

# Sanderson Academy

808 Cape Street

Ashfield, Massachusetts 01330

Phone: (413) 628-4404 Fax: (413) 628-4697

*Emma Liebowitz, Principal*

April 5, 2021

Dear Parents and Guardians,

We would like to welcome the students and parents of the kindergarten class of 2021-2022 to Sanderson Academy! There will be a virtual information session on Friday, April 30th at 9:00. (To join the meeting on a device go to: [meet.google.com/kyv-svdu-dut](https://meet.google.com/kyv-svdu-dut) OR call into the meeting at: 1-385-999-6177 PIN: 135 052 249#. At this time, we are not allowing visitors into the building. It is our intention to plan a visit day in the late summer for students to meet staff and see the school and classrooms.

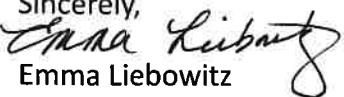
Amy Socquet, Early Childhood Coordinator, will be in attendance on April 30th. Our kindergarten teacher, Sarah Forbes, and our school nurse, Loranna Almeida, R.N., will also be available to answer any questions you may have regarding your child's entrance into Sanderson Academy.

It is necessary that you PROVIDE the following:

- Birth certificate for your child. A photocopy is sufficient.
- Immunization records. Lead test is REQUIRED. Specific immunizations are required for kindergarten.
- Completed registration form (enclosed). Please complete both sides and sign it.
- Any health or milestone information that you believe will be helpful. Please tell us any pertinent information regarding your child or your home.
- Physical examination must be completed before entrance into kindergarten. Please plan now so this can be completed before August 20, 2021. *Entrance will be denied if this is not done prior to the first day of class.*

Thank you in advance for your cooperation. Please do not hesitate to call the school office if you have any questions or concerns about registering your child for kindergarten. If you have received this mailing and do NOT have plans to send your child to Sanderson Academy, please contact the school at (413) 628-4404 as soon as possible.

We look forward to seeing you soon!

Sincerely,  
  
Emma Liebowitz  
Principal

PLEASE NOTE: Children can be denied entrance to school if paperwork is not complete and on file at the school by August 20, 2021.



Dear Kindergarten Families,

Thank you for your interest in the kindergarten program at Sanderson Academy! I am happy to answer any questions that you may have. I also have a video tour of the classroom (pre-covid) if you are interested. Please call the school or email me at [sforbes@mtrsd.org](mailto:sforbes@mtrsd.org) if you are interested in the video or want to connect with me. I look forward to meeting you and your child!

Sincerely,

Sarah 😊

Sarah Forbes, Kindergarten teacher



Sanderson Academy  
808 Cape Street  
Ashfield, MA 01330

Kindergarten Requirements  
2021-2022



Dear Parent/Guardian:

We are pleased to have your child, \_\_\_\_\_, as a kindergarten student at our school. The Massachusetts Department of Public Health and the Mohawk School Committee require a current physical exam be on file for all students entering Kindergarten and that immunization requirements for enrollment are fulfilled.

**The following are requirements that need to be fulfilled prior to the start of Kindergarten:**

**Current Physical Exam**

- Physicals must be within 12 months of entering into Kindergarten and updated by end of school year.

**3 doses of Hepatitis B vaccine**

**5 doses of DTaP/DTP vaccine**

**4 doses of Polio (IPV/OPV) vaccine**

**2 doses of MMR (measles, mumps and rubella) vaccine**

**2 doses of Varicella vaccine or medically documented case of chicken pox**

**Lead Screening documentation**

If these requirements are not met, your child will be *unable to begin school in August*. Please feel free to contact me with any questions or concerns.

Sincerely,

Loranna Almeida, BSN, RN  
Sanderson Academy School Nurse  
808 Cape Street  
Ashfield, MA 01330  
lalmeida@mtrsd.org  
P:(413)628-4404  
F:(413)628-4697

# Mohawk Trail Regional School Systems

BSE     Colrain     Sanderson     Middle School     High School     Hawlemont

***It is very important that this form is filled out COMPLETELY and signed by the custodial adult.***

**1st Child's Name** \_\_\_\_\_ Grade \_\_\_\_\_  
First Middle(full) Last

DOB: \_\_\_\_\_ Place of Birth \_\_\_\_\_ Primary Language: \_\_\_\_\_

**2nd Child's Name** \_\_\_\_\_ Grade \_\_\_\_\_  
First Middle(full) Last

DOB: \_\_\_\_\_ Place of Birth \_\_\_\_\_ Primary Language: \_\_\_\_\_  
First Middle(full) Last

**3rd Child's Name** \_\_\_\_\_ Grade \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth \_\_\_\_\_ Primary Language: \_\_\_\_\_

**4th Child's Name** \_\_\_\_\_ Grade \_\_\_\_\_  
First Middle(full) Last

DOB: \_\_\_\_\_ Place of Birth \_\_\_\_\_ Primary Language: \_\_\_\_\_

Race/Ethnicity: check all applicable

Child 1	Child 2	Child 3	Child 4		Child 1	Child 2	Child 3	Child 4	
_____	_____	_____	_____	Hispanic	_____	_____	_____	_____	Asian
_____	_____	_____	_____	Not Hispanic	_____	_____	_____	_____	American Indian or Alaska Native
_____	_____	_____	_____	White	_____	_____	_____	_____	Native Hawaiian or Pacific Islander
_____	_____	_____	_____	Black or African American					

**\*\*Responsible Adult 1 will be the primary contact for school calls for announcements/cancellations/delays\*\***

**Responsible Adult 1:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town of Residence: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

**Responsible Adult 2:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town of Residence: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

**Other Members in Household**

<u>Names</u>	<u>Relationship to Child</u>	<u>DOB</u> (children only)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**STUDENT DIRECTORY: TELEPHONE #: YES NO ADDRESS: YES NO E-MAIL: YES NO**

**In case of accident, and parents can't be reached, please call:**

\_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_  
(Emergency contact #1)

\_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_  
(Emergency contact #2)

**Please answer all questions that apply to your household!**

1. Are you legal guardian of this student? Yes No  
(Mass. Law defines the custodial parent as the parent with whom the student lives.)  
**If you answered no to question 1, please complete the following:**

Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

2. If divorced/separated, do parents have joint custody? Yes No  
**If yes, please complete 2<sup>nd</sup> parent information below.**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

A) Would you like copies of school reports and letters to be sent to the non-custodial parent also?  
Yes No

B) Is non-custodial parent allowed access to this student's records?

Yes No Explain: \_\_\_\_\_

3. Are there any court orders restricting anyone's contact with this student or student's records?

Yes No Explain: \_\_\_\_\_

**I affirm that the above information is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed name of Parent or Guardian

\_\_\_\_\_  
Date