



HARDWICK ELEMENTARY SCHOOL

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

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

EDIE DUNN
PRINCIPAL

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 parents. Please have a valid driver's license or other ID ready.
- **New Student Registration Form:** Complete all sections which apply 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 students who have 2 households, and may have a step parent or partner living with the student. Please use the **Alternate 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 our website.
- **Primary Home Language Survey:** Complete the, 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.
- **Other Forms:** Release of records from previous school, permission slips, VT Migrant Education Program, and more may be needed.
- 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:** may be requested for new families. Please see the attached document with examples.
- We have a copier at school to assist you if needed. We also accept faxed copies and our fax number is 472-3325.
- Families will be contacted as soon as possible with classroom placement and mid year start date, if applicable.

Kindly,

Tess Martin

Registrar

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

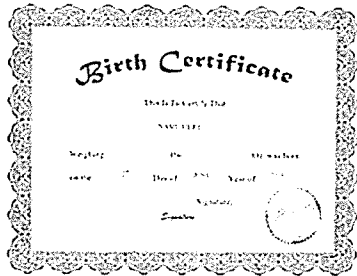
OSSU School Entry Requirements

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

Legal Proof of Age

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

*Certified or copy
Birth Certificate



Other accepted items are:

*Baptismal record

*Insurance policy

*Use this link to obtain Birth Certs.
for children born in VT

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

Health Requirements

*Copy of Immunization record I

*Recent Medical Exam or
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 - csp12863230

Proof of Residency

The legal residence of a minor student is where his or her parent (s) reside, if parents live apart, legal residence is where either parent resides. If a parent with sole custody lives outside the state of Vermont, the pupil does NOT have a legal residence in Vermont. If the pupil is placed by court order, a copy of the document must be provided, as well as the Affidavit Concerning Student Residency.

- Affidavit Concerning Student 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 letter stating an in-district address and plus the property owners name & telephone number

OR

- 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

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

DOCTOR/DENTIST

| | |
|------------------------------|-------------------------------|
| Doctor's Name: _____ | Dentist's Name: _____ |
| Doctor's Phone Number: _____ | Dentist's Phone Number: _____ |

EXAMS

Did your child have a Well Child Examination in the past year?: Yes No
 Did your child have a Dental Examination in the past year?: Yes No
 (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? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does student require an EPI-PEN at school? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If 'Yes' please explain and list any medications taken for allergies: _____ | |

ASTHMA

| | |
|--|---|
| Does student have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does student require an Inhaler at school? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If 'Yes', please describe the symptoms and triggers and any medications used at home and/or school: <i>(**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**)</i> | |

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: _____

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 Agency 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 (Month/Day/Year) | Gender: F <input type="checkbox"/> M <input type="checkbox"/> |
| Country of Birth: | Date of Entry in U.S. (Month/Day/Year): | Date student first began Kindergarten (or higher grade) in any U.S. school (Month/Day/Year): | |
| 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? | | | |

| School Information (School Staff should complete this last section based on information gathered from parent/guardian.) | | |
|---|------------------------------------|---------------------------|
| What school will the student attend? | | |
| Beginning date in this school (Month/Day/Year): | What grade will the student enter? | Person Conducting Survey: |



HARDWICK ELEMENTARY SCHOOL

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

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

EDIE DUNN
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 test results, intelligence test scores, 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 ASAP: Immunization, Birth Cert, FRL info, and other critical service information to 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 _____