HOME-SCHOOL STUDENT REGISTRATION
PITTSFIELD MIDDLE HIGH SCHOOL

1.) 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 up-to-date immunization dates
☐ Proof of residence - Must be a rental/lease agreement OR tax bill (utility bills or postmarked mail are NOT acceptable) NOTE: If living with another family you will need a letter from the family in addition to their rental/lease agreement or tax bill
☐ Most recent transcript (high school) or report card (middle school) - students will NOT be registered or scheduled without the submission of a current transcript or report card
☐ Custody documentation and/or parenting plan when parents are separated or divorced
☐ Completion of this registration packet

Required documents included in registration packet:

☐ Student registration forms
☐ Student release & authorization form
☐ Disclosure of directory information
☐ Student health & healthcare management forms

The following are not required, but are helpful during the registration process:

- Individualized Education Plan (IEP)
- Section 504 Accommodation Plan
- Test scores (NECAP, NWEA, Smarter Balanced, ACT, PSAT 8/9, PSAT/NMSQT, SAT)

2.) Once the required documents are received, the College and Career Readiness office will contact you to schedule the registration and/or tour of the school. Legal guardians are required to attend registrations for students under the age of 18. If your child has attended classes or participated in sports at Pittsfield Middle High School within the past year, a registration appointment may not be required.

(NOTE: Missing required documents may result in the delay of the registration appointment and/or the student’s start date)

3.) Documents provided at registration:

☐ PMHS Student/Family Handbook (receipt signed by guardian and student required)
☐ Student insurance form
☐ PowerSchool account information for student and guardian
☐ Course schedule
1. STUDENT DEMOGRAPHIC

<table>
<thead>
<tr>
<th>STUDENT NAME:</th>
<th>GRADE LEVEL:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE OF BIRTH:</td>
<td>COHORT:</td>
</tr>
</tbody>
</table>

Have you ever attended courses at Pittsfield Middle High School?  
YES  NO

If yes, please list the name of the course(s):

Have you ever played sports at Pittsfield Middle High School?  
YES  NO

2. COURSE REQUEST(S): Home-school students may take up to two courses at PMHS at one time

<table>
<thead>
<tr>
<th>COURSE NAME:</th>
<th>TERM:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ YEAR-LONG</td>
</tr>
<tr>
<td></td>
<td>□ SEMESTER 1</td>
</tr>
<tr>
<td></td>
<td>□ SEMESTER 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COURSE NAME:</th>
<th>TERM:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ YEAR-LONG</td>
</tr>
<tr>
<td></td>
<td>□ SEMESTER 1</td>
</tr>
<tr>
<td></td>
<td>□ SEMESTER 2</td>
</tr>
</tbody>
</table>

Parent/Guardian Name (Please Print)  

Parent/Guardian Signature  

Date

<table>
<thead>
<tr>
<th>SECTION BELOW TO BE FILLED OUT BY COLLEGE &amp; CAREER READINESS</th>
</tr>
</thead>
</table>
| COURSE NAME:  
| TERM:  
| PERIOD:  
| (M, Tu, Th and F) TIME: start _____:_____ end _____:_____  
| WEDNESDAY TIME: start _____:_____ end _____:_____  
| CREDITS:  
| GRADUATION REQUIREMENT:  
| STUDENT ENROLLED IN COURSE(S) LISTED ABOVE (initial):  
| COURSE NAME:  
| TERM:  
| PERIOD:  
| (M, Tu, Th and F) TIME: start _____:_____ end _____:_____  
| WEDNESDAY TIME: start _____:_____ end _____:_____  
| CREDITS:  
| GRADUATION REQUIREMENT:  
| STUDENT ENROLLED IN COURSE(S) LISTED ABOVE (initial):  

CCR Administrative Assistant Signature  

Date
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: GUARDIAN INFORMATION

Please list the guardians below as noted on the student's birth certificate and/or legal adoption

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

Can we contact the mother for student information (academic, discipline, medical)? □ 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

Can we contact the father for student information (academic, discipline, medical)? □ 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: ______________________

Home #: ____________________ Work #: ____________________ Cell #: ____________________

Name: __________________________________________ Relationship to student: ______________________

Home #: ____________________ Work #: ____________________ Cell #: ____________________

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: __________________________________________ Last day: __________________

School address: __________________________________________

Street: ____________________ Town: ____________________ State: __________ Zip: __________

School Phone: __________________________________________ Fax: __________________________________

Does your child have a 504 plan? □ YES □ NO

Does your child have an IEP? □ YES □ NO

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

[ ] Other -specify: ____________________________  [ ] Medical concerns: ____________________________
SECTION 7: HOME LANGUAGE SURVEY

What language(s) does your child hear or speak in your home? ____________________________________________

Which language(s) did your child first hear or speak? _________________________________________________

If English is the only answer listed above, you may skip over the next questions. If another language is listed, please answer the following questions.

What language(s) do you use with your child? __________________________________________________________

Which language(s) does your child hear or use at home with relatives and friends? __________________________

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

Parent/Guardian Signature ____________________________ Date __________

SECTION 8: PARENT MILITARY STATUS

Is one or both parent/guardian(s) active duty in the United States Military (not including the National Guard)?

☐ NO ☐ YES, ONE PARENT ☐ YES, BOTH PARENTS

Is one or both parent/guardian(s) full time in the United States National Guard?

☐ NO ☐ YES, ONE PARENT ☐ YES, BOTH PARENTS

SECTION 9: SCHOOL MESSENGER

Pittsfield School District uses School Messenger, a system used to send messages to guardians via phone calls and emails in the case of an emergency or for 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: _____________________________

EMAIL 1: _____________________________ EMAIL 2: _____________________________

SECTION 10: PITTSFIELD MIDDLE HIGH SCHOOL AUTHORIZATIONS

MAILING OPT OUT

Pittsfield Middle High School mails quarterly progress reports to families. In an effort to conserve resources, we have conscientiously decided to give parents a choice to opt out of receiving a hard copy of their student's progress report. The progress report is a snapshot of the student's PowerSchool standards grades page. All parents may view this page regularly via their PowerSchool parent account.

TO OPT OUT OF PROGRESS REPORT MAILINGS, SIGN HERE: _____________________________

RECRUITER RELEASE

Section 9528 of the No Child Left Behind Act of 2001 requires us to give the name, address, and home phone number of all students to military recruiters unless the parent/guardian requests that the information be withheld.

TO WITHHOLD INFORMATION FROM RECRUITERS, SIGN HERE: _____________________________

STUDENT INFORMATION RELEASES

In addition to military recruiters, the school also receives requests for student contact information for college and post-secondary institution admissions, scholarships and awards, and employment and training facilities.

TO WITHHOLD INFORMATION FROM COLLEGE ADMISSIONS, INITIAL HERE: _____________

TO WITHHOLD INFORMATION FOR SCHOLARSHIPS/AWARDS, INITIAL HERE: _____________

TO WITHHOLD INFORMATION FROM EMPLOYMENT FACILITIES, INITIAL HERE: _____________
**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
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: _____________________________
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.

- ACETAMINOPHEN (Tylenol)
- CALAMINE LOTION
- COUGH DROPS
- VASELINE/LIP BALM (Chapped lips)
- TRIPLE ANTI BIO TIC OINTMENT
- TUMS
- BENADRYL (Allergic reaction)
- LIDOCAINE (Burn/Sunburn treatment)
- IBUPROFEN (Advil)
- BENZOCAINE (Oral pain)
- HYDROCORTISONE CREAM (Itching/Rashes)
- SUDAFED PE
- SUNSCREEN

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.

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)

- Asthma
- Allergies

ALLERGIES

- 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

- 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:

- □ Syringe
- □ Pen
- □ Pump
- □ Pod
- □ Blood sugar testing
- □ Glucagon
- □ Oral medication(s)

**SEIZURE DISORDER**

**Type of seizure:**
- □ Absence (staring, unresponsive)
- □ Complex partial
- □ Generalized tonic-clonic (gland 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](http://www.dhhs.nh.gov) or by calling 1-800-852-3345 ext. 4482 for more information.
Parent or Guardian to Complete

<table>
<thead>
<tr>
<th>Student's Name:</th>
<th>Last:</th>
<th>First:</th>
<th>Middle:</th>
<th>Sex: M or F</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Year:</td>
<td>Grade Level:</td>
<td>Parent/Guardian(s) Name(s):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEDICAL PROVIDER(S)**

<table>
<thead>
<tr>
<th>Physician Name:</th>
<th>Address:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist Name:</td>
<td>Address:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

**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…)

<table>
<thead>
<tr>
<th>Medication Name:</th>
<th>Dose:</th>
<th>What does this medication treat?</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Medication Name:</th>
<th>Dose:</th>
<th>What does this medication treat?</th>
</tr>
</thead>
</table>

Medications *TAKEN AT HOME*:

<table>
<thead>
<tr>
<th>Medication Name:</th>
<th>Dose:</th>
<th>What does this medication treat?</th>
</tr>
</thead>
</table>

**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*).