

# NEW 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 and physical within 1 yr
- 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**
- Current class schedule from previous school
- 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
- PATCH consent form

### **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 Career Readiness office will contact you to schedule the registration. Legal guardians are required to attend registrations for students under the age of 18.

*(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)
- Free & reduced lunch application
- iPad user agreement
- PowerSchool account information for student and guardian
- Course schedule

## 4.) If your child has an Individualized Education Plan (IEP) or 504 Accommodation Plan, the Student Services office will contact you to schedule a meeting within 30 days of your child's start 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): \_\_\_\_\_

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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 (continued): LEGAL GUARDIAN INFORMATION

*If student does not live with either parent:*

Legal Guardian Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Guardian Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### SECTION 4: 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 5: 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 6: 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 7: 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 8: 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 9: 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:** \_\_\_\_\_

## Home Language Survey

School: \_\_\_\_\_ District: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for survey administrator:**

1. Please ensure this survey is in a language which is comprehensible to the parent/guardian who is completing it, and provide an interpreter to translate the survey when necessary.
2. If responses indicate a language other than English, contact the Student Services Coordinator or ESOL/ELL Program Coordinator in your school or district immediately.
3. Note the date of referral to Student Services/ESOL Program: *Month:\_\_\_\_\_Day:\_\_\_\_\_Year:\_\_\_\_\_ (initial)*
4. File the original *Home Language Survey* in the student's cumulative folder.

**Information for parents and guardians:**

All public school districts in the United States are required to provide language assistance to the parents and guardians of students in their local schools. In addition, it is the school's responsibility to identify any and all students who may have a language influence other than English. This is in order to determine whether the school is obligated to provide additional academic language services. In New Hampshire, these services are usually called ESOL or ELL Services.

<b>Student Information:</b> Please complete this general information about your son or daughter.			
First name:	Last name:	Date of Birth:	Gender: o female o male
Country of Birth:		Date first enrolled in a U.S. school: Month_____Year_____	Current grade:

<b>Family Information:</b> Please complete this information about your family.	
Name of parent/legal guardian:	Phone number:
Address:	Would you like school notices translated? If yes, in which language: _____

<b>Questions about Language:</b> Please answer the following questions about the languages that you and your family use.
What language(s) does your child hear or speak in your home?
Which language(s) did your child first hear or speak?
<i>If English is the only language listed above, you may skip over the next questions. If another language is listed, please answer the following questions.</i>
What language(s) do you use with your child?
What language(s) does your child hear or use at home with relatives and friends?
What language(s) does your child use with people in your community?

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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)                      | <input type="checkbox"/> IBUPROFEN (Advil) |
| <input type="checkbox"/> SUNSCREEN                        | <input type="checkbox"/> HYDROCORTISONE CREAM (Itching/Rashes) |  |
|   | <input type="checkbox"/> Aloe (Sunburns)                       |  |

**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:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Chest tightness, discomfort or pain | <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Throat itch, tightness or soreness |
| <input type="checkbox"/> Coughing hoarseness                 | <input type="checkbox"/> Wheezing             | <input type="checkbox"/> 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](http://www.dhhs.nh.gov) or by calling 1-800-852-3345 ext. 4482 for more information.**



# HEALTHCARE MANAGEMENT

## 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*).