

Hudson Public Schools PreK-12 Student Registration and Data

REQUIRED REGISTRATION DOCUMENTS: Current Physical, Immunizations, Birth Certificate, 2 Proofs of Residency, Transcripts/Grades, Discipline Record, Copy of I.E.P. for Special Education Student and State Transfer Form.

I do not have all required enrollment documents and need to speak with the district registrar.

PRECISA-SE DESTES DOCUMENTOS PARA A MATRÍCULA: Exame médico atual, Cartão de vacina, Certidão de nascimento, 2 Comprovantes de residência, Histórico Escolar, Nota das disciplinas, Cópia do I.E.P para alunos de educação especial e Formulário de transferência de estado.

Student Name: _____

First (Primeiro nome)

Middle (Nome do meio)

Last (Último nome)

Male () **Female** () **Non-Binary** ()
(Masculino) (Feminino) (Não Binário)

Grade: _____
(Série)

Home Address: _____ **Apt. #** _____ **PO Box #** _____
(Endereço residencial)

City of Residence of Student: _____ **Phone:** _____
(Cidade de residência do aluno) (telefone)

Student Date of Birth: **Month** _____ **Day** _____ **Year** _____
(Data de nascimento do aluno) (mês) (dia) (ano)

Place of Birth: **City** _____ **State** _____ **Country** _____
(Local de nascimento) (Cidade) (Estado) (País)

Ethnicity: ☐ **Hispanic** **OR** **Latino** (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

(Espano ou Latino (Cuba, México, Porto Rico, América do Sul ou Central, ou outra cultura Espana ou origem, não dependendo da raça.)

Race: (Check all that apply) ☐ **White** ☐ **American Indian Alaskan Native**
(Raça: (Escolha uma ou mais) (Branco) (Índio Americano ou Nativo do Alasca)

☐ **Hawaiian Native or Pacific Islander**
(Nativo do Havai ou Ilhas do Pacífico)

☐ **Black**
(Negro)

☐ **Asian**
(Asiático)

Has Student Previously Attended a US or Massachusetts School? ☐ **No** ☐ **Yes** **Start date:** _____
(Este aluno já estudou em alguma escola em Massachusetts?) (Não) (Sim) (data de começo)

Last School: _____ **Last Grade Completed:** _____
(Última escola) (Última série completada)

School Address: _____
(Endereço da escola)

Has this Student Previously Attended a Hudson School? ☐ **No** ☐ **Yes**
(Este aluno já estudou em alguma escola de Hudson?) (Não) (Sim)

Name of Hudson School: _____
(nome da escola em Hudson)

Has your child received any support services? Please check: ☐ **Special Education Services** ☐ **Title I**
(Seu filho (a) recebeu qualquer apoio dos serviços?) (Por favor, marque:) (Serviços de Educação especial) (Título I)

☐ **Speech Therapy**
(Fonoaudióloga)

☐ **OT/PT**
(OT/PT)

☐ **Early Intervention**
(Intervenção precoce)

☐ **ELL Support Services**
(Serviços de Apoio ELL)

☐ **504 Plan**

LASID _____ **SASID** _____ **OFFICE USE ONLY** **School ID** _____

YOG _____ **Homeroom** _____ **Bus** _____ **Date of Entry** _____

Parent/Guardian Name: _____

(Nome do pai ou tutor)

Relationship to student: _____

(vínculo com o aluno)

Address: _____

(endereço)

Email: _____

Cell Phone #: _____

(telefone celular)

Home Phone#: _____

(telefone residencial)

Work Telephone # _____

(número de trabalho)

Parent/Guardian Name: _____

(Nome do pai ou tutor)

Relationship to student: _____

(vínculo com o aluno)

Address: _____

(endereço)

Email: _____

Cell Phone #: _____

(telefone celular)

Home Phone#: _____

(telefone residencial)

Work Telephone #: _____

(número de trabalho)

Emergency contacts should be people other than the student's parents or guardians.

Contatos de emergência devem ser outras pessoas além de pais ou tutores.

Name of Emergency Contact: _____

(Contato de Emergência)

Relationship to Child _____

(Vínculo com o aluno)

Phone: _____

(telefone)

(telefone)

Name of Emergency Contact: _____

(Contato de Emergência)

Relationship to Child _____

(Vínculo com o aluno)

Phone: _____

List Siblings Enrolled in the Hudson Public Schools & Grade:

(Liste o nome de irmãos que estudam na escolas públicas de Hudson e suas séries)

Custody: ☐ **Lives with Both Parents** ☐ **Joint Custody** ☐ **Mother Sole Custody** ☐ **Father Sole Custody**

(Guarda)

(Vive com os pais)

(Guarda Conjunta)

(Guarda Exclusiva da Mãe)

(Guarda Exclusiva do Pai)

☐ **DCF Custody** **Name of Worker** _____ **DCF Office** _____

(Guarda do DCF)

(Nome do Agente)

(Localização do escritório do DCF)

For your child's safety, is there legal paperwork that the school should have copies of? ☐ **No** ☐ **Yes**

(Pela segurança de seu filho(a), a escola deve ter uma cópia de algum documento legal)

(Não)

(Sim)

Do you require separate mailing? ☐ **No** ☐ **Yes** **Who? (mother, father, DCF, DYS)** _____

(É necessário enviar correio separado?)

(Não)

(Sim)

(Quem?)

(mãe, pai, DCF, DYS)

Military Family Status (Military Interstate for Children's Compact Commissions) (self-identification of military status is optional)

Student is a child enrolled in K-12 in the household of a full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Section 1209 and 1211? No _____ Yes _____

Student is a child of a member or veteran of the uniformed services who was severely injured and medically discharged or retired for a period of one year after medical discharge or retirement? No _____ Yes _____

Student is a child of a member of the uniformed services who died on active duty or as a result of injuries sustained on active duty for a period of one year after death? No _____ Yes _____

Every person shall have the right to attend the public schools of the town where he/she resides. Any misrepresentation of the parent(s)' and/or child's status as actually residing in Hudson may be required to remit full restitution to the town of improperly attended public schools.

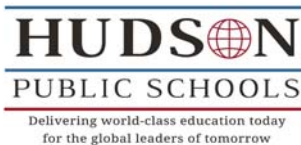
TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND ACCURATE.

(Ao melhor do meu conhecimento, as informações acima são verdadeiras e exatas)

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

(Assinatura do pai/ responsável)

(Fecha data)



Hudson Public Schools
155 Apsley Street
Hudson, MA 01749
Tel: 978-567-6100 Fax: 978-567-6103
<http://www.hudson.k12.ma.us>

RESIDENCY REQUIREMENTS

At registration, parents/guardians MUST supply the following:

Child's Birth Certificate, Copy of the child's latest physical examination and record of immunizations,
Copy of parent/ guardian identification, Two proofs of residency (1 from each column) from the table below

Column A	Column B
Copy of most recent mortgage statement	Utility Bill (Gas, Oil, Electric, Telephone, Cable, Water)
Copy of current Purchase & Sale Agreement	Electric turn on receipt
Copy of Lease and record of most recent rent payment	Cable Work order
HUD lease or HUD settlement statement	Insurance Bill
	Property Tax Bill
	Excise Tax Bill
	Bank Statement (dated within the past 60 days)

Documents may be faxed to the District Registrar at 978-567-6103

- If the above cannot be provided, a Legal Affidavit from the Landlord and a copy of the most recent rental payment must be provided. Please see the Hudson Public Schools District Registrar for assistance.

Parent Statement of Residency

Under Massachusetts General Laws, enrollment of students in the Hudson Public Schools is available only to students who actually reside in the Town of Hudson unless the school or grade is open to school choice. Therefore, as a condition of enrollment, a student's parent/guardian is required to certify under the pains and penalties of perjury that the student and a parent/guardian reside in Hudson. False statements on this form may result in serious penalties and tuition will be charged.

As the parent(s)/guardian(s) of _____ I/we
certify under the pain and penalties of perjury that he/she resides in the Town of Hudson at:

Name of Parent/Guardian (Please Print)

Address

Signature of Parent/Guardian

Date



Hudson Public Schools Student Health Information

Year_____

****Please complete accurately and return promptly to the School Nurse as this may accompany your child if emergency care is needed****

A school may disclose information regarding a student to appropriate parties in connection with a health or safety emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals. (Commonwealth of MA Regulations: 603 CMR 23.07) The school nurse may share health information that is necessary for the student's health and safety with authorized school personnel.

Student's Name _____ Grade _____ Teacher _____
Last First

Home Phone () _____ Date of Birth _____ Home Language _____

Who does child live with? Both parents _____ One parent _____ Parents share custody _____ Other (guardian) _____

Parent/Guardian Name _____ Cell Phone () _____

Employer _____ Work Phone () _____

Parent/Guardian Name _____ Cell Phone () _____

Employer _____ Work Phone () _____

Parent Email Address _____

Siblings/School/Grade _____

Emergency Contact Name (**must be other than Parent/Guardian**) _____ Relationship _____

Emergency Contact Phone () _____ Work Phone () _____

Physician/Health Care Provider _____ Phone () _____

Does your child have Health Insurance? ☐ No ☐ Yes Does your child have Dental Insurance? ☐ No ☐ Yes

Does your child have Mass Health? ☐ No ☐ Yes

If your child does not have health insurance, please contact the School Nurse who will provide you with information.

Please indicate with "X" if you child has any of the following:

☐ Asthma ☐ Seizures ☐ Diabetes ☐ Behavioral/Mental Health Concerns ☐ History of Concussion(s)

☐ **Life threatening allergies to:** ☐ Food ☐ Insect/Bees ☐ Latex ☐ Medication

Please list any pertinent medical history, including allergies _____

If so, please specify allergy _____

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

*****I give permission for the School Nurse to administer the following medication to my child for the duration of this school year
(Indicate by placing "X"):***

☐ Acetaminophen (Tylenol) ☐ Ibuprofen (Motrin/Advil) ☐ Mentholated cough drops (**QMS & HHS ONLY**)

☐ Skin application of calamine or Caladryl lotion

If your child requires medication or special care at school, please contact the School Nurse. A signed order from a licensed prescriber and written parental permission is required for medicine or treatment given at school.

Parent/Guardian Signature _____ Date _____

*****Please return this promptly to the School Nurse*****



Hudson Public Schools
Student Health Information

Year_____

Permission to Treat and Transport

Student's Name _____ Grade _____ Teacher _____
Last First

Home Phone () _____ Date of Birth _____ Home Language _____

Who does child live with? Both parents _____ One parent _____ Parents share custody _____ Other (guardian) _____

Parent/Guardian Name _____ Cell Phone () _____

Parent/Guardian Name _____ Cell Phone () _____

☐ I give my permission for the School Nurse to treat my child's illness or injury and I agree to allow transport via ambulance if medically necessary.

Parent/Guardian 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.

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 _____
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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)

TRANSPORTATION FORM

155 Apsley Street

Hudson, MA 01749

Tel: (978) 567-6100

<http://www.hudson.k12.ma.us>

This application is required for newly enrolled students. Fill out one form per student. Newly enrolled students, keep this form with your registration. Existing students, please submit this form to your school secretary during the school year if your transportation needs change. Students will be assigned to the bus stop closest to their home address. See our website for bus routes.

Date: _____ Grade: _____ Transportation Start Date: _____

Student Last Name: _____ First Name: _____

Address: _____

(include town if not Hudson MA)

Notes: _____

Bus Needed: AM & PM AM only PM only No Bus

If no bus is needed, please indicate below how your student will be getting to/from school

To School: Parent Transport Walking Other _____

From School: Parent Transport Walking Other _____

It is the parent's responsibility to notify the school, in writing, of any changes to this information

If your student will be picked-up or dropped off at an alternate address (within your school district), please complete the following: The term "daycare" refers to all types of before or after care including daycare centers, home daycare, relatives or friends, etc.

Morning Daycare Name: _____ Tel: _____

Morning Daycare Address: _____ (within school district)

Afternoon Daycare Name: _____ Tel: _____

Afternoon Daycare Address: _____ (within school district)

LASID: _____ TO BE COMPLETED BY HPS/ FIRST STUDENT BUS COMPANY

New Student New Rider No Bus Change (any) _____

Farley

Forest

Mulready

Quinn

HHS

Mileage: _____ N/E S SC

Bus # Assigned AM: _____ Bus Stop AM: _____ Approx. Time AM: _____

Bus # Assigned PM: _____ Bus Stop PM: _____ Approx. Time PM: _____



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Student Photo Restriction Form

This form does not need to be returned if you wish to allow your child's photo to appear in school and district publications including the web site, local newspapers, and bulletin board displays.

During the school year, we often take photographs of students, parents, teachers, and school activities and may include these pictures on school bulletin boards, school and district publications, home and school publications, and on the district's/schools' web site. In most circumstances only a first name of a student or a general description of the picture will appear in the caption. However, there are times when local newspapers do come into the schools to take photographs of school/student activities and may print a full name of the student. Students' addresses and phone numbers will not be included with any information posted on the district or school web site.

If you **DO NOT** want your child's photo to appear in these public places, please complete the form below and return it to your child's school by October 1. This policy shall not limit the right to publish photographs of any student participating in school sports, school plays or concerts or other activities in the public domain.

As the parent or legal guardian of the minor student stated below, I do not want my child's picture to appear in the following places (please check mark all that apply).

Student's Name _____

School _____ Grade _____ Teacher's Name _____

- ☐ Do not use my child's photo on the school/district website.
- ☐ Do not use my child's photo for school projects, such as class-made books.
- ☐ Do not use my child's photo for bulletin boards and displays within the school.
- ☐ Do not use my child's photo for displays within the community.
- ☐ Do not use my child's photo for local newspapers.
- ☐ Do not have my child videotaped and put on the school/district website.
- ☐ Do not have my child videotaped by HUDTV, to be aired on local cable channels.

Parent/Guardian (Print Name) _____

Parent Signature _____ Date _____

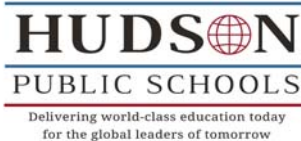
For Students 18 Years Old or Older

I do not want my picture to appear on school bulletin boards, in school and district publications, in local newspapers, and on our web site.

Student (Print Name) _____

Address: _____

Signature _____ Date _____



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Release for Confidential School Records

Student Name _____

Birthdate ____/____/____ G _____

Name of Last School Attended _____

School Address _____

Telephone: _____ Fax: _____

I authorize the above named Last School Attended to release any and all student records to the Hudson Public Schools.

Parent/Guardian Signature

Date

Hudson Public Schools
Kindergarten
Developmental History

Student's Name _____ Male ☐ Female ☐
Last First Middle

Home Address _____ Telephone # _____

Birth Place _____ Birth Date ____/____/____

Do you feel that your child was delayed in any of the following?

Sitting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Toilet training	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Crawling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Feeding self	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Walking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Premature birth	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Using simple words	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Normal delivery	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Using full sentences	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments:	_____	

The following questions refer to problems in such areas as hearing, vision, speech, language, and physical, intellectual, social and emotional development.

Do you have any reason to suspect your child might be in need of any special services or considerations in his/her school setting or curriculum? Yes ☐ No ☐ If Yes, Please explain: _____

Has your child ever received Early Intervention Services (E.I.) through the Bureau of Family and Community Health? Yes ☐ No ☐
If Yes, where: _____

Would information regarding the E.I. and/or treatment be available for appropriate school personnel? Yes ☐ No ☐

If Yes, please give name(s) and address(s) of person(s) or agency(ies) from whom this information may be obtained: _____

Is your child presently enrolled in any special education school program? Yes ☐ No ☐ If Yes, Please explain: _____

What words best describe your child?

<input type="checkbox"/> shy	<input type="checkbox"/> self-confident	<input type="checkbox"/> cooperative
<input type="checkbox"/> happy	<input type="checkbox"/> jealous	<input type="checkbox"/> affectionate
<input type="checkbox"/> excitable	<input type="checkbox"/> nervous	<input type="checkbox"/> other _____
<input type="checkbox"/> negative	<input type="checkbox"/> talkative	

What hand does your child prefer? ☐ right ☐ left ☐ no preference

What words best describe your child's feelings about coming to school?

<input type="checkbox"/> enthusiastic	<input type="checkbox"/> eager	<input type="checkbox"/> other _____
<input type="checkbox"/> fearful	<input type="checkbox"/> happy	
<input type="checkbox"/> indifferent	<input type="checkbox"/> apprehensive	

Is your child's speech easily understood by people other than family? _____

Does he/she have a speech or language difficulty? Yes ☐ No ☐

If Yes, Please explain: _____

Does your child have any fears, such as:

<input type="checkbox"/> thunderstorms	<input type="checkbox"/> being alone	<input type="checkbox"/> the dark
<input type="checkbox"/> dogs or other animals	<input type="checkbox"/> noises	<input type="checkbox"/> other _____

Does your child have any specific needs regarding the following?

- | | | |
|---|---|--|
| <input type="checkbox"/> vision | <input type="checkbox"/> hearing | <input type="checkbox"/> eating |
| <input type="checkbox"/> nail-biting | <input type="checkbox"/> finger-sucking | <input type="checkbox"/> bed-wetting |
| <input type="checkbox"/> speech | <input type="checkbox"/> stubbornness | <input type="checkbox"/> temper tantrums |
| <input type="checkbox"/> "accidents" in pants | <input type="checkbox"/> other _____ | |

Does your child have any physical condition that would prevent him/her from participating in an active kindergarten program? Yes ☐ No ☐

If Yes, Please explain: _____

Does your child play with:

- | | | |
|---|--|---|
| <input type="checkbox"/> brother (s)/sister (s) | <input type="checkbox"/> alone | <input type="checkbox"/> younger children |
| <input type="checkbox"/> older children | <input type="checkbox"/> neighborhood children | <input type="checkbox"/> one close friend |

Can your child:

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> zip | <input type="checkbox"/> button | <input type="checkbox"/> stay willingly with a babysitter |
| <input type="checkbox"/> snap | <input type="checkbox"/> dress self | <input type="checkbox"/> stay willingly with a relative |
| <input type="checkbox"/> tie shoes | <input type="checkbox"/> take care of toilet needs | <input type="checkbox"/> stay willingly with others |

Does your child use at home:

- | | | |
|-----------------------------------|----------------------------------|--|
| <input type="checkbox"/> scissors | <input type="checkbox"/> crayons | <input type="checkbox"/> paste or glue |
| <input type="checkbox"/> puzzles | <input type="checkbox"/> pencils | <input type="checkbox"/> paint |
| <input type="checkbox"/> clay | <input type="checkbox"/> blocks | <input type="checkbox"/> books |

Has your child been to preschool? Yes ☐ No ☐

If Yes, Name of preschool: _____

of years: _____

Does your child have friends or relatives who will be attending kindergarten during the same school year: Yes ☐ No ☐

If Yes, Name of child(ren): _____

Does your child have siblings who are/did attend Hudson Public Schools? Yes ☐ No ☐

If Yes, Name of teacher(s): _____

Siblings:

Name: _____	Grade: _____	School: _____
Name: _____	Grade: _____	School: _____
Name: _____	Grade: _____	School: _____
Name: _____	Grade: _____	School: _____

Does student or family receive Transitional Aid of Families Benefits, or is eligible for food stamps. Yes ☐ No ☐

Is there any other information you feel the school should know? Yes ☐ No ☐

If Yes, please comment: _____

Information supplied by:

Signature

Date

Relationship to Child



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Early Childhood Education Experience Survey

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select one option only, and indicate hours where applicable. Thank you!

Name of child: _____ Date of Birth: ____ / ____ / ____

- ☐ My child did not have any formal early childhood program experience.
- ☐ My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.
- ☐ My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.
- ☐ My child did not have formal early childhood program experience but participated in BOTH Coordinated Family and Community Engagement (CFCE) AND Parent Child Home Program (PCHP) services.

<p>My child attended a <u>Licensed Family Child Care Provider</u> (Indicate hours below)</p> <p>__ for less than 20 hours per week</p> <p>__ for 20+ hours per week</p>	<p>My child attended a <u>Center Based Program</u> (Indicate hours below)</p> <p>__ for less than 20 hours per week</p> <p>__ for 20+ hours per week</p>
<p>My child attended BOTH a Licensed Family Child Care Provider AND a Center Based Program (Indicate hours below)</p> <p>__ for less than 20 hours per week</p> <p>__ for 20+ hours per week</p>	

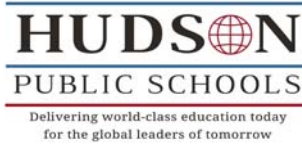
Definitions:

Coordinated Family and Community Engagement (CFCE) Services: locally based programs serving families with children birth through school age (e.g. parent/child playgroups, parent-child activities).

Parent Child Home Program (PCHP): home visiting model program funded through the Department of Early Education and Care.

Licensed Family Childcare: refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.

Center-Based Care: refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and Integrated public preschools.



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Dear Parent/Guardian:

Our goal is to ensure that every student attends school regularly.

Showing up for school has a huge impact on a student's academic success starting in kindergarten and continuing through high school. Even as children grow older and more independent, families play a key role in making sure students get to school safely every day and understand why attendance is so important for success in school and in life.

We realize some absences are unavoidable due to health problems or other circumstances. But, we also know that when students miss too much school— regardless of the reason – it can cause them to fall behind academically. Your child is less likely to succeed if he or she is chronically absent—which means missing 18 or more days (a month of school!) over the course of an entire school year. Research shows:

- Children chronically absent in kindergarten and 1st grade are much less likely to read at grade level by the end of 3rd grade.
- By 6th grade, chronic absence is a proven early warning sign for students at risk for dropping out of school.
- By 9th grade good attendance can predict graduation rates even better than 8th grade test scores.

Absences can add up quickly. **A child is chronically absent if he or she misses just two days every month!!**

Clearly going to school regularly matters!

We don't want your child to fall behind in school and get discouraged. Please ensure that your child attends school every day and arrives on time. Here are a few practical tips to help support regular attendance:

- Make sure your children keep a regular bedtime and establish a morning routine.
- Lay out clothes and pack backpacks the night before.
- Ensure your children go to school every day unless they are truly sick
- Avoid scheduling vacations or doctor's appointments when school is in session.
- Talk to teachers, school nurses and counselors for advice if your children feel anxious about going to school.
- Develop back up plans for getting to school if something comes up. Call on a family member, neighbor, or another parent to take your child to school.

Let us know how we can best support you and your children so that they can show up for school on time every day. We want your child to be successful in school! If you have any questions or need more information please contact your child's school.

Sincerely,

Hudson Public Schools