

NEW STUDENT ENROLLMENT FOR PITTSFIELD ELEMENTARY SCHOOL



1.) You will need the following required documents before making an appointment to register your child:

- Birth Certificate and legal documentation of any subsequent name change.
- Immunization Record showing all immunization dates.
- Physical Examination (*a physical examination is acceptable if it is not over one year old*)
- Proof of Residence-Must be a rental/lease agreement OR tax bill (*utility bills or post-marked mail are NOT acceptable*). If living with another family you will need a letter from the family *along with* their rental/lease agreement or tax bill.
- Custody Documentation and/or Parenting Plan when parents are separated or divorced.
- Completion of this Registration Packet

The following are helpful but not required:

- Most recent report card
- Copy of the student's Individualized Education Plan (I.E.P.)
- Copy of Section 504 Accommodation Plan
- Copy of student's current schedule from previous school
- Copy of testing scores (NECAP, ACT, NWEA, Smarter Balanced, etc...)

2.) Make an appointment to register your child. The appointment will be followed by a meeting.

(NOTE: If there are missing required documents, the appointment will be re-scheduled.)

3.) Required documents included in registration packet:

- Student Registration Forms
- Student Release & Authorization Form
- Disclosure of Directory Information
- Student Health & Healthcare Management Forms
- School/Family Learning Compact
- Student Records Release

4.) *If your child has an Individualized Education Plan or 504 Accommodation Plan, the Student Services Office will schedule a meeting within 30 days of your child starting school.*

NEW STUDENT REGISTRATION FORM

SECTION 1: STUDENT INFORMATION

Student Name: _____
LAST FIRST MIDDLE

Gender: _____ Grade Level: _____ DOB: _____ / _____ / _____

Birthplace: City/Town: _____ State: _____

Preferred Name (i.e. Liz vs. Elizabeth): _____ Student Cell: _____

Primary Phone Number (to contact parent/guardian): _____

Is the student Hispanic or Latino? (*Circle one*) YES NO

What is the student's race? (*Check all that apply*) American Indian/Alaskan Native Asian
 Black or African American Native Hawaiian/Other Pac Islander White

SECTION 2: RESIDENCY AFFIDAVIT

Physical Address: _____

Town: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

Town: _____ State: _____ Zip: _____

Is this a temporary or permanent living arrangement? _____ TEMPORARY _____ PERMANENT

Proof of residence submitted: Lease agreement Tax Bill Already on file at school

I certify that the above information is true and correct and of my own personal knowledge.

Legal Guardian Signature: _____ **Date:** _____

SECTION 3: LEGAL GUARDIAN INFORMATION

Mother Name: _____ Email: _____

Mother address: _____
Street Town State Zip

Mother Home #: _____ Work #: _____ Cell #: _____

Student lives with Mother? YES NO Mother to receive school mailings? YES NO

Father Name: _____ Email: _____

Father address: _____
Street Town State Zip

Father Home #: _____ Work #: _____ Cell #: _____

Student lives with Father? YES NO Father to receive school mailings? YES NO

IF SEPARATED, WHO IS THE PRIMARY CUSTODIAL PARENT? _____

GUARDIAN INFORMATION CONTINUED ON FOLLOWING PAGE

SECTION 3: LEGAL GUARDIAN INFORMATION CONTINUED

If student does not live with either parent:
Legal Guardian Name: _____
Relationship to Student: _____
Guardian Home #: _____ Work #: _____ Cell #: _____

SECTION 4: ADDITIONAL HOUSEHOLD MEMBERS

Please list any other adults that live in the same household as the student.
Name: _____ Relationship to student: _____
Name: _____ Relationship to student: _____
Name of brothers/sisters at home:
Name: _____ DOB: _____ Grade: _____
Name: _____ DOB: _____ Grade: _____
Name: _____ DOB: _____ Grade: _____

SECTION 5: EMERGENCY CONTACT INFORMATION

*In the event of an emergency, the school will attempt to notify the members of the household first.
Please list 3 additional emergency contacts below.*
#1 Name: _____ Relationship to student: _____
Physical address: _____
Street Town State Zip
Home #: _____ Work #: _____ Cell #: _____
#2 Name: _____ Relationship to student: _____
Physical address: _____
Street Town State Zip
Home #: _____ Work #: _____ Cell #: _____
#3 Name: _____ Relationship to student: _____
Physical address: _____
Street Town State Zip
Home #: _____ Work #: _____ Cell #: _____

SECTION 6: PREVIOUS SCHOOL INFORMATION

Last school attended: _____
School address: _____
Street Town State Zip
School Phone: _____ Fax: _____
Last day attended at previous school: _____
Does your child receive special education services? **YES** **NO**
If yes, please state what service(s):
 Counseling Occupational Therapy Physical Therapy
 Resource Room Self-Contained Room Speech Therapy
 Title I Para support
 Medical Concerns: _____ Other-specify: _____
Does your child have a 504 plan? **YES** **NO**
Does your child have an IEP? **YES** **NO**

SECTION 7: HOME LANGUAGE SURVEY

Please list all languages spoken in your home: _____

Which language did your child first hear or speak? _____

If English is the only answer listed above, stop here and sign below. If another language is listed, please answer the remaining questions and sign below.

Which language(s) do you speak to your child? _____

Which language(s) does your child speak at home with adults? _____

Which language(s) does your child speak at home with other children? _____

If a language other than English is listed above, an ESOL teacher will test your child to find out if he or she can speak, understand, read, and write well in English. The results will be sent to you within 30 days. Based on the results of the test, your child may be eligible to enroll in an English language (ESOL) class at school. Parents/guardians may accept or decline ESOL program services for their child.

Parent/Guardian Signature _____ Date _____

SECTION 8: BLACKBOARD CONNECT MESSAGE SYSTEM

Pittsfield School District uses the Blackboard Connect message system to send messages to guardians via phone calls and emails in the case of an emergency or Pittsfield School District announcements. Please identify the phone numbers and email addresses you wish to receive these messages.

NOTE: The PRIMARY phone number will receive ALL messages, including emergencies. The EMERGENCY number will ONLY receive emergency messages.

PRIMARY #1: _____ PRIMARY #2: _____

EMERGENCY #1: _____ EMERGENCY #2: _____

EMERGENCY #3: _____

EMAIL 1: _____ EMAIL 2: _____

SECTION 9: PRE-K, KINDERGARTEN & ELEMENTARY ONLY

Pittsfield Elementary School uses a code word, unique to each student, to identify people who have the ability to access information and for purposes of dismissal. Please select a code word below:

PES CODE WORD: _____

TRANSPORTATION INFORMATION

Everyday dismissal, unless I send a note or make a phone call, for my child will be:

- | | | |
|--|---|--|
| <input type="checkbox"/> Walk home | <input type="checkbox"/> Picked up in the Cafeteria | <input type="checkbox"/> Car pick up |
| <input type="checkbox"/> Attend kYdstop | <input type="checkbox"/> Ride the bus home | <input type="checkbox"/> Pre-school parent pick up |
| <input type="checkbox"/> Ride the bus to another location: _____ | | |

In the event that we have an early dismissal because of weather or other emergency, my child will:

- | | | |
|--|---|--|
| <input type="checkbox"/> Walk home | <input type="checkbox"/> Picked up in the Cafeteria | <input type="checkbox"/> Car pick up |
| <input type="checkbox"/> Attend kYdstop | <input type="checkbox"/> Ride the bus home | <input type="checkbox"/> Pre-school parent pick up |
| <input type="checkbox"/> Ride the bus to another location: _____ | | |

STUDENT RELEASE & AUTHORIZATION FORM

WALKING FIELD TRIP

Pittsfield School District students participate in many activities in and around our community. Please sign below only if your child does NOT have permission to participate in walking field trips.

TO OPT OUT OF WALKING FIELD TRIPS, SIGN HERE: _____

INTERNET ACCESS

Pittsfield School District students utilize the internet for many learning experiences. Please refer to the Pittsfield School District Acceptable Use Policy regarding the use of computers, networks, and telecommunications. Please sign below only if your child does NOT have permission to have internet access as outlined by the Acceptable Use Policy.

TO OPT OUT OF INTERNET ACCESS, SIGN HERE: _____

GOOGLE APPS

The Pittsfield School District is a Google Apps for Education School. Students will be assigned Google email accounts as well as collaborative tools associated with Google Docs and calendars. Google Apps are essential for students to create and store digital work for their courses as well as their electronic portfolio. Please sign below only if your child does NOT have permission to use Google Apps.

TO OPT OUT OF GOOGLE APPS, SIGN HERE: _____

INTERNAL VIDEO/AUDIO USE

Our students and teachers recognize that video and audio recordings of students in our classrooms may serve a variety of educational purposes. These recordings are generally used for student performances and instructional or assessment purposes. Parental authorization is required for video and audio recording in school classrooms. This permission does not extend to media releases (see below) and includes only recordings used within our schools and school programs. Please sign below only if your child does NOT have permission to participate in internal video/audio recordings.

TO OPT OUT OF INTERNAL VIDEO/AUDIO RECORDINGS, SIGN HERE: _____

MEDIA RELEASE

The Pittsfield School District takes pride in the work and achievements of its students. Today, we have opportunities to share this work beyond our school community. Examples include exhibition projects, instructional footage, musical concerts, and honor roll lists. We request that you grant permission for your child's name and picture/video footage to be shared with local newspapers, on the school website, and/or with other organizations.

Please sign ONE of the following options:

AUTHORIZATION : MY CHILD'S NAME AND PICTURE/VIDEO CAN BE PUBLISHED SIMULTANEOUSLY.

SIGN HERE: _____

LIMITED AUTHORIZATION : MY CHILD'S NAME AND PICTURE/VIDEO MAY BE PUBLISHED BUT NOT SIMULTANEOUSLY.

SIGN HERE: _____

NO AUTHORIZATION : MY CHILD'S NAME AND/OR PICTURE/VIDEO MAY NOT BE PUBLISHED.

SIGN HERE: _____

STUDENT NAME: _____

Student Signature

Date

Parent/Guardian Signature

Date



DISCLOSURE OF DIRECTORY INFORMATION

The Pittsfield School District recognizes our responsibility to protect the privacy of student information records in accordance with the Family Educational Rights and Privacy Act (FERPA). This and other laws ensure that information collected by the Pittsfield School District can be released only for specific and legally defined purposes.

Under the Family Educational Rights and Privacy Act, the following information is defined as an educational record:

- ◆ Date and place of birth; parent(s) and/or guardian(s) addresses, and parent/guardian emergency contact information
- ◆ Grades, test scores, courses taken, academic activities, and official letters regarding a student's status in school
- ◆ Special education records
- ◆ Disciplinary records
- ◆ Medical and health records collected or maintained at school
- ◆ Documentation of attendance, schools attended, and awards conferred
- ◆ Proof of residency
- ◆ Personal information, such as birth certificates and photographs that would make it easy to identify or locate a student

The Pittsfield School District only classifies the following information found in the student's educational record as directory information. This information identified below will not be released without parental/guardian consent.

- **Name**
- **Grade level**
- **Class assignments**
- **Academic and cocurricular activities**
- **Participation in officially recognized and school-sponsored activities (including sports)**
- **Awards conferred**
- **Student photograph**

Directory information is information contained in the student's educational record that is not considered harmful or an invasion of privacy if disclosed. The primary purpose of directory information is to allow the school district and outside organizations to include information from your child's educational record in certain school publications. Directory information may be provided for the following:

- *Playbill showing your student's role in a drama production or musical concert*
- *Yearbook*
- *Companies who manufacture class rings*
- *Honor roll or award recognition list*
- *Graduation programs*
- *Sports activity sheets*

STUDENT NAME: _____

PLEASE SIGN ONE OF THE FOLLOWING OPTIONS:

I approve the release of directory information as identified by the Pittsfield School District:

SIGN HERE: _____ **DATE:** _____

I do NOT approve the release of directory information as identified by the Pittsfield School District:

SIGN HERE: _____ **DATE:** _____

STUDENT HEALTH FORM

Parent or Guardian to Complete

Student's Name: Last:		First:	Middle:	Sex: M or F	DOB:
School Year:	Grade Level:	Teacher Name:			
Home Phone:	Father's Work/Cell Phone:		Mother's Work/Cell Phone:		
Parent/Guardian(s) Name(s):					

Complete all boxes that apply to your child. Parent or guardian is responsible for providing the school with any medication, special food, or equipment that the student will require during the school day. Check with the school nurse to obtain correct medication and procedure forms.

Over the counter medications available from School Health Office: All doses given per label recommendation, according to age and weight. Please check the ones you give permission for your child to receive at school.

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> ACETAMINOPHEN (Tylenol) | <input type="checkbox"/> CALAMINE LOTION | <input type="checkbox"/> COUGH DROPS |
| <input type="checkbox"/> VASELINE/LIP BALM (Chapped lips) | <input type="checkbox"/> BACITRACIN (Antibiotic ointment) | <input type="checkbox"/> TUMS |
| <input type="checkbox"/> BENADRYL (Allergic reaction) | <input type="checkbox"/> LIDOCAINE (Burn/Sunburn treatment) | <input type="checkbox"/> IBUPROFEN |
| <input type="checkbox"/> BENZOCAINE (Oral pain) | <input type="checkbox"/> HYDROCORTISONE CREAM (Itching/Rashes) | <input type="checkbox"/> SUDAFED PE |

I agree by signing this statement that I will not hold liable the school nurse, deans, or designee, in assisting my child in taking the above named non-prescription medicine.

Student: _____ Parent/Guardian (Print): _____

Parent/Guardian Signature: _____ Date: _____

I DO NOT give permission to administer medication at school

My child has a medical condition that may affect his or her school day: YES NO *(Please Indicate Below)*

ALLERGIES

Allergy Type:

- Bee Sting
- Medication List medication(s): _____
- Food List food(s): _____
- Other List Other: _____

Reactions: Coughing Hives Rash Difficulty Breathing Local Swelling Wheezing

Will supply epinephrine at school YES NO *If yes, please complete the Health Management form*

ASTHMA

Triggers: Exercise Environmental Other (list) _____

Physical Education Restrictions: None Self-limits Other _____

Symptoms or reactions:

- Chest tightness, discomfort or pain Difficulty breathing Throat itch, tightness or soreness
- Coughing hoarseness Wheezing Other _____

Date of last hospitalization related to asthma: _____

Will supply inhaler at school YES NO *If yes, please complete the Health Management form*

CONTINUE ON REVERSE

DIABETES

Currently prescribed treatment to be used *IN SCHOOL*:

Insulin: Syringe Pen Pump Pod Blood sugar testing Glucagon Oral medication(s)

SEIZURE DISORDER

Type of seizure:

Absence (staring, unresponsive) Complex partial Generalized tonic-clonic (grand mal, convulsive)

Other (explain): _____

Date of last seizure: _____ **Length of seizure:** _____

MENTAL HEALTH CONCERNS

Depression Anxiety Bi-Polar ADD/ADHD Autism

Other: _____

VISION/HEARING CONDITIONS

Contacts Glasses Hearing Aids Other: _____

PHYSICAL EDUCATION RESTRICTIONS

NO YES (Please explain) _____

OTHER CONDITIONS OR SPECIAL PROCEDURES

Please explain: _____

MEDICAL RELEASE

I authorize the school's representative(s) to transport, request and authorize treatment for my son/daughter in the event of an accidental injury or illness. I agree that I will not hold this person(s) liable while he/she is acting in accordance to these directions. Copy of this authorization is of equal validity as original document.

Please check the box that applies: **YES** **NO**

Parent/Guardian Signature _____

Date _____

Parent/Guardian Name (Please print): _____

PROVIDER EXCHANGE PERMISSION

I authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form and any medically relevant concern. *This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.*

Please check the box that applies: **YES** **NO**

Parent/Guardian Signature _____

Date _____

Parent/Guardian Name (Please print): _____

Physicals and Immunizations: All new registrations to the district must provide a copy of your child's most recent physical exam. Immunization records on file must be current in order to be in compliance with the state law. Your child may not be allowed to begin school or may be excluded from attending until the school nurse receives them. **Please refer to the Department of Health and Human Services at www.dhhs.nh.gov or by calling 1-800-852-3345 ext. 4482 for more information.**

Parent or Guardian to Complete

Student's Name: Last:	First:	Middle:	Sex: M or F	DOB:
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School Year:	Grade Level:	Parent/Guardian(s) Name(s):
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MEDICAL PROVIDER(S)

Physician Name: _____

Address: _____ Phone: _____

Dentist Name: _____

Address: _____ Phone: _____

Student's Insurance Company: No Health Insurance Medicaid Carrier: _____

Private/HMO: Name of Company: _____

MEDICATIONS

Medications to be given as needed *IN SCHOOL*: (rescue inhaler, epi pen, etc...)

Medication Name: _____ Dose: _____

What does this medication treat? _____

Medication Name: _____ Dose: _____

What does this medication treat? _____

Medications scheduled *IN SCHOOL*: (to be taken at a set time on a regular schedule)

Medication Name: _____ Dose: _____

What does this medication treat? _____

Medication Name: _____ Dose: _____

What does this medication treat? _____

Medications *TAKEN AT HOME*:

Medication Name: _____ Dose: _____

What does this medication treat? _____ Time Given _____

Medication Name: _____ Dose: _____

What does this medication treat? _____ Time Given _____

Please Note: No medication will be given at school until the school nurse receives the appropriate Medication Permission Form and the medication ***in the original container, labeled with the student's full name***. Medications that are prescribed by a provider will require an order from the provider. *All medication, prescription or over the counter, must be transported to and from school by a parent/guardian and will be kept in the Health Services office. Certain emergency medications may be carried on the person only with the medical provider's written consent.*

Non-prescription Medication: All non-prescription medication should be delivered to the school nurse directly. It should be in the original container, should include the student's name, name of medication, and reason and times it should be given. The school nurse **MUST** receive the appropriate Medication Permission form for any over the counter medications that are not supplied by the Health Office (*medications that are supplied can be found on the Medical History form*).

PITTSFIELD ELEMENTARY SCHOOL

SCHOOL / FAMILY LEARNING COMPACT

This Learning Compact is a voluntary agreement between family and school. The purpose of the agreement is to identify a means for family and school to work together to support children’s education.

Child’s Role. I agree to:

- Come to school ready to learn;
- Maintain a positive attitude;
- Respect myself and others;
- Work hard on school assignments and projects;
- Ask for help when needed;
- Talk with my family about school;
- Complete homework and long-term projects to the best of my ability.

Family Role. I / We agree to:

- Provide a supportive learning environment at home;
- Send my/our child to school regularly;
- Send my/our child to school clean, properly dressed, well fed, and well rested;
- Send my/our child to school prepared to learn with the necessary learning materials;
- Read and respond to communications from school;
- Communicate with school staff in a timely manner regarding any concerns;
- Read to or with my/our child at least four times per week.

School Role. We agree to:

- Provide ways for families to participate in decisions affecting your child’s education;
- Provide flexible times for family activities;
- Support all efforts made to help your child learn;
- Support teachers in adapting curriculum to meet the needs of all children;
- Prove the school staff with ongoing professional development around family involvement;
- Assist families in meeting their needs;
- Communicate clearly with children and families;
- Encourage active family participation in all aspects of children’s education;
- Help children be prepared to learn.

It is the goal of the Pittsfield Elementary School to promote school success through family involvement and to provide opportunities for family involvement in the social, emotional, and academic growth of children.

By signing this voluntary Learning Compact, we agree to this partnership for school success.

Child’s Signature

Date

Parent / Caregiver’s Signature

Date

Teacher’s Signature

Date

Principal’s Signature

Date



PERMISSION TO RELEASE SCHOOL RECORDS

STUDENT'S NAME: _____

DATE OF BIRTH: _____ GRADE: _____

PREVIOUS SCHOOL: _____

SCHOOL ADDRESS: _____

PHONE NUMBER: _____ FAX: _____

THE ABOVE STUDENT HAS ENROLLED IN OUR SCHOOL. PLEASE SEND ALL THEIR PERTINENT ADMINISTRATIVE, EDUCATIONAL, PSYCHOLOGICAL, HEALTH, SPECIAL EDUCATION, TITLE I AND ALL OTHER PERMANENT RECORDS AND TEST RESULTS TO THE FOLLOWING SCHOOL:

PITTSFIELD ELEMENTARY SCHOOL

34 BOW STREET

PITTSFIELD, NH 03263

Phone: 603-435-8432

Fax: 603-435-7358

AUTHORIZATION TO RELEASE STUDENT RECORDS:

Parental permission is no longer required when records are requested by authorized school personnel (Family Educational Rights & Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, vol. 41, No. 118 Page 2473).

School Official Signature _____ Date: _____

School Official Name: _____

School Official Title: _____

FOR OFFICE USE ONLY:

Date Release Sent: _____ Date Records Received: _____