



## **MILLIS PUBLIC SCHOOLS**

### **NEW STUDENT REGISTRATION CHECKLIST**

**Welcome to the Millis Public Schools!** Please complete New Student Registration Packet, the School Bus Registration *if your child will take the bus*, the Free and Reduced Price School Meals Application *if applicable*. As well the following documents are required:

- Proof of Residency: *utility bill OR lease OR notarized letter from landlord*
- Birth Certificate
- Current Physical Exam (within the last 12 months)
- Immunization Record (may be on the physical exam)
- Medication Administration Permission Form from Physician *if applicable*
- School Health Records

**All documents should be completed and delivered to/sent to the appropriate school.**

#### **PreK – Grade 4:**

##### **Clyde F. Brown Elementary School**

Main Office  
7 Park Road  
Millis, MA 02054  
PH: (508) 376-7003 F: (508) 376-7038

#### **Grades 5 - 8**

##### **Millis Middle School**

Main Office  
245 Plain Street  
Millis, MA 02054  
PH: (508) 376-7014 F: (508) 376-7020

#### **Grades 9 – 12:**

##### **Millis High School**

Counseling Office  
245 Plain Street  
Millis, MA 02054  
PH: (508) 376-7023 F: (508) 376-7020

**Please note: your child is not considered enrolled in the Millis Public Schools until all of the above paperwork is complete.**

Thank you.

**The Millis Public Schools does not discriminate on the basis of race, color, sex, age, gender identity, religion, national origin, sexual orientation, disability or homelessness.**

## MILLIS PUBLIC SCHOOLS STUDENT REGISTRATION FORM

STUDENT INFORMATION						
Last Name		Full First Name			Full Middle Name	
Gender	Home Phone		S.S.N.		Grade Entering	
Birth Date	Birth Place		First Entry Date		SASID	
ADDRESS INFORMATION						
Physical Address				Mailing Address		
City			State		Zip	
MOTHER						
Last Name			First Name			
Address (if different)			City		State	Zip
Home Phone		Employer			Position	
E-Mail		Cell Phone			Work Phone	
STUDENT LIVES WITH: Check any that apply:				Are there any custodial restrictions?		
Parents <input type="checkbox"/>	Mother (only) <input type="checkbox"/>	Father (only) <input type="checkbox"/>	Stepfather <input type="checkbox"/>	Stepmother <input type="checkbox"/>	Guardian <input type="checkbox"/>	Other <input type="checkbox"/>
FATHER						
Last Name			First Name			
Address (if different)			City		State	Zip
Home Phone		Employer			Position	
E-Mail		Cell Phone			Work Phone	
GUARDIAN'S NAME (if different)						
Last Name		First Name			Relationship	
Address			City		State	Zip
Home Phone		Employer			Position	
E-Mail		Cell Phone			Work Phone	
MILITARY STATUS						
<p><b>Please read the following 3 questions and circle either Y or N with your answer.</b></p> <p><i>Is Parent or Guardian an:</i></p> <p>1. Active duty member of the uniformed services, National Guard and Reserve on active duty orders? <b>Y or N</b></p> <p>2. Member or Veteran who were medically discharged or retired within one year? <b>Y or N</b></p> <p>3. Member who died while on active duty? <b>Y or N</b></p>						
EMERGENCY CONTACT						
Last Name		First Name			Relationship	
Address			City		State	Zip
Home Phone		Cell Phone			Work Phone	

**REGISTERING STUDENT'S NAME:** \_\_\_\_\_

EMERGENCY CONTACT				
Last Name		First Name		Relationship
Address		City	State	Zip
Home Phone		Cell Phone		Work Phone
EMERGENCY CONTACT				
Last Name		First Name		Relationship
Address		City	State	Zip
Home Phone		Cell Phone		Work Phone

Note: Please help us complete Massachusetts State required student information forms by answering the following questions.

DEMOGRAPHIC INFORMATION				
Check any that apply	Is this student:	Foster Child <input type="checkbox"/>	State Ward <input type="checkbox"/>	METCO Student <input type="checkbox"/>

Is this student Hispanic or Latino? (select one)	
___ No, not Hispanic or Latino	___ Yes, Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
First (native) language?	

What is the race of this student? (You may select one or more races)	
___ White: a person having origins in any of the original peoples of Europe, the Middle East or North Africa	
___ Black or African American: a person having origins in any of the black racial groups of Africa	
___ American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	
___ Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, and Vietnam	
___ Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands	

PHYSICIAN INFORMATION:		
Name	Address	Phone
Medication	Allergy	Chronic condition

SIBLINGS INFORMATION:	
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:

PREVIOUS SCHOOL INFORMATION:	
School:	City/State:
Year Last Attended:	Grade Last Attended:
Has student ever attended Millis Public Schools?	If yes, grade and dates last attended in Millis:
Has student ever attended school in Massachusetts?	If so, when? Where?
Has student ever repeated a grade?	If yes, what grade?
Has retention ever been discussed?	Comments:

**REGISTERING STUDENT'S NAME:** \_\_\_\_\_

SPECIAL SERVICES:				
Did your child receive any of the following services? If yes, check one or more below:				
Math Support	ELL	Gifted Program	Reading Support	Other:
Speech/Language	Physical Therapy	Occupational Therapy	Special Education	
Is your child currently on an Individual Education Plan (IEP)?				
Is your child currently on a Regular Education 504 Plan?				
Is your child currently on a Curriculum Accommodation Plan?				

PARENT SIGNATURES:			
_____	_____	_____	_____
Parent Signature	Date	Parent Signature	Date

NURSE'S SIGNATURE:	
_____	_____
Nurse's Signature	Date

FOR SCHOOL OFFICE USE ONLY			
	Proof of residency (recent utility bill)		Health/immunization record
	Birth Certificate		Discipline Form
	School ID # (LASID)		State ID # (SASID)
	MCAS Math Score		MCAS English Score
	School transcript		IEP Plan
	Attendance record		504 Plan
	Foster child legal documentation (Educational surrogate, social worker, and person responsible to sign IEP)		CAP Plan
	Foreign Exchange Student (Visa and English Proficiency Test results)		

<p><b>NOTES:</b></p>
----------------------

Millis High School  
245 Plain Street  
Millis, MA 02054

Millis Middle School  
245 Plain Street  
Millis, MA 02054

CFB Elementary  
7 Park Road  
Millis, MA 02054

# MILLIS PUBLIC SCHOOLS MEDICAL & EMERGENCY INFORMATION FORM

Today's Date: \_\_\_\_\_

STUDENT INFORMATION		
Name:	Grade:	
Address:	Home Phone:	
PARENT #1 INFORMATION		
Name		
Address:	Home Phone:	
Employer Name & Address:		
Cell Phone:	Business Phone:	Email:
PARENT #2 INFORMATION		
Name:		
Address:	Home Phone:	
Employer Name & Address:		
Cell Phone:	Business Phone:	Email:

**In case of an emergency and parents cannot be reached, have the school contact:**

EMERGENCY CONTACT #1			
Name	Relationship		
Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	
EMERGENCY CONTACT #2			
Name	Relationship		
Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	

FAMILY DOCTOR	
Name	Office Phone:
INSURANCE CARRIER	
Name of Insurance:	Name of Insured:
	Policy #:
FAMILY DENTIST	
Name	Office Phone:

In case of a headache or minor injury or illness and a parent is not available, I give the school nurse permission to administer generic Tylenol or Ibuprofen while at school. (Permission must be given each school year).

\_\_\_\_\_  
*Parent or Guardian Signature*

Please list any medical concerns that we need to be aware of, including allergies: \_\_\_\_\_

I give my permission for this information to be shared with appropriate staff.

\_\_\_\_\_  
*Parent or Guardian Signature*

I will accept responsibility for any expense incurred in handling emergency care.

\_\_\_\_\_  
*Parent or Guardian Signature*

# Millis Public Schools, Millis, Massachusetts 02054

## 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 <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth	Date of Birth (mm/dd/yyyy) (mm/dd/yyyy)	Date first enrolled in ANY U.S. school	

### School Information

Start Date in New School (mm/dd/yyyy) ____/____/20	Name of Former School and Town	Current Grade
---	--------------------------------	---------------

### Questions for Parents/Guardians

<p><b>What is the native language(s) of each parent/guardian? (circle one)</b></p> <p>_____ (mother / father / guardian)</p> <p>_____ (mother / father / guardian)</p>	<p><b>Which language(s) are spoken with your child?</b> (include relatives -<i>grandparents, uncles, aunts, etc.</i> - and caregivers)</p> <p>_____ seldom / sometimes / often / always</p> <p>_____ seldom / sometimes / often / always</p>
<p><b>What language did your child first understand and speak?</b></p>	<p><b>Which language do you use most with your child?</b></p>
<p><b>Which other languages does your child know? (circle all that apply)</b></p> <p>_____ speak / read / write</p> <p>_____ speak / read / write</p>	<p><b>Which languages does your child use? (circle one)</b></p> <p>_____ seldom / sometimes / often / always</p> <p>_____ seldom / sometimes / often / always</p>
<p><b>Will you require written information from school in your native language?</b></p> <p style="text-align: center;">Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p><b>Will you require an interpreter/translator at Parent-Teacher meetings?</b></p> <p style="text-align: center;">Y <input type="checkbox"/> N <input type="checkbox"/></p>
<p><b>Parent/Guardian Signature:</b></p> <p>X _____</p>	<p style="text-align: center;">____/____/20</p> <p><b>Today's Date:</b> (mm/dd/yyyy)</p> <p style="text-align: right; font-size: small;">Rev 8/2016</p>

**MILLIS PUBLIC SCHOOLS  
PROOF OF RESIDENCE**

Residence in the Town of Millis is required to enroll your child in the school system. We may require a sample of proof of residence, such as a recent utility bill displaying your name and address.

**STATEMENT OF RESIDENCE**

I am the parent or legal guardian of: \_\_\_\_\_  
Name(s) of child(ren)

and wish to enroll such child(ren) in the Millis Public Schools. I understand that Massachusetts' law provides, with few exceptions, that each child must attend a public school in the attendance area where the parent or legal guardian resides. I reside at the following street address, which I believe is in the boundaries of the Millis Public Schools.

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

I understand that officials of the School Department may require additional proof that I am the parent or legal guardian of the child(ren) identified by me on this form. I also understand that officials of the School Department require additional proof that I reside at the address given on this form.

**DECLARATION**

I declare under penalty of perjury that I have read the above statements and information provided by me, that such statements and information are true and complete to the best of my knowledge, and that this declaration was executed on

\_\_\_\_\_ at \_\_\_\_\_,  
Massachusetts.

\_\_\_\_\_  
Parent Name (Please Print)                      Parent Signature                      Date

**FOR OFFICE USE ONLY**  
Verification of Residency \_\_\_\_\_ by \_\_\_\_\_

**MILLIS PUBLIC SCHOOLS  
LEGAL GUARDIANSHIP FORM**

Guardianship is a legal procedure filed with the courts. We must require court documents as proof of guardianship. This form is for minors who are not residing with their parents or legal guardians.

**PRIOR TO ATTENDING CLASSES AT ANY MILLIS PUBLIC SCHOOL, THE FOLLOWING  
INFORMATION MUST BE COMPLETED:**

Releasing Responsibility:

My daughter/son, \_\_\_\_\_, has relocated to Millis due to  
\_\_\_\_\_  
\_\_\_\_\_.

Therefore, I feel that it would be appropriate for \_\_\_\_\_ to live with the  
\_\_\_\_\_. I wish to transfer the responsibility of guardianship to  
\_\_\_\_\_.

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

Accepting Responsibility:

We are residents of the Town of Millis, residing at \_\_\_\_\_ for the past  
\_\_\_\_\_.

We are willing to accept responsibility for care and direction of  
\_\_\_\_\_ and understand that we are fully responsible for the  
conduct and well being of \_\_\_\_\_ in all aspects of his/her participating in  
school programs in the Millis School District.

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

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



**MILLIS PUBLIC SCHOOLS  
RELEASE FOR STUDENT RECORDS (revised 9-21-17)**

<b>Transferring <u>to</u> Millis Public School:</b>	
Student Name:	
Date of Birth:	
From School Name:	
School Address:	
School Phone:	FAX:
Expected Start Date:	

<b>SCHOOL RECORDS REQUESTED:</b>	
	All parts listed below:
	Official administrative record (name, address, DOB, grade level completed, grades, GPA, class standing, attendance record, SASID).
	Standardized achievement test scores, intelligence and aptitude test scores
	Teacher and counselor observations, recommendations, and/or ratings
	Record of extra curricular activities, <i>if applicable</i>
	Discipline report
	Health/Medical records (including immunization report)
	Team evaluations, individualized education plans, assessments and reviews: Regular Education 504 Plan, District Curriculum Accommodation Plan
	MCAS Scores from grades 8, 9, 10 and/or 12 (Massachusetts residents only)
	ELL Records - all prior ELL Service Records: including ELL Placement Testing Reports, ESL Report Cards, ACCESS Test Reports, FEL Status Reports, ELL Contact Person and Contact Information
	Other (specify)

\_\_\_\_\_ Parent/Guardian Signature                      Parent/Guardian Print Name                      Date

**Please send records to appropriate school:**

- \_\_\_\_\_ Clyde F. Brown Elementary, 7 Park Road, Millis, MA 02054  
Phone: (508) 376-7003 Fax: (508) 376-7038
- \_\_\_\_\_ Millis Middle School, 245 Plain Street, Millis, MA 02054  
Phone: (508) 376-7014 Fax: (508) 376-7020
- \_\_\_\_\_ Millis High School, 245 Plain Street, Millis, MA 02054  
Phone: (508) 376-7023 Fax: (508) 376-7020

**MILLIS PUBLIC SCHOOLS  
REGISTRATION DISCIPLINARY FORM**

*Students will not be admitted to Millis High School without completion of this form.*

1. Have you ever been expelled, that is permanently excluded, from any public or private school?  
 NO           YES

If NO, skip to question #2.

If YES, from which school? \_\_\_\_\_

Name of the principal or assistant principal of the above school: \_\_\_\_\_

Please explain the circumstances and attach the expulsion letter: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Have you ever been suspended from any school?  
 NO           YES

If NO, skip to question #3.

If YES, from which school? \_\_\_\_\_

How many times have you been suspended?

For what reason(s)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you been involved with the Court or had any criminal violations within the past 3 years?  
 NO           YES

If NO, skip to the signature section.

If YES, what were the charges: \_\_\_\_\_

Are you currently meeting with a probation officer? (If so, what is his/her name?) \_\_\_\_\_

\_\_\_\_\_

-----

I, \_\_\_\_\_, the parent/guardian/foster parent of  
 (Name of Parent, Guardian, or Foster Parent)                          (Circle one)

\_\_\_\_\_ hereby certify that the above  
 (Name of Student)  
 information is accurate and so state under the pains and penalty of perjury.

\_\_\_\_\_  
 (Parent, Guardian, Foster Parent Signature)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 (Student Signature)

\_\_\_\_\_  
 Date



**Millis Public Schools  
245 Plain Street  
Millis, MA 02054**

**NO FELONY CERTIFICATION**

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

Name of Student: \_\_\_\_\_

This is to certify that I am not at the present time, nor have I ever been,  
under indictment for a felony.

Signature of Student \_\_\_\_\_

**MILLIS PUBLIC SCHOOLS  
HEALTH HISTORY**

**NAME OF STUDENT:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **PLACE OF BIRTH** \_\_\_\_\_

**Birth History:**

Full Term (over 37 weeks) \_\_\_\_\_

Pre Term (# Of weeks) \_\_\_\_\_

Early Intervention? Yes \_\_\_\_\_ No \_\_\_\_\_

**Developmental Delays:** Did you child have any significant developmental delays (crawling, walking, talking)? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

**Allergies:**

Does your child have allergies?

Has your child ever been stung by a bee or insect?

When? \_\_\_\_\_

What happened? \_\_\_\_\_

Are there are foods that your child should not eat or is allergic to?

What foods? \_\_\_\_\_

Reason \_\_\_\_\_

Has your child ever had an allergic reaction to any medication?

Name of medication \_\_\_\_\_

What happened? \_\_\_\_\_

**Medications:** Is your child taking any medication on a regular basis at home or in school?

Name of medications \_\_\_\_\_

For what reason? \_\_\_\_\_

\_\_\_\_\_

Will medication be needed in school or on a field trip? \_\_\_\_\_

**Has your child had any:**

Operations \_\_\_\_\_

Serious accidents \_\_\_\_\_

Fractured bones \_\_\_\_\_

Serious head injury \_\_\_\_\_

Hospitalization \_\_\_\_\_

Please give dates/details \_\_\_\_\_

\_\_\_\_\_

**Does your child have a history of:**

Asthma/Wheezing \_\_\_\_\_

Bleeding Disorder \_\_\_\_\_

Bone or Joint Disease \_\_\_\_\_

Chicken Pox or Shingles \_\_\_\_\_

Diabetes \_\_\_\_\_

Frequent Nosebleeds \_\_\_\_\_

Headaches/Chronic Migraines \_\_\_\_\_

Hearing Difficulties \_\_\_\_\_

Heart Condition \_\_\_\_\_

High Blood Pressure \_\_\_\_\_

Skin Problems \_\_\_\_\_

Stomach/GI Problems \_\_\_\_\_

Scoliosis \_\_\_\_\_

Seizure Disorder \_\_\_\_\_

Last Seizure \_\_\_\_\_

Seizures with fever \_\_\_\_\_

Visual Problems \_\_\_\_\_

Other Chronic Illnesses \_\_\_\_\_

Please give details of above conditions:

\_\_\_\_\_

\_\_\_\_\_

**Does your child use any of these aids?**

Contact lenses \_\_\_\_\_ Eyeglasses \_\_\_\_\_

Hearing aid \_\_\_\_\_ Tubes in Ears \_\_\_\_\_

Crutches \_\_\_\_\_ Wheelchair \_\_\_\_\_

Brace for an arm or leg \_\_\_\_\_

Dental plate \_\_\_\_\_ Orthodontic braces \_\_\_\_\_

Other, please specify \_\_\_\_\_

\_\_\_\_\_

**Can your child participate in all school activities?**

If "NO," please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**May we share the above information with your child's teacher(s)?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Signature of Parent/Guardian**

\_\_\_\_\_

Date \_\_\_\_\_

Please call the school nurse to discuss any of the above information or to ask questions. If needed, use the reverse side of the paper to make additional comments.

## MILLIS PUBLIC SCHOOLS SCHOOL HEALTH SERVICES

### SCHOOL HEALTH POLICIES: INFORMATION FOR PARENTS

We hope the following information will be helpful so that you might better understand our school health policies, guidelines and procedures. Please refer to your Student Handbook for additional School Health policies and procedures. Feel free to contact your school nurse through your child's school office with any questions or concerns.

### RETURNING TO SCHOOL FOLLOWING ABSENCE

Every parent whose child has been absent for even one day must send to school a note stating the reason for the absence. When a child has been absent from school for five (5) days or more due to illness, a note from the physician **MUST** be provided. The school also must have a doctor's note for any contagious or infectious disease regardless of the five-day rule. If no doctor attended the child the school nurse will assess the student and consult with the school physician, if necessary, as part of our School Health Program. If the nurse feels the child needs to be seen by a physician before admitting him/her to class, the parent will be notified and will be responsible for making an appointment with a doctor.

If your child's physician prescribes an antibiotic for a contagious or infectious condition such as strep throat your child may not return to school until he/she has received **a full 24-hour dosage of the prescribed medication**. If your child is sent home with a temperature of 100.4 or above, they **must be fever free for a full 24 hours before returning to school**.

### ADMINISTRATION OF MEDICATION AT SCHOOL

The nurses at school cannot arbitrarily administer medication of any kind at a parent's request unless we receive **a written order from a physician and a parental authorization form**. **Medication will be administered at school only under the following conditions:**

- 1) Acetaminophen (Tylenol) may be administered by the school with written and/or telephoned permission of the parent.
- 2) A written order from the physician **MUST** accompany the medication requesting that the dose be administered at school. This order also must include the name of the medication, dose to be administered, time(s) for administration, any known allergies, or side effects and reason for medication. The only exception to this policy is for prescription medications requiring administration for fourteen (14) days or less. Under these circumstances the pharmacy-labeled bottle may serve as the doctor's order if the school nurse has no questions. A parental authorization form must accompany all medications, which is available in the Health Office. Physician's orders may be brought in or faxed to the Health Office.
- 3) All medication must be plainly labeled and brought to school in the bottle dispensed by the physician or pharmacy.
- 4) **When it is necessary for a child to take medication at school, an adult must bring the medication to school. No medication should be brought to school by the student.** There is a safety factor to consider regarding bottle breakage or other children taking the medication. Please contact the school nurse if you require special arrangements.
- 5) There shall be a new licensed prescriber's order for all medications at the beginning of each academic school year. A new licensed prescriber's order will also be required when there are any changes made in the type or dosage of medication.
- 6) **No student will be allowed to carry any medications (this includes inhalers unless student provides written physician/parent permission) with them during the school day. All medications are to be brought to and kept in the Health Office. All medications are to be brought to and kept in the Health**

**Office.** Any medication left in the Health Office after the last day of school will be disposed of by the school nurse.

### **MEDICAL EXEMPTION FROM PHYSICAL EDUCATION**

Participation in the physical education program is required for all children. If a child is unable or should not participate for health reasons, he/she must submit a note from a physician indicating the reason and the duration of the restriction. All medical restrictions from physical education must be renewed yearly. All children who have had a recent injury or serious illness must present a note from a physician stating his/her ability to participate in the physical education program and any limitations thereon. The request must be filed in the Health Office and everyone concerned will be notified. The note will be kept on file with the health record.

### **CASE OF EMERGENCIES, INJURY OR ILLNESS**

Only those injuries or illnesses occurring in school or on the school bus going to or from school, or on the school grounds are the responsibility of the school personnel. Children injured outside of school hours should be seen by the pediatrician. Treatment, or the arrangement for treatment of home injuries, illnesses, rashes, etc., is the home's responsibility. The school nurse may not legally diagnose.

The school has the responsibility for immediate first aid care as well as notifying the parents who, in turn, have the responsibility for transporting the child home or to a doctor at their expense. Under no circumstances shall any school personnel call a taxi for a child.

If parents are unable to be reached during the day by telephone for a reason requiring parental notification, (i.e., injury, emotional problem etc.) a note from the Health Office will be sent home with the student. The handling of cases in which the home/cell phone does not answer, or in which there is no telephone, is to be at the discretion of the school nurse. No child is dismissed without being accompanied by a responsible person. It should be made certain that a qualified person will be there when the injured or sick child arrives home.

### **SCREENING PROGRAMS**

As required by the State of Massachusetts, children are screened for vision, hearing and postural problems. Parents will be notified, by mail, of any problems that are discovered during screenings. In order for a child to be excluded from postural screening, written verification from a physician stating that this exam has been done must be presented to the Health Office.

Periodically, school health personnel examine the hair and scalp of each child for the presence of head lice. A child who has an infestation will be sent home with directions for treatment. Any child returning to school following a head lice problem must first be examined by the school nurse and found to be free of both adult lice and eggs (nits) before returning to class.

### **PHYSICAL EXAMINATIONS AND IMMUNIZATIONS**

Massachusetts State Law requires that children have a physical examination at intervals throughout his/her school career. In Millis these intervals are when entering Pre School, kindergarten and again in grades 3, 7 and 10. A yearly physical examination by a physician is required if a child participates in interscholastic sports. Parents may have examinations performed by a private physician. All children must be immunized as required by state law before being admitted to school.