

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-2 required: One Must be a rental/lease agreement OR tax bill NOTE: If living with another family you will need a letter from the family *in addition to* their rental/lease agreement or tax bill. The other can be a utility bill or other official document showing address.
- _____ 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
- Residency Questionnaire
- Records Release Form
- School Handbook Acknowledgment

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:**

- Free & reduced lunch application
- ALMA 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): _____

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: _____ Can Pick Up: Yes or No

Physical address: _____

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

#2 Name: _____ Relationship to student: _____ Can Pick Up: yes or no

Physical address: _____

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

#3 Name: _____ Relationship to student: _____ Can Pick Up: yes or no

Physical address: _____

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):

- | | | |
|--|---|---|
| <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: _____ | | 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.

Student Information: 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:

Family Information: 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: _____

Questions about Language: 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:** _____

McKinney-Vento Homeless Assistance Act – Student Residency Questionnaire

(Required for all new students)

The information below will help determine if your child may be eligible for services under the federal McKinney-Vento Homeless Assistance Act. The answers you give will be kept confidential and will not affect your child's enrollment.

Student Name: _____

Date of Birth: _____

School: _____

1. Where is the student currently living?

Please check one:

- ☐ In a permanent home with parent/guardian.
- ☐ In a motel or hotel.
- ☐ In a shelter or transitional housing program.
- ☐ Temporarily staying with friends or relatives due to loss of housing, economic hardship, or similar reason.
- ☐ In a car, park, campground, or other place not designed for people to live.
- ☐ In temporary foster care or awaiting foster care placement.
- ☐ Other (please explain): _____

2. If you checked anything other than "permanent home," please provide:

- Name of person(s) with whom the student is living: _____
- Relationship to student: _____

3. Contact Information:

Parent/Guardian Name: _____

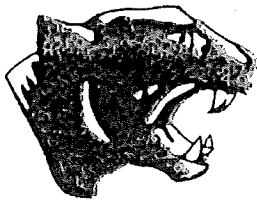
Phone: _____ Email: _____

Signature: _____ **Date:** _____

For Office Use Only

- ☐ Student meets possible McKinney-Vento eligibility – refer to liaison.
- ☐ Student does not meet McKinney-Vento criteria.

Reviewed by: _____ Date: _____



PITTSFIELD MIDDLE HIGH SCHOOL

23 Oneida Street, Pittsfield, NH 03263

P: 603.435.6701 F: 603.435.7087

www.sau51.org

STUDENT RECORDS RELEASE

STUDENT'S NAME: _____

GRADE: _____ DATE OF BIRTH: _____ GENDER: _____

PREVIOUS SCHOOL: _____

SCHOOL ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____ Parent Signature: _____

Please **FAX or EMAIL** the following student records to 603-435-7087 (Attn: Guidance Office) or kmuzzey@sau51.org for registration completion.

- _____
- _____
- _____
- _____
- _____

Please **MAIL or EMAIL** this student's cumulative file including administrative, disciplinary, educational, health, psychological, special education, test results and Title I information to the following:

Email: Kerith Muzzey
AP/Guidance Administrative Assistant
Guidance Office
kmuzzey@sau51.org

Mail: Pittsfield Middle High School
Attn: Registrar
23 Oneida Street
Pittsfield, NH 03263

AUTHORIZATION TO RELEASE STUDENT RECORDS:

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

School Official Signature

Date

SCHOOL OFFICIAL NAME: Kerith Muzzey

TITLE: AP/Guidance Administrative Assistant, Guidance Office

FOR OFFICE USE ONLY:

Date Request Sent: _____ Date Records Received: _____

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

DIABETESCurrently 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*).

