*Central Vermont Supervisory Union*

Northfield Elementary School Northfield Middle High School Orange Center School Washington Village School
Williamstown Elementary School Williamstown Middle High School

**Registration Packet**

Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information:**
Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Middle Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student cell phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grades Repeated (circle): K 1 2 3 4 5 6 7 8 9 10 11 12

**Check if the student has an ▢ IEP ▢ 504 Plan ▢ EST Plan**

▢Additional Services\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Last School Attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity (Check one)
▢Non-Hispanic/Latino ▢Hispanic/Latino

Race (Check all that apply):
▢ White or Caucasian ▢American Indian or Alaska Native

▢ Black or African American

▢Asian ▢ Native Hawaiian or other Pacific Islander

Language spoken at home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Siblings: \_\_\_\_\_Older \_\_\_\_\_Younger

Primary Household

**Physical Address**

Street Number & Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address**

Street Number & Name /P.O. Box:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian 1 - Parent/Guardian with Legal Custody - Where Student Resides**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (The ONE you would prefer the school use to communicate)

**Parent/Guardian 2 - Spouse/Partner of Parent/Guardian 1 with Legal Custody - Where Student Resides**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Legal custody of student? ▢Yes ▢No

Place of Employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (The ONE you would prefer the school use to communicate)

**If applicable, copies of legal documents need to be provided to the school in order to enforce restrictions.**

**Emergency Contacts/Permission to Pick Up**

Please provide at least two emergency contacts that we may use when you are not reachable. These contacts may need to transport and/or care for your child within a timely manner. With prior notification from custodial parent, others can pick up a student.

**Emergency Contact 1**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is student allowed to leave with this individual? ▢Yes ▢No

Effective Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact 2**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is student allowed to leave with this individual? ▢Yes ▢No

Effective Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact 3**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is student allowed to leave with this individual? ▢Yes ▢No

Effective Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Is this student experiencing any housing issues such as living with friends, or relatives, or no fixed regular, and adequate housing (for example, a motel, campground, tent, or vehicle)? ▢Yes ▢No

**State Placed Student** ▢Yes ▢No

State placed Student lives with:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does either of the student’s parents live in the school district? ▢Yes ▢No

Town of Biological Dad:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Town of Biological Mom:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the student in DCF custody? ▢Yes ▢No

If yes, DCF District Office:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Worker:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the student in the care of another child placing agency (i.e. mental health, etc.) ▢Yes ▢No

If yes, which agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is the legal guardian/custodian? Please note this is the only person who can legally enroll the student.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Central Vermont Supervisory Union*

Northfield Elementary School Northfield Middle High School Orange Center School Washington Village School
Williamstown Elementary School Williamstown Middle High School

**OTHER PARENT INFORMATION**

**Household 2/Non-Resident Parent/Guardian**

**Parent/Guardian 1**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Place of Employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian gets school mailings? ▢Yes ▢No Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (The ONE you would prefer the school use to communicate)

**Student(s) associated with this non-resident parent:**

Student name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_

Student name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_

Student name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_

Student name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian 2**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Place of Employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian get school mailings? ▢Yes ▢No

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (The ONE you would prefer the school use to communicate)

**Student(s) associated with this non-resident parent:**

Student name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_

Student name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_

Student name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_

Student name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Notice of Student Vaccination Requirements**

Immunization Entry Requirements 2020-21

<http://www.healthvermont.gov/sites/default/files/documents/pdf/ID_IZ_K12_schoolentry_iz_requirements.pdf>

Additional information about immunizations and required forms may be found at:

<http://www.healthvermont.gov/immunizations-infectious-disease/immunization/k-12-school-nurses-and-administrators>

If your child has received all the required immunizations, please obtain a copy of his/her immunization record from the child's primary care provider and send it to the school nurse as soon as possible. The information can be faxed from your primary care doctor to your school at:

**Northfield Elementary School 802-485-3471 Northfield Middle High School 802-485-4440
Orange Center School 802-476-1389 Washington Village School 802-883-5411
Williamstown Elementary School 802-433-6266 Williamstown Middle High School 802-433-1037**

If your child has not received all the required immunizations, please schedule an appointment with your child's primary care provider as soon as possible to assure your child gets the required immunizations before school begins.

**CENTRAL VERMONT SUPERVISORY UNION**

**Verification of Residency For Homeowners**

**School:**▢ Northfield Elementary School (NES) ▢ Northfield Middle High School (NMHS)
▢ Orange Center School (OCS) ▢ Washington Village School (WVS)
▢ Williamstown Elementary School (WES) ▢ Williamstown Middle High School (WMHS)

*CVSU serves families who live in a primary residence in one of the towns that make up our school districts:*

OCS and WVS - Towns of Orange and Washington (Echo Valley Community School District)
NES and NMHS - Town of Northfield (Paine Mountain School District)
WES & WMHS - Town of Williamstown (Paine Mountain School District)

If parents of the student live apart but in Vermont and one parent still resides in the district, the student will be considered a resident, regardless of legal or actual custody arrangements.

If the student is 18 years old, residency is the town in which the STUDENT resides.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year of Graduation or Grade: \_\_\_\_\_\_\_\_\_

Parent Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town of Residence: ▢Northfield ▢Orange ▢Washington ▢Williamstown

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach two of the following documents to this form to verify your legal residence:**

 ▢Property Tax Statement ▢Real Estate Contract ▢ Utility bill

 *Orange / Washington residents attending WMHS 9-12th grade: Attach a completed High School Voucher notarized by the Orange / Washington Town Clerk and return to the WMHS.*

Per VT Statutes, Title 13, Chapter 67 § 3016. False claim: (a) A person shall not, in any matter within the jurisdiction of a supervisory union school district or of any commission, board, department or agency of the state or a county or municipality, with intent to defraud, falsify, conceal or cover up by any trick, scheme or device a material fact, or with intent to defraud make any false, fictitious or fraudulent claim or representation as to a material fact, or with intent to defraud make or use any writing or document knowing the same to contain any false, fictitious or fraudulent claim or entry as to a material fact. (b) A person who violates this section shall, if the prohibited act results in no loss to a governmental entity or benefit to the person or results in a loss to a governmental entity or benefit to the person of less than $500.00 in value, be imprisoned not more than two years or fined not more than $5,000.00, or both. A person who violates this section shall, if the prohibited act results in a loss to any governmental entity or a benefit to the person of $500.00 or more in value, whether by a single act or by a common scheme or course of conduct involving one or more transactions, be imprisoned not more than five years, or fined not more than $10,000.00, or both.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CENTRAL VERMONT SUPERVISORY UNION**

**Verification of Residency For Renters**

**To be Completed by the Parent:**

▢ Northfield Elementary School (NES) ▢ Northfield Middle High School (NMHS)
▢ Orange Center School (OCS) ▢ Washington Village School (WVS)
▢ Williamstown Elementary School (WES) ▢ Williamstown Middle High School (WMHS)

*CVSU serves families who live in a primary residence in one of the towns that make up our school districts:*OCS and WVS - Towns of Orange and Washington (Echo Valley Community School District)
NES and NMHS - Town of Northfield (Paine Mountain School District)
WES & WMHS - Town of Williamstown (Paine Mountain School District)

If parents of the student live apart but in Vermont and one parent still resides in the district, the student will be considered a resident, regardless of legal or actual custody arrangements.

If the student is 18 years old, residency is the town in which the STUDENT resides.

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of Graduation or Grade: \_\_\_\_\_\_

Parent(s) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town of Residence: ▢Northfield ▢Orange ▢Washington ▢Williamstown
Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach the following documents to this form to verify your legal residence:
 ▢Copy of Lease/Rental Agreement ▢ Utility Bill

*Orange / Washington residents attending WMHS 9-12th grade: Attach a completed High School Voucher notarized by the Orange / Washington Town Clerk and return to the WMHS.
\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\**
**To be Completed by Landlord:** In order to attend **CVSU** schools, the parent of a student (or a student over the age of 18) must live full time in one of the five towns that make up **CVSU** (Northfield, Orange, Washington, Williamstown). The person or persons listed above have indicated that they are renting from or living with you and have a student in the PreK through 12th grade that they wish to enroll at the above listed school. Please complete one of the following to verify that the above information is accurate.
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is renting a housing unit from me as their primary residence OR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is living in my home which is their primary residence

This residence is located in the town of: ▢Northfield ▢Orange ▢Washington ▢Williamstown
\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*
Per VT Statutes, Title 13, Chapter 67 § 3016. False claim: (a) A person shall not, in any matter within the jurisdiction of a supervisory union school district or of any commission, board, department or agency of the state or a county or municipality, with intent to defraud, falsify, conceal or cover up by any trick, scheme or device a material fact, or with intent to defraud make any false, fictitious or fraudulent claim or representation as to a material fact, or with intent to defraud make or use any writing or document knowing the same to contain any false, fictitious or fraudulent claim or entry as to a material fact. (b) A person who violates this section shall, if the prohibited act results in no loss to a governmental entity or benefit to the person or results in a loss to a governmental entity or benefit to the person of less than $500.00 in value, be imprisoned not more than two years or fined not more than $5,000.00, or both. A person who violates this section shall, if the prohibited act results in a loss to any governmental entity or a benefit to the person of $500.00 or more in value, whether by a single act or by a common scheme or course of conduct involving one or more transactions, be imprisoned not more than five years, or fined not more than $10,000.00, or both.

Signature of **Landlord/Homeowner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of **Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Blackboard Connect Information System**

Dear Parents/Guardians,

Keeping you informed is a top priority at **CVSU. CVSU** uses Blackboard Connect to send telephone or e- mail messages to you about school emergencies as well as other important information. Typically, we use the Blackboard Connect service to notify you of school delays or cancellations due to inclement weather as well as emergencies via a phone call or text and we use e-mail notifications for general information.

**WHAT YOU NEED TO KNOW ABOUT RECEIVING CALLS SENT THROUGH CONNECT:**

• When a Blackboard Connect call is made for school delays or cancellations, we will contact the primary number listed for parents/guardians.

• Should we have the need to utilize Blackboard Connect for an emergency, all phone numbers provided for parents/guardians will be contacted.

• If you provide a cell phone number to the school, you will automatically be enrolled in text messaging through Blackboard Connect. You will receive a message giving you the opportunity to opt-out of receiving text messages.

*\*Please note that* ***CVSU*** *is not responsible for any carrier charges you might incur. Message and data fees are your responsibility.*

• If your information changes at any time throughout the school year, or if you do not want to be a part of this notification system, please let the school know immediately.

• Your Caller ID will display the school’s main number when an announcement is delivered.

**• Be sure to say “Hello” when you answer the phone. The technology must hear a voice to deliver a message.**

• Blackboard Connect will leave a message on any answering machine or voicemail.

• If for any reason you need to replay the message, you may press \* key on your phone and it will replay the message from the beginning.

• If you have such things as Telemarketer Zapper or Privacy Director on your telephone lines, you may not receive the call.

• Blackboard Connect does not call extensions. If you have a direct dial number at work, you should provide the school with the direct dial number not a main number plus an extension.

**The ability to deliver a message is only as successful as the contact information we have for families.**

**Please make sure that you have updated information with your school.**

You can update your information on the Tyler SIS portal or by calling your child’s school.

*Central Vermont Supervisory Union*

Northfield Elementary School Northfield Middle High School Orange Center School Washington Village School
Williamstown Elementary School Williamstown Middle High School

**Medical Information Form Page 1**

This form will be kept in the school Health Office for reference throughout the school year. All information is CONFIDENTIAL, but may be shared with staff members with a need to know. Do not assume that we have any previous knowledge of your child's conditions or concerns. Please answer as completely as possible. Please contact the school nurse if any information changes throughout the school year.

Student First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_

Student's Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of last well child exam (MM/DD/YY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student's Dentist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of last exam (MM/DD/YY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speciality MD and/or Mental Health Provider please provide the following information. Name of Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Last Visit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student's Eye Care Specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of last exam (MM/DD/YY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list all medication student is presently taking:**

Medication 1: Name of Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prescribed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for Taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Does this medication need to be taken at school? ▢Yes ▢No
If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication 2: Name of Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prescribed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for Taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Does this medication need to be taken at school? ▢Yes ▢No
If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication 3: Name of Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prescribed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for Taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Does this medication need to be taken at school? ▢Yes ▢No
If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE NOTE: All prescription medications require written permission from a doctor to be given at school. School policy requires that all medication be sent to school in the pharmacy container with the pharmacy label attached. The parent/guardian is responsible for getting any required medications to the school nurse. Students are not allowed to carry medications (prescription or non-prescription) with them while in school, except under certain circumstances. (Permission form is available in the health/nurses office.)

**Medical Information Form Page 2**

Student First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for the school nurse or their designee to give the following medications to my child (in an age & weight appropriate dose) during the school day when necessary:

Acetaminophen (Tylenol): ▢Yes ▢No Ibuprofen (Advil): ▢Yes ▢No

Benadryl (Diphenhydramine): ▢Yes ▢No Tums: ▢Yes ▢No

Robitussin: ▢Yes ▢No Cough Drop: ▢Yes ▢No Bacitracin (antibiotic ointment): ▢Yes ▢No

Please note and describe if your child has any of the conditions listed below:

LIFE-THREATENING ALLERGIES: ▢Yes ▢No
 If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food allergies: ▢Yes ▢No

 If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication allergies: ▢Yes ▢No

 If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Environmental or Other: ▢Yes ▢No

 If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seizures:▢Yes ▢No

 If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diabetes: ▢Yes ▢No

 If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADHD: ▢Yes ▢No

 If yes, please describe type of ADHD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child wear glasses? ▢Yes ▢No Contact Lenses? ▢Yes ▢No

Eye health problems? ▢Yes ▢No

 If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hearing or ear problems including hearing aids, frequent infections, tubes?: ▢Yes ▢No

 If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has a doctor, nurse, or other health professional EVER said that your child has asthma? ▢Yes ▢No

 If yes, does your child still have asthma? ▢Yes ▢No

 If yes, does your child have a current VT Asthma Action Plan? ▢Yes ▢No

 If yes, please give a copy of the VT Asthma Action Plan to your school nurse.

**Medical Information Form Page 3**

Student First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your student have any physical disabilities, including speech, hearing or seizure disorders?
▢Yes ▢No

If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any limitations on activities? ▢Yes ▢No

If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your student had a serious injury in the past 12 months? ▢Yes ▢No
If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any other health conditions the school nurse should know about? ▢Yes ▢No
If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child had any recent life events that might impact him/her socially and/or emotionally? (i.e. loss of a relative, military deployment of a family member, family separation, etc.) ▢Yes ▢No

If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Has your child received counseling or psychological services? ▢Yes ▢No
If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to meet with the school counselor to discuss these events and/or your child's success at school? ▢Yes ▢No
If yes, the school counselor will contact you.

Has your student had any immunizations during the last 12 months? ▢Yes ▢No

Please bring a copy of your student’s immunization record to the school nurse.

Do you have health insurance for your child? ▢Yes ▢No

Name of Insurance Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Policy Group Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you do not have health insurance, call 1-800-250-8427 for more information
or visit www.greenmountaincare.org

*Central Vermont Supervisory Union*

Northfield Elementary School Northfield Middle High School Orange Center School Washington Village School
Williamstown Elementary School Williamstown Middle High School

**Medical Information Form Page 4**

**Medical Release and Emergency Transport**

Student First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Student School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that my child may require care during the school day for a variety of illnesses/or injuries. I give permission to the school nurse to assess my child and offer treatment as deemed necessary within the limits of their license.

In case of an accident or illness, I request the school to contact me or my designated emergency contact person. If unable to reach us, I hereby authorize the school personnel to seek emergency medical care, including notifying my child’s doctor and transportation to an emergency room. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary at my expense.

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

During school athletic events in which my child participates, I give permission for a physician or a certified athletic trainer to treat those injuries in an emergency situation.

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

I give permission for my medical provider and/ or dental provider to release information regarding my child’s medication, immunizations or other medical/dental information to the school nurse.

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

I give permission for my child’s speciality doctor and/or mental health provider to release information regarding my child’s medications and medical information to the school nurse.

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

*Central Vermont Supervisory Union*

Northfield Elementary School Northfield Middle High School Orange Center School Washington Village School
Williamstown Elementary School Williamstown Middle High School

**Computer Technology and Internet Use Agreement Grades PK-5**

Central Vermont Supervisory Union is pleased to offer our K-5 Elementary School students at Northfield Elementary School, Washington Village School and Williamstown Elementary School a computer network for in-school work and for access to the Internet. Our Internet access is filtered to screen out undesirable content. To gain access to the Internet, all students must obtain parental permission.

Acceptable use means that the student agrees to use the computers and special learning tools and programs, such as the Internet, with respect. Acceptable use means students will promise to follow the school rules as outlined below. The use of these electronic resources is designed to support education. If rules are broken, a student may lose his/her privilege to use the school computers and the Internet.

**Be Kind**

• I will not use the computer or electronic devices to be hurtful to others.

• I will not view, send or display inappropriate messages or pictures.

• I will not access or tamper with other people’s work or files.

**Be Safe**

• I will not give my address or phone number to anyone on the Internet.

• I will tell an adult if I see anything that makes me uncomfortable or receive messages I do not like.

• I will not share my password with anyone but my parents.

**Be Responsible**

• I will use all computer equipment carefully.

• I will obey copyright laws.

• I will not download or print without permission from an adult.

• I understand that the school can check my computer files and monitor the Internet sites I visit.

• I will report any damage or problems to my teacher right away

**PLEASE NOTE: 2nd-5th Graders are provided with network logins and email accounts limited to sending/receiving emails from teachers/staff and approved websites only**

By signing my name I agree that I will follow these rules.

Student Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

I have read this Acceptable Use Agreement and have discussed it with my child. I understand that my child must abide by the Internet etiquette guidelines and that use of the system will be for educational purposes only.

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

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| Policy Page 1 of 37/10/2018 | **I.3.R Responsible Computer, Network & Internet Use**Central Vermont Supervisory UnionEcho Valley Community School DistrictPaine Mountain School District |

**Purpose:**

The ***Central Vermont Supervisory Union, Paine Mountain, and Echo Valley Community School Districts*** recognizes that information technology (IT) is integral to learning and educating today’s children for success in the global community and fully supports the access of these electronic resources by students and staff. The purpose of this policy is to:

1. Create an environment that fosters the use of information technology in a manner that supports and enriches the curriculum, provides opportunities for collaboration, and enhances staff professional development.
2. Ensure the district takes appropriate measures to maintain the safety of everyone that accesses the district’s information technology devices, network and internet resources.
3. Comply with the requirements of applicable federal and state laws that regulate the provision of access to the internet and other electronic resources by school districts.

**Policy:**

It is the policy of the ***Central Vermont Supervisory Union, Paine Mountain, and Echo Valley Community School Districts*** to provide students and staff access to a multitude of information technology (IT) resources including the Internet. These resources provide opportunities to enhance learning and improve communication within our community and with the global community beyond. With the privilege of access comes the responsibility of students, teachers, staff and the public to exercise responsible use of these resources. The use by students, staff or others of district IT resources is a privilege, not a right.

The same rules and expectations govern student use of IT resources as apply to other student conduct and

communications, including but not limited to the district’s harassment and bullying policies. The district’s computer and network resources are the property of the district. Users shall have no expectation of privacy in anything they create, store, send, receive or display on or over the district’s computers or network resources, including personal files.

The superintendent is responsible for establishing procedures governing use of IT resources consistent with the

provisions of this policy. These procedures must include:

1. An annual process for educating students about responsible digital citizenship. As defined in this policy,

a responsible digital citizen is one who:

* **Respects One’s Self.** Users will maintain appropriate standards of language and behavior when sharing information and images on social networking websites and elsewhere online. Users refrain from distributing personally identifiable information about themselves and others.
* **Respects Others.** Users refrain from using technologies to bully, tease or harass other people. Users will report incidents of cyber bullying and harassment in accordance with the district’s policies on bullying and harassment. Users will also refrain from using another person’s system account or password or from presenting themselves as another person.
* **Protects One’s Self and Others.** Users protect themselves and others by reporting abuse and not forwarding inappropriate materials and communications. They are responsible at all times for the proper use of their account by not sharing their system account password. Students and staff should only communicate via email with each other using their school-issued email account. Security on any computer system is a high priority. If you can identify a security problem on the District network, you

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| Policy Page 2 of 37/10/2018 | **I.3.R Responsible Computer, Network & Internet Use**Central Vermont Supervisory UnionEcho Valley Community School DistrictPaine Mountain School District |

must notify the CVSU Network Administrator and agree not to share knowledge of the security problem with other users.

* **Respects Intellectual Property.** Users suitably cite any and all use of websites, books, media, etc.
* **Protects Intellectual Property.** Users request to use the software and media others produce.
1. Provisions necessary to ensure that Internet service providers and other contractors comply with applicable restrictions on the collection and disclosure of student data and any other confidential information stored in district electronic resources.
2. Technology protection measures that provide for the monitoring and filtering of online activities by all users of district IT, including measures that protect against access to content that is obscene, child pornography, or harmful to minors.
3. Methods to address the following:
* Control of access by minors to sites on the Internet that include inappropriate content, such as content that is: Lewd, vulgar, or profane, Threatening, Harassing or discriminatory, Bullying, Terroristic, Obscene or pornographic.
* The safety and security of minors when using electronic mail, social media sites, and other forms of direct electronic communications.
* Prevention of unauthorized online access by minors, including “hacking” and other unlawful activities.
* Unauthorized disclosure, use, dissemination of personal information regarding minors.
* Restriction of minors’ access to materials harmful to them.
1. A process whereby authorized persons may temporarily disable the district’s Internet filtering measures during use by an adult to enable access for bona fide research or other lawful purpose.

**Policy Application:**

This policy applies to anyone who accesses the district’s network, collaboration and communication tools, and/or student information systems either on-site or via a remote location, and anyone who uses the district’s IT devices either on or off-site.

**Limitation/Disclaimer of Liability:**

The District is not liable for unacceptable use or violations of copyright restrictions or other laws, user mistakes or negligence, and costs incurred by users. The District is not responsible for ensuring the accuracy, age appropriateness, or usability of any information found on the District’s electronic resources network including the Internet. The District is not responsible for any damage experienced, including, but not limited to, loss of data or interruptions of service. The District is not responsible for the accuracy or quality of information obtained through or stored on the electronic resources system including the Internet, or for financial obligations arising through their unauthorized use. Even though The District has taken thorough precautions to filter inappropriate content, with Internet and computer access also comes the availability of material that may not be considered to be of educational value in the context of the school setting. Some of the information and material communicated through computer use or found on the Internet may be illegal, insulting, or offensive.

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| Policy Page 3 of 37/10/2018 | **I.3.R Responsible Computer, Network & Internet Use**Central Vermont Supervisory UnionEcho Valley Community School DistrictPaine Mountain School District |

**Enforcement:**

The district reserves the right to revoke access privileges and/or administer appropriate disciplinary

action for misuse of its IT resources. In the event there is an allegation that a user has violated this policy, a

student will be provided with notice and opportunity to be heard in the manner set forth in the student disciplinary

policy.

Allegations of staff member violations of this policy will be processed in accord with contractual agreements and

legal requirements.

*CVSU Warned: 5/23/2018 1st Reading: 6/5/2018 2nd Reading:6/26/2018 Adopted:9/26/2018
EVCSD Adopted:10/10/2018 PMSD Adopted:10/3/2018*

**CVSU Respectful & Responsible Computer, Network & Internet
 Use Agreement - Students**

For the privilege of using ***CVSU’s*** computers and /or computer networks, I understand, accept, and agree to abide by the following conditions:

1. I agree to pay ***CVSU*** for any and all charges and/or liability that occurs as a result of misuse or damage of computers and/or computer networks.
2. I have received and read the terms and conditions for responsible use. I understand the terms and conditions and I agree to comply with all of them. Should I violate the terms and conditions, I understand that I may lose network privileges and I may be subject to disciplinary or legal action in accordance with school policy, local, state, and federal laws.
3. I understand that some material on the Internet may be objectionable but I also recognize it is impossible for ***CVSU*** to restrict access to all controversial materials and I will not hold them responsible for material acquired on the ***CVSU*** Network or Internet.

**I. User Agreement**

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_

**II. Parent/Guardian Permission**

As the parent or legal guardian of the minor student above, I have received, read, understand, and accept the terms and conditions for responsible use. I grant permission for the above student to access networked computer service in compliance with the ***CVSU’s*** Technology Responsible Use Agreement. I understand that some material on the Internet may be objectionable but I also recognize it is impossible for ***CVSU*** to restrict access to all controversial materials; I will not hold ***CVSU*** responsible for material acquired on the ***CVSU*** Network or Internet.

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

Please Print Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. DURATION**: **This agreement is in effect until the student’s last day of enrollment in the CVSU school district**.

**CVSU 2020-2021 School Year**

**1:1 Device Program Reminders**

***(Paine Mountain School District: Northfield Middle High School & Williamstown Middle High School)***

**We are excited to offer the 8th-12th grade students in our district the opportunity to have a 1:1 device to be used at both school and home! Here are some important reminders we ask you to read BEFORE signing the device agreement form (*located at the end of this document*):**

* Each device is labeled and assigned a matching charger and sleeve. Students are expected to care for their devices and to return the matching charger and sleeve with their device at the end of the year. If your charger is lost or stolen please report it immediately. If replacement items need to be acquired the family and school will work together to see that the student’s technology needs are met.
* **Students are expected to report damages immediately.** If your device is damaged, you must report the damage immediately to the front office at WMHS and the IT department at NMHS. Our warranty requires a detailed description of the damage including how and when the damage occurred. Failure to report these details of the damage could result in the student’s full liability for the damage cost of repairs.
	+ NOTE: If your device was turned in damaged at the end of the last school year and you did not provide a damage description, you may not be reissued your device until the damage description is provided. Please report the damage ASAP so your device can be repaired and re-issued to you.
* **Be sure that your device is the last item placed in your backpack.** If the device is inside of a backpack, it must also be inside the sleeve. Do not overstuff your backpack – pressure on the device can cause permanent damage to the screen and other components.
* **Students are expected to keep their device and sleeves free from stickers and other markings**. The only markings on the device sleeve will be an inventory control number. There are to be no stickers on or marking of the devices or carrying cases/sleeves.
* **Bring a fully-charged device to school daily.**

**1:1 Agreement Form**

We acknowledge that we have read the PMSD Student 1:1 Handbook and any additional notices attached **AND**

We agree to the conditions and responsibilities set forth in this handbook. We ACCEPT the 24/7 access to a school-issued device so that our student can take the device home.

Student Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

We acknowledge that we have read the school’s School Student 1:1 Handbook and any additional notices attached **AND**

We agree to the conditions and responsibilities set forth in this handbook **BUT**

We **WAIVE** the take-home, 24/7 access to a school-issued device and request that the device remain at school.

Student Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Central Vermont Supervisory Union*

Northfield Elementary School Northfield Middle High School Orange Center School Washington Village School
Williamstown Elementary School Williamstown Middle High School

**ANNUAL TRANSPORTATION INFORMATION REQUEST
Preschool (4 year olds only) through grade 12**

We need to ensure that our students are safe throughout the arrival and dismissal process. Please complete this form as to how your student will be coming to and from school.

Please complete one form per student. Please print clearly.

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ⃞ My child needs bus transportation (complete pick-up and drop-off information below.)

 ⃞ My child does not need bus transportation ⃞ My child is a walker ⃞ Parent Transportation

**MORNING Transportation (Pick-Up)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Location (Physical Address)\* |  |  |  |  |  |

 **AFTERNOON Transportation (Drop-Off)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Location (Physical Address)\* |  |  |  |  |  |

*\*If other than home address, please provide an explanation (i.e., childcare, grandparent’s home, etc.):*

**Please Note: When a 4 year old to a 1st grader rides the bus home, an approved adult must be at the bus stop to receive the student. If an approved adult isn’t there, the student will be brought back to school until parents can make arrangements for pick up. Please identify the person(s) permitted to meet your preschooler-1st grader at the bus stop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Parent/Guardian Contact Information

Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Central Vermont Supervisory Union*

Northfield Elementary School Northfield Middle High School Orange Center School Washington Village School
Williamstown Elementary School Williamstown Middle High School

**In District Field Trip Permission Form**

At various times our students will be attending activities within our Supervisory Union, but away from our building. This Field Trip form permits blanket parent permission for trips within the Supervisory Union to be sought and obtained at the start of each school year. **Parents will be notified when their student is participating in a activity within the Supervisory Union.**

If you are agreeable to your child going on planned fields trips within the Supervisory Union using this blanket permission form, please sign below and we will keep this form on file for the current school year.

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Picture/Video Publication Permission Form**

***Please initial permissions and sign below:***

\_\_\_\_\_\_\_\_\_\_ **YES** - I give permission for photos of my child to be used in school presentations (such as parent
 nights, end of year celebrations and district newsletters).

\_\_\_\_\_\_\_\_\_\_ **YES** - I give permission for my photos of my child to be published in the Northfield News, the Times
 Argus, the World, and web newspapers.

\_\_\_\_\_\_\_\_\_\_ **YES** - I give permission for unidentified photos of my child to be used on our school web pages.

 \_\_\_\_\_\_\_\_\_\_ **NO** - I do not give permission to use my child’s name and/or photographs, voice, likeness, art,
 writing and any or all audio, video, or computer generated products (as listed previously) in any
 media based productions for the previously stated purposes.

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_

Parent Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

*Central Vermont Supervisory Union*

Northfield Elementary School Northfield Middle High School Orange Center School Washington Village School
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**REQUEST AND AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION**

I request that (Name of School): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release records of (Student Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send To: (please check one):

|  |  |
| --- | --- |
| 𐄂 **Northfield Elementary & Middle/High School** Attn: Registrar37 Cross Street, Unit 2Northfield, VT 05663 |  |
| 𐄂 **Orange Center School**357 US Route 302E. Barre, VT 05649 | 𐄂 **Washington Village School** 72 School LaneWashington, VT 05675 |
| 𐄂 **Williamstown Elementary School**100 Brush Hill RoadWilliamstown, VT 05679 | 𐄂 **Williamstown Middle High School**120 Hebert RoadWilliamstown, VT 05679 |

At your earliest opportunity please send records for the above student who is transferring to our school. Please include all available cumulative scholastic records, birth certificate, health records, special education/504 records, psychological reports and any other pertinent information. In order to enroll this student in a timely manner, prior to mailing these records, please fax a copy of the health record, IEP/504 plan and last report card. Also please include a copy of this authorization form. Thank you.

Printed Name of Parent/Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Central Vermont Supervisory Union*

Northfield Elementary School Northfield Middle High School Orange Center School Washington Village School
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**Permission for Release of Directory Information**

*PLEASE PRINT CLEARLY*

Student First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The **CVSU** and its member districts will release directory information without prior written consent unless the parent or eligible student informs the principal or superintendent in writing that any or all of the information designated below should not be released without prior consent.

**Directory Information:** *The* ***CVSU*** *and its member districts designate the following information as directory information. Please check the information below that you give consent to be released.*

⬜ NONE of the information below may be released

⬜ ALL of the information below may be released.

Only the items checked below may be released:

⬜ Student’s name

⬜ Mailing address

⬜ Birthday (month and day only)

⬜ Dates of enrollment

⬜ Parent or legal guardian’s name and mailing address

⬜ Student’s grade level classification

⬜ Student’s participation in recognized school activities and sports

⬜ Weight and height of members of athletic teams

⬜ Student’s diplomas, certificates, awards and honors received

Parent or Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Other Forms - Linked Documents*

[Vermont Migrant Education Program Form](https://www.uvm.edu/sites/default/files/mepagsurvey.pdf)

[Vermont Agency of Education Primary/Home Language Survey for All Kindergarten and Incoming Students](https://education.vermont.gov/sites/aoe/files/documents/edu-federal-programs-primary-home-language-survey_0.pdf)

 [Application for Free and Reduced Price School Meals - VT Agency of Education](https://education.vermont.gov/student-support/nutrition/school-programs/free-and-reduced-meals)