



HARDWICK ELEMENTARY SCHOOL

135 SOUTH MAIN STREET, P.O. BOX 515
HARDWICK, VT 05843

PHONE: (802) 472-5411
FAX: (802) 472-3325

PATRICK PENNOCK
PRINCIPAL

REQUEST FOR TRANSFER OF RECORDS

TO: _____

Date: _____
Phone # _____
Fax # _____

The registration process was requested for the student(s) listed below on _____.

It is our understanding that he/she last attended your school. Last day there: _____.

Student's Name 1) _____	DOB _____	Grade _____
2) _____	DOB _____	Grade _____
3) _____	DOB _____	Grade _____

VT. State ID 1) _____ 2) _____ 3) _____

Please send all academic records, including achievement tests results, intelligence test score, grade placement information, up-to-date health and attendance records, and any information regarding special services (IEP, 504, or ACT 230 plan, psychological, speech and language) to the address above.

Please fax the Free & Reduced Meals Application to: 1-802-472-3325

I HEREBY AUTHORIZE _____ TO RELEASE ALL ACADEMIC, HEALTH, PSYCHOLOGICAL AND TESTING RECORDS ON MY CHILD/CHILDREN TO THE HARDWICK ELEMENTARY SCHOOL IN HARDWICK, VERMONT 05843.

SIGNATURE OF PARENT/GUARDIAN _____
DATE _____



HARDWICK ELEMENTARY SCHOOL

135 SOUTH MAIN STREET • P.O. BOX 515

HARDWICK, VT 05843

PHONE: (802) 472-5411

FAX: (802) 472-3325

www.hardwick.ossu.org

PATRICK PENNOCK

PRINCIPAL

ppennock@ossu.org

Empowering students with knowledge and skills to become responsible and contributing members of society.

Welcome to Hardwick Elementary School,

Thank you for taking the time to fill out these important forms for the registration of your student. Please see checklist to ensure that this process is completed smoothly.

- **Photo ID:** may be required for new students. Please have a valid driver's license or other ID ready.
- **New Student Registration Form:** Complete all sections applicable to your student on all pages, sign in all designated areas, and return. Please note, in the **Primary and Secondary Contacts** section, there are 4 sections for parents to accommodate who have 2 households, and may have a step parent or partner living with the student. Please use the **Alternative Emergency Contacts** section for folks other than parents, step parents or parent's partners, who we are allowed to contact if we cannot reach parents.
- The **center page** only needs to be signed if we **CANNOT** release a student's name or photo, such as a photo or printed Honor Roll list in the Hardwick Gazette and on our website.
- **Primary Home Language Survey:** Complete, sign, and return.
- **Student Custody Form:** If applicable, you may have to complete this form, sign, **AND** provide the school with copies of any legal documents which apply to custody, adoption, visitation/parental rights, temporary placement, etc.
- Provide a copy of student's **Birth Certificate*** and a copy of student's most recent **Immunization Record*** from his/her Primary Care Provider.
- **Proof of Residency:** is required for new families. Please see the attached document with examples.
- We have a copier at school to assist you as needed. We also accept faxed copies and our fax # is 472-3325.
- Families will be contacted as soon as possible with classroom placement. In the case of Kindergarten registration, letters will be mailed home in the late summer with placement and special events to get you and your student ready for school.

Kindly,
Christine Gifford
Registrar

*Birth Certificate and Immunization record copies may be on file with your child's preschool.

Notes: _____

OSSU School Entry Requirements

Craftsbury, Lakeview, Hardwick, Hazen, Wolcott, Woodbury Schools

Legal Proof of Age

Children must be 5 years old or older as of September 1 for Kindergarten.

*Certified or copy of child's Birth Certificate

To get copies online, use this link for children born in Vermont:

http://healthvermont.gov/research/records/birth_form.aspx



Other possible accepted items are:

- *Baptismal record
- *Private Insurance policy

Health Requirements

- *Copy of Immunization record
- *Proof of Recent Sports Physical (if playing school-sponsored sports)

Vaccine	Type
Hepatitis B (HepB, Hib-HepB, HepA-HepB, DTaP-HepB-IPV)	
Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT, Td, Tdap, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV)	

© Can Stock Photo - cap1203230

Proof of Residency

- One of the following items is required:
 - *Current Tax bill
 - *Current mortgage or closing statement that reflects an in-district address and parent/legal guardian's name
 - *Formal lease or landlord's note stating in-district address and parent/legal guardian's name as lessee
 - *If residing with friends or family, a **notarized** letter stating an in-district address and plus the property owner's name & telephone number.

- Two of the following items are required:
 - *Valid VT Driver license or valid VT ID card with an in-district address
 - *Current Utility bill with name listed and physical address included
 - *Valid Insurance card, EBT card, library card or other ID card with name
 - *Valid Vehicle registration card
 - *Bank statement for current month or last month

- OSSU reserves the right to require the full OSSU Residency Affidavit if needed.

**Orleans Southwest Supervisory Union
Hardwick Elementary School
NEW STUDENT REGISTRATION FORM**

Last updated 08/2015

This form is required for registration and enrollment of your child. Failure to complete and return this form will delay the registration process. Orleans Southwest Supervisory Union (OSSU) reserves the right to request proof of residency either at the time of enrollment or during the school year (the types of documents that will be accepted as proof of residency can be found on OSSU's Residency Verification Guidelines). Providing false information on any registration forms may result in unenrollment of your child in this school. Changes to any information contained within this form should be immediately reported to the school to ensure the school has the most accurate information about your child on file.

STUDENT INFORMATION	
Student Full Name (First Middle Last):	
Student Preferred Name (Nick Name; optional):	
Student Home Phone:	__ Unlisted Number
Student Cell Phone (Optional):	
Physical Street Address (911):	
Physical City, ST, Zip (911):	
Mailing Street Address:	
Mailing City, ST, Zip:	
Town of Residence (Check one):	<input type="checkbox"/> Craftsbury <input type="checkbox"/> Greensboro <input type="checkbox"/> Hardwick <input type="checkbox"/> Stannard <input type="checkbox"/> Wolcott <input type="checkbox"/> Woodbury <input type="checkbox"/> Other:
Has student <u>ever</u> attended a school in OSSU?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: School Name: _____ Dates Attended: _____
Name of Last School Attended (K-12):	
Grade Level at Last Attended School (K-12):	
Services Received at Last Attended School (K-12):	<input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> EEE <input type="checkbox"/> EST <input type="checkbox"/> ELL <input type="checkbox"/> Other:
Date of Birth (mm/dd/yyyy):	
Grade Level:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:
Ethnicity (Check one):	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race (Check all that apply):	<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White
Primary Language:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> Other:
Migrant Status:	<input type="checkbox"/> Non-Migrant <input type="checkbox"/> Migrant
Homeless Status:	<input type="checkbox"/> Not Homeless <input type="checkbox"/> Homeless <input type="checkbox"/> Homeless receiving services
Is student in State care and custody?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete separate state placement form
Siblings under the age of 21 (Name and birthdate):	Name/DOB: _____ Name/DOB: _____ Name/DOB: _____ Name/DOB: _____ Name/DOB: _____ Name/DOB: _____
Internet Access:	At times your child maybe asked to complete assignments using the internet. Does your child have access to the internet at home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation (K-12):	What is the student's most common mode of transportation to and from school? <input type="checkbox"/> Bus <input type="checkbox"/> Walks <input type="checkbox"/> Car/Carpool <input type="checkbox"/> Other If Other provide details: _____
Early Release Preference (K-12):	What should the school do in the event of an early dismissal? <input type="checkbox"/> Send student home <input type="checkbox"/> Send home with older sibling <input type="checkbox"/> Send to Daycare <input type="checkbox"/> Other If Daycare or Other provide details: _____

PRIMARY CONTACTS (Must have at least one primary contact; automatically receives school mail/student records)			
Parent/Guardian Name: _____ Relationship to Student: _____ Lives with student: __ Full-time __ Part-time __ N/A Legal Guardian: __ Yes __ No Has custody of student? __ Yes __ No Mailing Address: __ Check here if same as student Mailing City, ST, Zip: _____ Home Phone: Cell Phone: _____ Email: _____ Employer: Work Phone: ext: _____ Best Means of Contact: __ Home __ Cell __ Work	Parent/Guardian Name: _____ Relationship to Student: _____ Lives with student: __ Full-time __ Part-time __ N/A Legal Guardian: __ Yes __ No Has custody of student? __ Yes __ No Mailing Address: __ Check here if same as student Mailing City, ST, Zip: _____ Home Phone: Cell Phone: _____ Email: _____ Employer: Work Phone: ext: _____ Best Means of Contact: __ Home __ Cell __ Work		
SECONDARY CONTACTS (Must be legal guardian to receive school mail/student records)			
Parent/Guardian Name: _____ Relationship to Student: _____ Lives with student: __ Full-time __ Part-time __ N/A Legal Guardian: __ Yes __ No Has custody of student? __ Yes __ No Receive school mail? __ Yes __ No Mailing Address: __ Check here if same as student Mailing City, ST, Zip: _____ Home Phone: Cell Phone: _____ Email: _____ Employer: Work Phone: ext: _____ Best Means of Contact: __ Home __ Cell __ Work	Parent/Guardian Name: _____ Relationship to Student: _____ Lives with student: __ Full-time __ Part-time __ N/A Legal Guardian: __ Yes __ No Has custody of student? __ Yes __ No Receive school mail? __ Yes __ No Mailing Address: __ Check here if same as student Mailing City, ST, Zip: _____ Home Phone: Cell Phone: _____ Email: _____ Employer: Work Phone: ext: _____ Best Means of Contact: __ Home __ Cell __ Work		
Legal Information: Is anyone forbidden access to the student? You must attach documentation, such as a court order or restraining order, to be honored			
ALTERNATE EMERGENCY CONTACTS			
List up to three people OTHER THAN primary or secondary contacts to be called if above contacts are not available			
Name & Relationship	Phone 1/Type (home, cell)	Phone 2/Type	Phone 3/Type
SIGNATURE			
I certify that this information is true and correct. If any of the information contained on this form should change during the school year, I understand that it is my responsibility to inform Hardwick Elementary School immediately.			
Signed: _____			Date: _____

**Orleans Southwest Supervisory Union
Hardwick Elementary School**

AUTOMATED NOTIFICATION SYSTEM

OSSU uses an automated notification system called "School Messenger" to communicate school-related information by telephone and email, including:

School- or OSSU-wide Emergency Messages: occurrences that impact the health and safety of students and staff. These may include, but are not limited to: school closings or delays due to inclement weather, natural disasters, or other occurrences (e.g., lockdowns, building evacuations or police activity on or around campus). Visit www.ossu.org for more information on emergency notification procedures.

School-based Important Messages: important information that does not pertain to the entire supervisory union, including but not limited to school-, class-, bus-, or grade-level messages that need to go out prior to when the school opens or after school dismisses (e.g., principals sending messages about a delayed bus from a field trip or sporting event).

Events & Announcements: principals or the Superintendent may communicate upcoming opportunities or events of educational value for students, parents/guardians, or staff (e.g., performances, staff meetings, testing, open houses, back-to-school events). The system will not be used to disseminate information on behalf of political candidates, political parties, religious organizations, or commercial events or products.

We recommend that parents/guardians include at least one phone number and email address for emergency and important school-based notifications. Because we are aware that using the system for the dissemination of non-essential messages could be irritating to some, parents/guardians have the choice to sign up for additional events and announcement notifications.

In order to receive notifications quickly and efficiently, parents/guardians can indicate the best phone numbers and email addresses to be included in the different types of notifications. Please carefully review the information listed below and make appropriate changes. Please allow up to three weeks for your information to be updated after it is returned to the school.

OSSU AUTOMATED NOTIFICATION CONTACTS

EMERGENCY AND IMPORTANT SCHOOL NOTIFICATIONS

Please enter up to three phone numbers and email addresses to be used for emergency and important school notifications sent between 6:00 AM and 4:00 PM and 4:01 PM to 9:00 PM as well as preferred email addresses.

Notification Hours	Contact 1	Contact 2	Contact 3
Phone 6:00 am - 4:00 pm			
Phone 4:01 - 9:00 pm			
Email (any time)			

EVENTS & ANNOUNCEMENTS

Please enter up to three phone numbers and email addresses to be used for Events & Announcement Notifications. If you do not wish to receive these types of notifications, please leave this section blank.

Type	Contact 1	Contact 2	Contact 3
Phone			
Email			

TEXT MESSAGES

Are you interested in receiving text messages as part of the notification system once it becomes available?

Yes No

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Orleans Southwest Supervisory Union
Hardwick Elementary School
USE OF STUDENT DIRECTORY INFORMATION AND PHOTOS ANNUAL OPT-OUT FORM

ANNUAL NOTIFICATION

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Hardwick Elementary School, with certain exceptions, must obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Hardwick Elementary School may disclose appropriately designated "directory information" without written consent, unless you have advised the school not to release this information.

Hardwick Elementary School has designated the following information as directory information:

- Student's name
- Date of birth
- Address
- Electronic mail address
- Telephone number
- Photograph
- Major field of study
- Participation in officially recognized activities and sports
- Dates of attendance
- The most recent educational agency or institution attended
- Weight and height of members of athletic teams
- Degrees, honors, and awards received

Parents/Guardians have the right to choose whether your child's information is released or not. Please check the appropriate boxes below and return this form to Hardwick Elementary School before **October 1st**. Parents, guardians, or eligible students who do not check a box, or who do not return this form, give their implied consent for release of directory information, consent to use of student photographs (grades K-12), consent to release directory information to the military (grades 9-12 only), and consent to release directory information to institutions of higher education (grades 9 - 12).

Please return this form directly to Hardwick Elementary School either in person or by U.S. mail. If you have more than one child in school, this opt out form must be completed for each child.

PLEASE MARK AN "X" NEXT TO EACH APPLICABLE STATEMENT BELOW:

ALL STUDENTS PK-12

I DO NOT consent to the release of directory information about the student named below for use in publications, such as newspapers, rosters for sports or other media, or honor roll, except as authorized by law.

I DO NOT consent to the release of photographs/video of the student named below for the use in publications, such as newspapers, yearbooks, websites, sports programs, concert programs, theatrical programs, or articles.

ALL STUDENTS IN GRADES 9 - 12

I DO NOT consent to the release of directory information to the military about the student named below.

I DO NOT consent to the release of directory information about the student named below to institutions of higher education that request it

Student's Full Legal Name (Print): _____

Student's Date of Birth: _____

Student's School: Hardwick Elementary School

Student's Grade: _____

Parent/Guardian Full Legal Name (Print):: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Orleans Southwest Supervisory Union
Hardwick Elementary School
 MEDICAL INFORMATION FORM

STUDENT: _____	GRADE: _____	DOB: _____
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DOCTOR/DENTIST

Doctor's Name (Last, First): _____	Dentist's Name (Last, First): _____
Doctor's Phone Number: _____	Dentist's Phone Number: _____

EXAMS

Did your child have a Well Child Examination in the past year?: Yes No Date of Last Visit: _____
 Did your child have a Dental Examination in the past year?: Yes No Date of Last Visit: _____
 (Important! Vermont State Law requires school nurses to collect and provide this data to the Vt. Health Dept. to determine health and wellness needs of the community.)

GLASSES/CONTACTS

Does student wear glasses: <input type="checkbox"/> Yes <input type="checkbox"/> No	Eye Doctor's Name: _____
If 'Yes', for distance or near vision? _____	Date Last Seen: _____

ALLERGIES

Does student have any allergies? Yes No Does student require an EPI-PEN at school? Yes No
 If 'Yes' please explain and list any medications taken for allergies:

ASTHMA

Does student have asthma? Yes No Does student require an Inhaler at school? Yes No
 If 'Yes', please describe the symptoms and triggers and any medications used at home and/or school: *(**Please note that if your child requires an inhaler at school, you MUST submit a copy of an "Asthma Action Plan" along with a signed permission form**)*

MEDICATIONS

Please list all medications the student regularly takes at home and/or school:

Medication	Reason for Medication(s)	Home and/or School?
		Home / School
		Home / School
		Home / School

*****NO MEDICATION will be given at school without the signed permission by Parent/Guardian AND the physician. Forms are available in the school office. ALL medications MUST be in the original pharmacy container.**

HEALTH INSURANCE

Does student have health insurance?
 Doctor Dynasaur Private Insurance Provider: _____ None

Would you like more information on health insurance for you or your child? Yes No
 (or call 1-800-250-8427 for more information)

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

STUDENT:

GRADE:

DOB:

OTHER

Has student experienced any loss or trauma that we should know about?

Has student received any counseling services?

Has student has any serious illness, accident or surgery in the last 6 months?

Any other physical or mental health concerns not already mentioned?

PERMISSION

EMERGENCY MEDICAL PERMISSION: In the event of an emergency, I request the school contact me. If unable to reach me and emergency medical care is considered necessary, I authorize the school personnel to seek medical care, including ambulance transportation to the closest medical facility. I give permission to the facility's medical personnel to perform emergency treatment, as they deem necessary. I assume all financial responsibility for any emergency treatment provided.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

DOCTOR CONTACT PERMISSION: I grant permission to the school nurse to contact my child's health care providers for the purpose of sharing or requesting medical information (obtaining immunization dates, clarification and permission for medications, recommendations for care regarding classroom setting etc.)

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

NON-PRESCRIPTION MEDICATION PERMISSION:** I grant permission for the school to dispense the following non-prescription medications: ___Tylenol ___Advil ___TUMS to student as necessary. ****NO** medication will be given without signed permission and/or that is not in the original packaging.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Hardwick Elementary School Student Custody Form

Please complete this form to ensure that both the student's and parent's rights are protected.

Student(s) Name _____

Printed Name of Legal Guardian(s) _____ **and**

relationship to student(s) listed above _____

Student lives with:

- Both parents in the same home (legal parents as stated on student's birth certificate). Please stop here and sign below.

If parents are separated/divorced, legal custody* is with: ___mother ___ father ___ joint ___ other
AND indicate below with whom the student(s) live(s). ***NOTE: Legal custody documents are required for registration.***

- Mother only
- Father only
- Mother and Step-Parent/Partner
- Father and Step-Parent/Partner
- Grandparent(s) or other family member(s)
- Foster Parent(s) Case manager name (if not listed above) _____
- Other (such as temporary placement)
- Joint custody agreements/arrangements, such as weekdays with one parent and weekends with another.

*Legal documents provided for student file if applicable.
(for office use only:) received by: _____ date: _____

Signature: I certify that this information is true and correct. If any of the information contained on the form should change, I understand that it is my responsibility to inform Hardwick Elementary School immediately.

Signed: _____ **Date:** _____

Primary/Home Language Survey for All Kindergarten and Incoming Students

Instruction for schools in completing the survey:

1. Interview the parents/guardians of **ALL** new Kindergarten and incoming students in grades K-12 and record all information requested.
2. Provide interpreting services whenever necessary.
3. Please check to see that **all questions** on the form are answered.
4. A copy of any survey with a language other than English should be referred to the ESL teacher for further screening to determine if the student is an **English Language Learner (ELL)**.
5. Surveys for students identified as ELLs should be faxed (802) 828-6563 or mailed to:
Jim McCobb, ELL Program Coordinator, Vermont Department of Education, 120 State Street, Montpelier, VT 05620-2501
6. Place the original survey form in the student's permanent file
7. For questions: E-mail: james.mccobb@state.vt.us Tel: (802) 828-0185

Student Information (Parents/Guardians should complete this section.)			
First Name:	Last Name:	Date of Birth:	Gender: F <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth:	Date of Entry in U.S.:	Date student first began Kindergarten (or higher grade) in any U.S. school:	
Questions for Parents/Guardians		Response	
What is the native language of each parent/guardian?			
What language(s) are spoken in your home?			
Which language did your child learn first?			
Which language does your child use most frequently at home?			
Which language do you most frequently speak to your child?			
What other languages does your child know?			

FOR SCHOOL OFFICE ONLY:

School Information (School Staff should complete this section based on information gathered from parent/guardian.)

What school will the student attend?

Beginning date in this school:

What grade will the student enter?

Person Conducting Survey:



VMEP, UVM Extension
 327 US Route 302, Suite 1, Barre, VT 05641
 1-866-860-1382 ext. 208 & Fax: (802) 476-2006

Vermont Migrant Education Program Agricultural Employment Survey

Please complete this form and return it to the school office.
 Schools will mail all completed forms to the address listed above. All information provided is confidential.

Parent Name _____ Date completed _____

Address _____

Home/Cell Phone _____ Message phone _____

Have you, your spouse or companion moved in the last three years?

Yes If yes from where? _____ Please complete the rest of this form.

No You do not need to complete the rest of this form. Thank you!

In the past three years, have you, your spouse, or companion

worked in agriculture or logging?

looked for work in agriculture or logging?

currently working in agriculture or logging?

No

Please check off all that apply:

<input type="checkbox"/> on any type of farm such as dairy, beef, sheep, turkey, chicken, egg, fish, emu, fruit or vegetable farm	<input type="checkbox"/> logging activities such as cutting trees/firewood, brush cutting, chipping, debarking trees, forestry or timber work, tree planting/pruning
<input type="checkbox"/> commercial greenhouse or nursery	<input type="checkbox"/> in a slaughterhouse or smokehouse
<input type="checkbox"/> hauling milk or other raw agricultural products	<input type="checkbox"/> replanting or restoring land used for mining or clear cutting purposes
<input type="checkbox"/> cheese plant, cannery, milk bottling plant or other food processing plant	<input type="checkbox"/> harvesting crops such as apples, grapes, hay, corn, and berries
<input type="checkbox"/> trimming and harvesting Christmas trees/ wreath making	<input type="checkbox"/> commercial fishing or fish farming

Please list all children ages 0 to 22 in your household: (list additional names on bottom of form)

Child:	Grade:	School:
Child:	Grade:	School:
Child:	Grade:	School:
Child:	Grade:	School:

08/2013

If your family qualifies for the Migrant Education Program, your child may receive **FREE** educational support services which may include free books, tutoring, summer programs, and/or resource referrals for services in your area.

Please return this form to school!



VMEP, UVM Extension
327 US Route 302, Suite 1, Barre, VT 05641
1-866-860-1382 ext. 208 & Fax: (802) 476-2006

Program Narrative

WHO:

The Vermont Migrant Education Program serves **children and youth** (ages 3 – 21) whose families move from one school district to another to obtain temporary or seasonal work in agriculture or logging. There are no income guidelines used to determine eligibility.

WHAT:

The Program works with parents and teachers to provide **free educational support** to help students transition into their new schools. Support to schools and families may include:

- Instructional support
- Free books
- School and home coordination
- On-going school contact
- Preschool support
- Agency referral and coordination
- Summer support services
- Home visits
- Literacy based activities for families in their homes

HOW:

Recruitment Specialists contact schools, farms, agencies, and businesses to locate families whose children may be eligible for program services. Visits are then arranged to discuss the program and determine eligibility. To refer students please contact us at the above address.

2018-2019 Orleans Southwest Supervisory Union

Craftsbury Schools / Hardwick Elem / Hazen Union / Lakeview Union Elem / Wolcott Elem / Woodbury Elem

School not in session

[] PLC/PD Day

[] Early Release

[] New Prof Staff Orientation

JULY 2018

M	T	W	Th	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

In-session days 0 Y-T-D: 0
 7/16 - 7/20 Leadership Team Week
 OSSU Hours M-Th 7:30-5:30
 July 9 - Aug 3

AUGUST 2018

M	T	W	Th	F
		1	2	3
6	7	8	9	10
13	14	/15/	/16/	/17/
[20]	[21]	[22]	[23]	[24]
27	28	29	30	31

In-session days: 4 Y-T-D: 4
 Paras-8/20, 21, 23 only
 Teachers-Build. 8/20/23/24 OSSU 8/21&22
 8/27 First Student Day

SEPTEMBER 2018

M	T	W	Th	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

In-session days 19 Y-T-D: 23
 9/3 Labor Day No School

OCTOBER 2018

M	T	W	Th	F
1	2	3	4	5
8	9	10	11	12
15	16	(17)	(18)	19
22	23	24	25	26
29	30	31		

In-session days 21 Y-T-D: 44
 10/17 Early Release; Building PLC
 10/18 OSSU PLC-Para and Teacher
 10/19 No School

NOVEMBER 2018

M	T	W	Th	F
			1	2
5	6	7	8	(9)
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

In-session days 18 Y-T-D: 62
 11/9 OSSU PLC-Para and Teacher
 11/21 - 23 November Recess

DECEMBER 2018

M	T	W	Th	F
3	4	5	6	
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

In-session days 15 Y-T-D: 77
 12/7 Early Release; Building PLC
 12/24 - 31 December Recess

JANUARY 2019

M	T	W	Th	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
[21]	22	23	24	25
28	29	30	31	

In-session days 21 Y-T-D: 98
 1/1 New Year's Day; No school
 1/21 MLK Day / Teacher Day, no Paras

FEBRUARY 2019

M	T	W	Th	F
				(1)
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	

In-session days 15 Y-T-D: 113
 2/1 OSSU PLC, No Paras
 2/25 - 28 Winter Recess

MARCH 2019

M	T	W	Th	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	(22)
25	26	27	28	29

In-session days 17 Y-T-D: 130
 3/1 - 4 Winter Recess
 3/5 Town Meeting; No School
 3/22 OSSU PLC, No Paras

APRIL 2019

M	T	W	Th	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

In-session days 17 Y-T-D: 147
 4/15 - 19 Spring Recess

MAY 2019

M	T	W	Th	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

In-session days 22 Y-T-D: 169
 5/27 Memorial Day; No School

JUNE 2019

M	T	W	Th	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

In-session days 6 Y-T-D: 175
 6/10 175th Student Day
 6/17 last day if 5 weather days used

The Hardwick Town School Board has contracted busing with Wildcat Busing for the 2018-2019 school year. Bus drivers have been requested to keep their stop to a minimum, and it is very important that children be ready and at their pickup points on time. The following bus schedule will be observed this year.

**Any questions regarding routes or times,
please contact "Bear" or Joann at Wildcat Busing, 472-5501.**

(New Families need to call Wildcat to arrange FIRST TIME busing)

BUSING INFORMATION The Hardwick Town School Board has contracted busing to Wildcat Busing for the 2018- 2019 school year. Bus drivers have been requested to keep their stop to a minimum, and it is very important that children be ready and at their pickup points on time. The following bus schedule will be observed this year. Any questions regarding routes or times please contact Bear or Joann at Wildcat Busing; 472-5501.

Bus # 1- Driver leaves Wildcat Terminal on route 15 at 6:40 am goes up Slapp Hill continuing up Center Rd., turning right on Montgomery Rd. Through East Hardwick to route 16 and left on route 16, go to and right on Coles Pond road. Turn around at Richard's Crossing. Back to route 16 and turn left on route 16. Take lower road into East Hardwick to water tub and turn right. Continue onto Hardwick Street to Tolman's Corners 7:20am turn left onto Center Rd to Hazen Union and Hardwick Elementary.

Bus # 2 - Driver leaves Wildcat Terminal on route 15 at 6:50 am going up route 15 turning right on Houston Hill, left at the four corners to Agape Farm turning around, back to four corners, left to Patoine's and back to four corners at 7:13 am. Turn left to Ling's, Perry's, then left on Scott Road to Mackville at 7:20 am, up Stratton Road to DesChamp's then back to and left at Mackville Pond rd at 7:25 a.m. Stopping at Trailer Park, right on South Main Street to Hardwick Elementary then to Hazen. Riders between Mackville road and Double Nickel Hut will be picked up by bus #8 at 7:35am.

Bus # 3 – Driver leaves Wildcat Terminal on route 15 at 6:40 am. East on route 15 to and turn left onto route 16. Up Mt. View rd and do the loop. Back to route 16 and turn right. Go to and turn left on Dimick road. Up to and turn around at Kelly Dimick's. Back to and turn right on route 16 to route 15 and turn right continuing to Hazen and Hardwick Elementary.

Bus # 4 - Driver leaves Wildcat Shop on route 15 at 6:50 am going west on route 15 toward Wolcott turning around at Marsh Rd. East on route 15 turning left up Bunker Hill Road to and past Gelineau's turning right onto Lyman Hill 7:03 am, then right onto West Hill Road and down to route 14 at 7:15 am. Turning left onto route 14 going up to and turning at Hodgdon's 7:20 am, back to Kwick Stop & Deli turning left on route 15 to Hazen, then to Hardwick Elementary .

Hardwick Elementary School

Please Read Carefully

Student Internet Access Account

As the parent/guardian of this student, I have read the "Student Acceptable Use Agreement" found on the reverse side of the page. I understand that access to the school's electronic resources is intended for educational purposes only. I hereby give permission for the school to issue an internet access account for my student.

I AGREE to allow the school to give my student internet access.

Student's Name (please print): _____

Parent/Guardian's Name (please print): _____

Address: _____

Email Address: _____ Phone #: _____

Parent/ Guardian Signature

Date

Student Signature

Date



Student Acceptable Use Agreement

General Procedures

Students at Hardwick Elementary School have access to the school's electronic resources for the purpose of enhancing learning. **The school has taken precautions to eliminate student access to controversial materials. However, users and parents/guardians must recognize it is impossible for the school to restrict access to all controversial materials.** Teachers, staff, administrators, and the school board are not responsible for students gaining access to such material. If rules are broken, a student may lose his/her privilege in using the computer and the Internet. Please pay specific attention to the following:

Individual User Responsibilities

System users shall:

1. not distribute personally identifiable information about themselves or others by means of the school's electronic communication system;
2. be responsible at all times for the proper use of their account by taking all reasonable precautions to prevent others from gaining access to their system account and password;
3. not use another person's account or password, or present themselves as another person or organization;
4. not purposefully access or send materials, which include pictures, videos, or audio files that are rude, disrespectful, abusive, obscene, sexually oriented, threatening, harassing, damaging to another's reputation, or illegal;
5. not use the school's electronic resources and internet connection for commercial or illegal purposes, or for any other activity prohibited by school policy;
6. not redistribute copyrighted programs or data except with permission or in the context of fair use;
7. not plagiarize work using the school's electronic resources (plagiarism is taking the ideas or writings of others and presenting them as your own);
8. not abuse school resources related to the electronic communication system, by downloading large files or sending annoying or unnecessary messages to a large number of people;
9. not damage or attempt to damage computers, computer systems, computer networks, or software;
10. not gain or attempt to gain unauthorized access to the school's electronic resources without permission;
11. not install programs or make any changes to the school's electronic resources without permission;
12. understand that electronic mail transmissions and other use of the electronic communication system is not confidential and may be monitored at any time by designated staff to ensure appropriate use.

For more information regarding the full OSSU Acceptable Use policy, please visit the district website at www.ossu.org.

Hardwick Elementary Dismissal Information for Students

Child's Name _____ Teacher _____

Where does the student go? (Check options below and indicate what day(s) of the week)

- Home _____ M Tu W Th F
- Daycare name and number _____ M Tu W Th F
- Other name and number _____ M Tu W Th F
- REACH! after school program* _____ M Tu W Th F
- Soccer or Basketball (ONLY when games/practices begin at @2:45) _____ as needed

How do they get there? (Check one below and indicate what day(s) of the week)

- Bus #1, M Tu W Th F
- Bus #2, M Tu W Th F
- Bus #3, M Tu W Th F
- Bus #4, M Tu W Th F
- Does student use a connector bus at Hazen? _____ M Tu W Th F
- Parking lot pick up (please use the Church parking lot next door) M Tu W Th F
- Walks/Rides bike M Tu W Th F

Classroom pick up is an option. Please park in the Church lot. Please wait to enter the classroom until "Walkers and Parking Lot" students are dismissed.

These people have permission to pick up this student: (If a person picking up a student is unknown to our staff, that person may have to show ID before pick up)

NEW THIS YEAR: Please limit dismissal related calls or emails to the office to emergencies only. If your work or custody schedules change weekly, please write the weekly plan on a note for the teacher each week.

To request new dismissal forms call, 472-5411.

Hardwick School Field Trip Permission 2018-2019

Throughout the school year, opportunities arise to extend the regular curriculum beyond the classroom and the school. This form will cover all field trips for the school year. Our goal is to prevent any child being left behind due to a missing slip. Classroom teachers are expected to send home written notice of trips, at least one week in advance, with all the information.

I, _____ (PLEASE PRINT), the parent/ guardian of

_____ in _____'s (Teacher's name) class

(Check one statement below)

_____ give my permission for my child to attend all field trips outside of the HES building for this school year. I understand that the teacher in charge will notify me with the details of each trip.

OR

_____ give my permission for my child to attend WALKING TRIPS only.

OR

_____ DO NOT give blanket permission and want to sign each notice in order to give consent for trips.

Signed: _____ Date: _____

Chaperoning

Parental assistance is sometimes needed to help with chaperoning field trips. A background check is required for all chaperones. This free process is valid for 3 years. BUT, takes at least 3 weeks to process. Forms are available on the school website or near the office. Please call the school for more information.

