

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 post-marked 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



PITTSFIELD MIDDLE HIGH SCHOOL
HOME-SCHOOL COURSE REQUEST

Guardian Instructions: Complete the student demographic and course request sections. Please sign and date this form and submit to the College and Career Readiness office.

1. STUDENT DEMOGRAPHIC

STUDENT NAME: _____ **GRADE LEVEL:** _____

DATE OF BIRTH: _____ **COHORT:** _____

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

COURSE NAME: _____

TERM: **YEAR-LONG** **SEMESTER 1** **SEMESTER 2**

COURSE NAME: _____

TERM: **YEAR-LONG** **SEMESTER 1** **SEMESTER 2**

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

SECTION BELOW TO BE FILLED OUT BY COLLEGE & CAREER READINESS

COURSE NAME: _____

TERM: _____ **TEACHER:** _____

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: _____ **TEACHER:** _____

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 notated 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):

- | | | |
|--|--|---|
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Resource Room | <input type="checkbox"/> Self-Contained Room | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Title I | <input type="checkbox"/> Para support | |
| <input type="checkbox"/> Other -specify: _____ | <input type="checkbox"/> 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: _____

EMERGENCY #3: _____

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: _____

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:** _____

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"/> TRIPLE ANTIBIOTIC OINTMENT | <input type="checkbox"/> TUMS |
| <input type="checkbox"/> BENADRYL (Allergic reaction) | <input type="checkbox"/> LIDOCAINE (Burn/Sunburn treatment) | <input type="checkbox"/> IBUPROFEN (Advil) |
| <input type="checkbox"/> BENZOCAINE (Oral pain) | <input type="checkbox"/> HYDROCORTISONE CREAM (Itching/Rashes) | <input type="checkbox"/> SUDAFED PE |
| <input type="checkbox"/> 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.

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: _____ |
|-----------------|-------------|--------------|---------------|-------------|------------|

| | | |
|--------------------|--------------------|-----------------------------------|
| 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*).