John F. Kennedy School

245 SOUTH FRANKLIN STREET HOLBROOK, MASSACHUSETTS 02343 Telephone (781) 767-4600 Fax (781) 767-7273



MALLORY STEVENS Principal KATE O'DONOHUE Assistant Principal

HOLBROOK SCHOOL DISTRICT INTEGRATED PRESCHOOL

Open House

Friday, January 12, 2018 10:30 AM

The Holbrook Public School District is accepting applications for its tuition-based, integrated preschool program for the 2018 – 2019 school year. Names will be selected by lottery.

Applicants must reside in the town of Holbrook AND residency verification must be completed before applications are entered into the preschool lottery. Please see the attached *Holbrook Public Schools Residency Verification Requirement* information.

All children must be three or four years old by September 1 of the entry year. Children considered are those who do not currently receive or are not in need of special education services. To be included in the lottery, applicants are expected to demonstrate age-appropriate skills in the following areas: speech and language, cognitive abilities, fine and gross motor skills, and socialization and behavioral skills. Students must be toilet-trained prior to the start of school.

Tuition for the 2018 - 2019 school year is \$72.00 per week. Applications are available at the Kennedy Elementary School, the Office of the Superintendent, and online at www.holbrook.k12.ma.us. Completed applications should be hand-delivered to the Superintendent's Office by the deadline of **noon on Monday, March 12, 2018**. A date-stamped copy of the application will be provided for parents' records. Applications will not be accepted at the elementary school.

The preschool lottery will be held on Thursday, March 22, at 6:45 PM in the Holbrook Middle High School Auditorium prior to the School Committee meeting. Parents will be notified of the lottery results.

Preschool program hours are listed below. Parents must provide transportation to and from preschool.

Morning Session – 3 Year Old

Monday – Thursday 9:00 – 11:30

Afternoon Session - 4 Year Old

Monday – Thursday 12:30 – 3:00

HOLBROOK PUBLIC SCHOOLS RESIDENCY VERIFICATION REQUIREMENT

In order to attend the Holbrook Public Schools, each student must reside in the Town of Holbrook and his/her parent(s) or guardian(s) must provide three proofs of residency to Central Office, 245 South Franklin Street prior to being eligible for the preschool lottery. Acceptable documents are listed below. Please note that the same current Holbrook residential address must be present on all three documents as evidence of residency.

All applicants must submit at least one document from each of the following categories:

Column A:

- Copy of deed and record of most recent mortgage payment
- ❖ Copy of lease (including EBHA and HUD leases) AND record of most recent rent payments
- Section 8 agreement
- Purchase and Sale agreement and insurance binder

Column B:

- ❖ A utility bill or utility work order dated within the past 60 days including:
 - Gas bill, oil bill, electric bill, home telephone bill (landline only), cable bill

Column C:

- ❖ Valid driver's license
- Valid Massachusetts Photo ID Card
- ❖ Valid Passport
- ❖ W-2 Form, Excise Tax Bill, or Property Bill Dated within 1 year
- ❖ Letter from approved government agency dated within past 60 days
- ❖ Payroll Stub
- * Bank Statement

Once residency has been verified at Central Office, you will receive a Verification of Residency form that you will bring to Kathy Franchi at the John F. Kennedy Elementary School along with the following documents:

- Child's Birth Certificate
- Child's Immunizations/Physical Medical Form

Any questions, please call Central Office at 781-767-1226 between the hours of 8:00 am - 4:00 pm Monday-Friday.



Holbrook Public Schools

Integrated Preschool Role Model Application

2018 - 2019 School Year

Child's Last Name:	First Name			
Child's Home Address:				
Date of Birth:	Gender: Male Female			
Child's Age on September 1, 2018	Child's Primary Language			
Parent/Guardian Information:				
Parent/Guardian #1 Name:				
	Cell Phone Number:			
Work Phone Number:	Parent #1 Primary Language			
Parent/Guardian #2 Name:				
	Cell Phone Number:			
Work Phone Number:	Parent #2 Primary Language			
Is your child receiving or has received	the following services? (Please check any/all that apply.)			
Speech OT PT Ear	rly Intervention			
Is your child toilet trained? Y	es No			
*Please note that students must	be toilet-trained prior to start of school.			

Please tell us about your child's strengt	<u>:hs:</u>			
Please tell us about your child's weakne	esses:			
Child's Previous School History				
Has your child attended school before?	Yes	No 🗌		
If yes, name of school				
Dates of attendance (month/year)	to			
Number of days per week: 2	3 🔲	4 🔲	5 🗌	
Is there any additional information about	your child you	would like to	share with us?	

