

NEW STUDENT ENROLLMENT FOR PITTSFIELD MIDDLE HIGH SCHOOL



1.) Please complete this registration packet, and submit the following documents to the main office at Pittsfield Middle High School:

- Birth Certificate and legal documentation of any subsequent name change.
- Immunization Record showing all immunization dates.
- 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.
- Most recent Transcript (High School) or Report Card (Middle School) -**High School students will NOT be registered or scheduled without supplying a current transcript!**
- Current Class Schedule from previous school
- Custody Documentation and/or Parenting Plan when parents are separated or divorced.
- Completion of this Registration Packet

The following are helpful but not required:

- Copy of the student's Individualized Education Plan (I.E.P.)
- Copy of Section 504 Accommodation Plan
- Copy of testing scores (NECAP, ACT, NWEA, Smarter Balanced, etc...)

2.) Once the required documents are received, the College and Career Readiness office will contact you to schedule the registration. Students under the age of 18 are required to attend the registration with their legal guardian.

(NOTE: Missing required documents may result in the delay of the registration appointment)

3.) Required documents included in registration packet:

- Student Registration Form
- Student Release & Authorization Form
- Disclosure of Directory Information
- Student Health & Healthcare Management Forms
- PATCH Release

4.) Documents distributed at registration:

- PMHS Student/Family Handbook
- Family/Student Handbook Receipt
- Free & Reduced Lunch Application
- iPad/Google Release Forms
- Student Insurance Form
- PowerSchool Login Information (Student/Parent)

5.) *If your child has an Individualized Education Plan or 504 Accommodation Plan, the PMHS 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: _____ Date of Birth: _____ / _____ / _____

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: _____

Mother Address: _____
Street Town State Zip

Mother Home Phone: _____ Work: _____ Cell: _____

Mother Email: _____

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

Father Name: _____

Father Address: _____
Street Town State Zip

Father Home Phone: _____ Work: _____ Cell: _____

Father Email: _____

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 Phone: _____ Work: _____ Cell: _____
#2 Name: _____ Relationship to student: _____
Physical Address: _____
Street Town State Zip
Home Phone: _____ Work: _____ Cell: _____
#3 Name: _____ Relationship to student: _____
Physical Address: _____
Street Town State Zip
Home Phone: _____ 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

Does anyone in your home speak a language other than English? YES NO

If yes, what language? _____

Does your son/daughter speak a language other than English? YES NO

If yes, what language? _____

What is the language spoken at home the most? _____

Person completing this survey: _____

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 #1: _____

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:

Walk home

Picked up in the Cafeteria

Car pick up

Attend kYdstop

Ride the bus home

Pre-school parent pick up

Ride the bus to another location: _____

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

Walk home

Picked up in the Cafeteria

Car pick up

Attend kYdstop

Ride the bus home

Pre-school parent pick up

Ride the bus to another location: _____



STUDENT RELEASE & AUTHORIZATION FORM

STUDENT'S NAME: _____ GRADE: _____

WALKING FIELD TRIP

I give permission for my child to take walking field trips within town and under the supervision of the faculty/staff at the school.

- My child has permission to take walking field trips
- My child does NOT have permission to take walking field trips

INTERNET ACCESS

I have read and understand the Acceptable Use Policy and regulations for the use of computers, network and telecommunications within the Pittsfield School District. I agree to abide by these regulations when using the technology resources of the school district. I understand that my child will be supervised at a level fitting his/her maturity, as outlined in the Acceptable Use Policy. Please check ONE of the following statements:

- My child may have a network account with internet access.
- My child may NOT have internet access.

MEDIA RELEASE

Please be advised that many media organizations now publish articles on the internet. Please check ONE of the following statements:

- I authorize the school to release my child's picture and name to publicize any activities and/or achievements.
- I do NOT authorize the school to release my child's picture or name to the media.

SCHOOL WEBSITE

Our rules for publication of material on the school website state that a student's full name may not be posted with student pictures/work. For example, students in a class photo may be identified by first names only or a listing of student council members may contain first and last names, but no pictures. Please check ONE of the following statements:

- My student's name/picture/work may be published in accordance to the rules above.
- My student's name/picture/work is NOT to be published on the school website.

EMAIL

If you are interested in receiving school information via email, please print your email address below. Addresses will be used by school personnel only.

PARENT/GUARDIAN EMAIL: _____

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 Rights and Privacy Act. 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 Education 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

Part of this information, which is classified as directory information, may be made public to external agencies and institutions upon request. The Pittsfield School District classifies only the following parts of our student's educational records as directory information that may be made public:

- Name
- Grade level
- Class assignments
- Academic activities
- Participation in officially recognized and school-sponsored activities
- Awards conferred
- Student photograph

All other information identified above as a student's educational record will not be released without specific parental/guardian consent.

Parents/guardians may direct the Pittsfield School District to remove all or part of this information from designation as directory information that they do not wish to be available to the public without their consent.

To remove any of the information identified above as directory information, please notify the school office by completing this form and signing below (or otherwise notify in writing) and return it to the College & Career Readiness office.

STUDENT'S NAME: _____

Check one:

- I approve the release of directory information identified above.
- Remove all directory information
- Remove the information circled above.

Parent/Guardian Signature

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*

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: _____
-----------------	-------------	--------------	---------------	-------------	------------

School Year: _____	Grade Level: _____	Parent/Guardian(s) Name(s): _____
--------------------	--------------------	-----------------------------------

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*).

PATCH

The Pre-Adolescent to Teen Center for Health SCHOOL-BASED HEALTH CLINIC

CONSENT FORM

Since September 1999, Pittsfield Middle High School, in partnership with Concord Hospital Family Health Center and the NH/Dartmouth Family Medicine Residency Program, has sponsored a school-based health clinic during school hours. The clinic is called "PATCH".

The Family Medicine residents are supervised by Dr. George DeVito and physicians from Epsom Family Medicine. They are available to provide sports physicals, assess minor illnesses, provide health promotion and risk reduction education, and make appropriate referrals. Students may also receive health education, counseling support, and mental health referrals provided by the program Coordinator, who is a Licensed Clinical Mental Health Counselor.

PATCH services are available to all students free of charge. Students who do not have a primary care provider will benefit the most from this program, but everyone is welcome.

In the event a more serious concern is identified, we will attempt to reach you to discuss

If you have any questions about PATCH, please call the PMHS school nurse at 603-435-6701, or Susan Hemingway, Coordinator at 603-227-7000 ext. 4876.

Signing this consent form will enable your student to receive services at PATCH for their entire school career. Please check and sign below:

_____ **I GIVE permission** for my son/daughter, _____
to be seen at PATCH.

_____ **I DO NOT GIVE permission** for my son/daughter, _____
to be seen at PATCH.

Parent/Guardian Signature

Date

_____ **I am at least 18 years old** and consent to be seen at PATCH.

Student Signature

Birth Date

Today's Date