health Office and meet with the nurse regarding instructions. **Do not send any medication in your child's backpack.**
  - d. Exception to medication guidelines: Short term antibiotics may be given without a doctor's order. The antibiotic must be provided in the original labeled container. This serves as proof of a doctor's order in this case only.
4. **Attendance at School:** Please do not send your child to school if they have any of the following:
  - a. Fever of 100 degrees or higher. A child with a fever should not return until they have been fever-free without a fever reducer such as Tylenol or Ibuprofen for 24 hours.
  - b. Vomiting
  - c. Diarrhea
  - d. They have been treated with antibiotics for an infectious illness for fewer than 12 hours.

5. **School Screenings:** Vision and Hearing are done annually (Vision grades 1-5, Hearing grades 1-3). Height and Weight screenings are performed annually on grades 1 and 4. Postural screenings are done for grade 5 annually. Parents will be notified of upcoming screenings and notified if a referral is indicated after the screenings. (In-school screenings are currently on hold during the 2020-21 pandemic).
6. **Communication** from the Health Office is through email, newsletters or from your child's classroom teacher.
7. **Contagious Illnesses:** Please notify the Health Office if your child has any contagious illness or conditions such as strep throat, conjunctivitis or head lice. Always refer to your pediatrician for guidance.
8. **Student Absence:** If your child is absent, please call the absentee phone line and mention the reason for the absence. A note is required for all absences when your child returns.
9. **Allergy Guidelines:** Reading Public School Guidelines for Food Allergies at the elementary level are available on the district webpage under District Information. All classrooms are food-free except for individual snacks and lunches provided from home. All food brought into the classroom must follow the Food Allergy Guidelines. You will be notified of food allergy restrictions for your child's classroom prior to the beginning of the school year. No food sharing is allowed.
10. **Allergies and Chronic Conditions:** Please contact the school nurse if your child has any health issues or life-threatening allergies so appropriate accommodations can be made.
11. **Please send in a copy of your child's yearly physical so that health records and immunizations can be updated annually.**
12. Summer is a good time to reinforce good hygiene habits such as handwashing, cough and sneeze etiquette and the importance of no food sharing at school. Another health issue to consider is lice prevention. Please get into the habit of watching for symptoms and routinely checking your child's head.

Please call me with any questions or concerns. I look forward to working with you and getting to know your child.

Sincerely,

Reading Public School Nurses

READING PUBLIC SCHOOLS  
Reading, Massachusetts

MEDICAL HISTORY

Dear Parents,

Please complete this questionnaire to the best of your ability and return it to the school nurse. This information is for the confidential school medical record kept for each child and is of great help to the school nurse in understanding and helping to safeguard your child's health.

-----  
HEALTH HISTORY:

A. Child's Name \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Date of Birth \_\_\_\_\_

-----  
Father's Name \_\_\_\_\_ cell phone # \_\_\_\_\_  
Email: \_\_\_\_\_

-----  
Mother's Name \_\_\_\_\_ cell phone# \_\_\_\_\_  
Email: \_\_\_\_\_

-----  
Brothers \_\_\_\_\_ Sisters \_\_\_\_\_  
\_\_\_\_\_

-----  
Name of doctor (or clinic) who takes care of child \_\_\_\_\_  
Name of dentist \_\_\_\_\_

-----  
MEDICAL HISTORY: Has your child ever had any of the following conditions?  
(Answer Yes or No. If the answer is Yes, give a brief explanation reason wherever indicated.)

- |  |           |       |
|--|-----------|-------|
| 1. Asthma _____                        | Age _____ | _____ |
| 2. Allergies:                          |           |       |
| food _____                             | Age _____ | _____ |
| latex _____                            | Age _____ | _____ |
| bee stings _____                       | Age _____ | _____ |
| medication _____                       | Age _____ | _____ |
| 3. Frequent headaches _____            | Age _____ | _____ |
| 4. Enlarged or Infected tonsils _____  | Age _____ | _____ |
| 5. Heart condition _____               | Age _____ | _____ |
| 6. Bowel problems _____                | Age _____ | _____ |
| 7. Frequent urination _____            | Age _____ | _____ |
| 8. Ear infections _____                | Age _____ | _____ |
| 9. Hearing problem _____               | Age _____ | _____ |
| 10. Vision problem _____               | Age _____ | _____ |
| Wears glasses? _____                   | Age _____ | _____ |
| 11. Concussion _____                   | Age _____ | _____ |
| 12. Seizures _____                     | Age _____ | _____ |
| 13. Diabetes _____                     | Age _____ | _____ |
| 14 Other illnesses or conditions _____ | Age _____ | _____ |
| 15 .Hospitalizations _____             | Age _____ | _____ |
| 16. Surgeries _____                    | Age _____ | _____ |

Does your child take any medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of Medication \_\_\_\_\_ Reason \_\_\_\_\_

DEVELOPMENTAL HISTORY

1. Any complications before, during, or after pregnancy?

\_\_\_\_\_

2. Language Development

Normal

Late

Any abnormality noted concerning speech and language (such as stuttering, difficult to understand, etc.) \_\_\_\_\_

Has your child ever lived apart from the family? \_\_\_\_\_ Age \_\_\_\_\_

How long? \_\_\_\_\_ Reason \_\_\_\_\_

Do you think your child is small \_\_\_\_\_ large \_\_\_\_\_ or average \_\_\_\_\_ for his/her age?

Do you think your child is underactive \_\_\_\_\_ overactive \_\_\_\_\_ or average \_\_\_\_\_?

Were you ever concerned about any phase of your child's physical, social or behavioral development? Yes \_\_\_\_\_ No \_\_\_\_\_ Age \_\_\_\_\_

Explain \_\_\_\_\_

\_\_\_\_\_

Please list other experiences which might influence your child's social or physical development, such as frequent change of residence, separation or divorce of parents, death in the family or other traumatic events.

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

**IN CASE OF EMERGENCY - IF YOU CANNOT BE REACHED -  
YOUR CHILD WILL BE TAKEN TO THE NEAREST HOSPITAL**

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## 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.

<b>Student Information</b>		
First Name _____	Middle Name _____	Last Name _____
		F <input type="checkbox"/> M <input type="checkbox"/> Gender
Country of Birth _____	Date of Birth (mm/dd/yyyy) _____	Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____
<b>School Information</b>		
Start Date in New School (mm/dd/yyyy) _____	Name of Former School and Town _____	Current Grade _____
<b>Questions for Parents/Guardians</b>		
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?      Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings?      Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	
Parent/Guardian Signature: X _____	_____ / _____ /20 Today's Date: (mm/dd/yyyy)	

Document available in different languages can be found at <http://www.doe.mass.edu/ell/resources.html>



John F. Doherty, Ed. D.  
Superintendent of Schools

82 Oakland Road  
Reading, MA 01867  
Phone: 781-944-5800  
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Gail S. Dowd, CPA  
Chief Financial Officer

# Reading Public Schools

*Instilling a joy of learning and inspiring the innovative leaders of tomorrow*

Dear Parents/Guardians:

As part of our emergency safety plans we will continue to provide **Blackboard Connect** as our telephone, email, and text messaging service throughout the Reading Public Schools. This service will enable us to personally communicate with parents about emergency situations, school cancellations, school events and important issues impacting your child and our schools. It will allow us to send personalized voice messages to your family's home, work and/or cell phones. Essentially, a school principal or district administrator can make one phone call and reach all of his or her students' families within minutes. Furthermore, this allows us the ability to make one phone call to reach everyone in the entire district within minutes. For more information on this system, go to <http://www.blackboard.com/Platforms/Connect/Overview.aspx>.

As you may recall, we used the system several times last year and had a very successful connection rate with our families. Based on the system's proven track record, we know this message service will improve school and district-wide communications with parents and school system employees.

To ensure success of the system for both emergency and community messages, it is important that your school has all of your current telephone numbers, email addresses, and text message numbers so that you will not miss out on any important communications.

If you have any questions, please do not hesitate to contact our office.

Sincerely,

John F. Doherty

John F. Doherty, Ed.D.  
Superintendent of Schools

John F. Doherty, Ed. D.  
Superintendent of Schools

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# Reading Public Schools

*Instilling a joy of learning and inspiring the innovative leaders of tomorrow*

## Blackboard Connect Emergency Notification Contact Information

The Reading Public Schools will be using the Blackboard Connect automated telephone, email, and text message system in one of two ways:

- When used for routine informational purposes such as snow cancellations and community messages, one call will be made to "Telephone Number 1" and to the Non-Custodial Parent Phone (if applicable) and/or up to two email addresses.
- When used for more critical purposes such as a school lockdown or evacuation, calls will be made to all the listed telephone numbers below. In addition, messages will also be sent to the email addresses and text numbers listed below.

Please do not submit telephone numbers with extensions. This information is for school department use only. Please include area codes with all telephone numbers.

<b>Student Name</b>	
<b>School</b>	
<b>Grade</b>	
<b>Preferred Telephone Number 1</b>	
<b>Telephone Number 2</b>	
<b>Telephone Number 3</b>	
<b>Telephone Number 4</b>	
<b>Telephone Number 5</b>	
<b>Preferred Email Address 1</b>	
<b>Email Address 2</b>	
<b>Text Message Number 1</b>	
<b>Text Message Number 2</b>	
<b>Non-Custodial Parent Phone</b>	

**Please return this completed form to your registration materials.**



## ATTENDANCE AREAS

Attendance areas for the various schools of the town will be drawn up by the Superintendent and approved by the School Committee. The primary considerations that govern the establishment of a school attendance area are school capacity and transportation considerations. Generally, students will attend the school in the attendance area in which they live.

In establishing an attendance area, the following general guidelines will also be applied:

1. Use of safe walking conditions consistent with the Committee's transportation policies; where possible, major traffic thoroughfares and natural barriers will be used for boundaries.
2. Honoring community of interest; where possible, school attendance zones will incorporate community patterns.

From time to time an overcrowded condition in an existing school, the development of new residential areas, or the opening of a new school may require the establishment or change of previously established school attendance areas.

The Committee will confer with community representatives prior to setting new attendance lines. However, the Committee's primary basis for judgment must be equality of educational opportunity for all students rather than the personal desires of any one group.

The Superintendent is authorized to make exceptions to attendance lines for individual children in the best interests of the student and/or the school.

Adopted by the Reading School Committee on March 26, 2007

LEGAL REFS.: M.G.L. 71:37C; 71:37D; 71:37I; 71:37J  
Board of Education Regulations Pertaining to Section 8 of Chapter 636 of the Acts of 1974, Regarding Magnet School Facilities and Magnet Educational Programs, adopted 2/25/75  
Board of Education Regulations Pursuant to Chapter 636 of the Acts of 1974, adopted 9/10/74  
Board of Education Regulations Pertaining to the Preparation of Racial Balance Plans which Involve Redistricting, adopted 4/24/73

## SCHOOL ENTRANCE REQUIREMENTS

To be eligible for admission to the Reading Public Schools a child must have reached the age of five on or before August 31 of the entering year to enter kindergarten or must have reached the age of six on or before August 31 of the entering year to enter grade one. Under no circumstances will children younger than five be admitted.

No child shall be admitted to school except upon presentation of a physical exam and evidence of immunization as required by the State Immunization Law and in accordance with the schedule established by the Department of Public Health. Effective March 1, 1990 children are required to present documented evidence of lead screening prior to entrance into preschool and kindergarten.

Under laws of the Commonwealth, each child shall attend school beginning in September of the calendar year in which he attains the age of six.

Children entering a public school for the first time will be assigned either to kindergarten or first grade by the building principal after a thorough consideration of preschool registration information. The decision of the principal is final. Registration is normally held in the early spring of each year.

Upon entering school each child is required to present a birth certificate.

The only exception to this policy will be for a child who has successfully completed a public school kindergarten in a community where he/she resided previously and where the entering school age does not coincide with that of the Reading Public Schools. The child must be at least six years old on or before August 31 of the entering year into grade one unless entering from a public kindergarten whose entering school age does not coincide with the Reading Public Schools.

Adopted by the Reading School Committee on March 26, 2007

Revised by the Reading School Committee on May 19, 2008

Revised by the Reading School Committee on March 2, 2009

Revised by the Reading School Committee on April 6, 2009

LEGAL REFS.: M.G.L. 15:1G  
Board of Education Regulations for Entrance to First Grade and Kindergarten,  
adopted 7/20/71