



# HARDWICK ELEMENTARY SCHOOL

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

PHONE: (802) 472-3401  
FAX: (802) 472-3325

PATRICK PENNOR, K  
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*

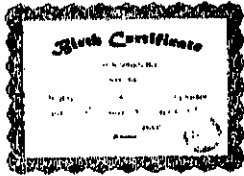
## Legal Proof of Age

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](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)	

© Gen Stock Photo - cap1268220

## 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):**

\_\_\_ Craftsbury    \_\_\_ Greensboro    \_\_\_ Hardwick    \_\_\_ Stannard  
\_\_\_ Wolcott    \_\_\_ Woodbury    \_\_\_ Other:

**Has student ever attended a school in OSSU?**

\_\_\_ Yes    \_\_\_ 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):**

\_\_\_ IEP    \_\_\_ 504    \_\_\_ EEE    \_\_\_ EST    \_\_\_ ELL    \_\_\_ Other:

**Date of Birth (mm/dd/yyyy):**

**Grade Level:**

**Gender:**

\_\_\_ Male    \_\_\_ Female    \_\_\_ Other:

**Ethnicity (Check one):**

\_\_\_ Hispanic or Latino    \_\_\_ Not Hispanic or Latino

**Race (Check all that apply):**

\_\_\_ American Indian / Alaskan Native    \_\_\_ Asian    \_\_\_ Black / African American  
\_\_\_ Native Hawaiian / Pacific Islander    \_\_\_ White

**Primary Language:**

\_\_\_ English    \_\_\_ Spanish    \_\_\_ Chinese    \_\_\_ French    \_\_\_ Other:

**Migrant Status:**

\_\_\_ Non-Migrant    \_\_\_ Migrant

**Homeless Status:**

\_\_\_ Not Homeless    \_\_\_ Homeless    \_\_\_ Homeless receiving services

**Is student in State care and custody?**

\_\_\_ Yes    \_\_\_ 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?  
\_\_\_ Yes    \_\_\_ No

**Transportation (K-12):**

What is the student's most common mode of transportation to and from school?  
\_\_\_ Bus    \_\_\_ Walks    \_\_\_ Car/Carpool    \_\_\_ Other  
If Other provide details:

**Early Release Preference (K-12):**

What should the school do in the event of an early dismissal?  
\_\_\_ Send student home    \_\_\_ Send home with older sibling    \_\_\_ Send to Daycare  
\_\_\_ Other    If Daycare or Other provide details:



**Orleans Southwest Supervisory Union  
Hardwick Elementary School**

**AUTOMATED NOTIFICATION SYSTEM**

OSSU uses an automated notification system called "Alert Solutions" 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](http://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 opt out of additional events and announcement phone calls.

In order to receive notifications quickly and efficiently, parents/guardians can indicate the best phone numbers and email addresses to be included for different times of day (work vs. home). 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 emails to be used for emergency and/or important notifications. Depending on the nature of the event or emergency, calls will be made to daytime/work numbers, or early AM/evening numbers.

<b>Notification Hours</b>	<b>Contact 1</b>	<b>Contact 2</b>	<b>Contact 3</b>
Business Hours (8-5)			
Early AM or Evening			
Email (any time)			

**TEXT MESSAGES**

I authorize OSSU to use the numbers above to send me mobile text messages:

Yes       No

**NON-EMERGENCY EVENTS & ANNOUNCEMENTS**

If you do NOT wish to receive non-emergency phone calls, please check here:

**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, public rosters for sports 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, websites or internet.

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 colleges or 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

\* Craftsbury Schools \* Hardwick Elementary \* Hazen Union High School \*  
Lakeview Elementary \* Wolcott Elementary \* Woodbury Elementary

## 2019 - 2020 STUDENT'S MEDICAL INFORMATION

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Physician \_\_\_\_\_ phone # \_\_\_\_\_

Dentist's \_\_\_\_\_ phone # \_\_\_\_\_

Parent's phone # (h) \_\_\_\_\_ (w) \_\_\_\_\_

Emergency contact \_\_\_\_\_ phone \_\_\_\_\_

**Important: Vermont State Law requires school nurses to collect and provide data to the VT Health Dept. to determine health and wellness needs of the community.**

**Has your child received any immunizations within the last year?**

\_\_\_ yes \_\_\_ no If yes, please provide immunization record.

**Does your child have health insurance?**

\_\_\_ yes \_\_\_ no If no, for more information on Medicaid/Dr. Dynasaur call 1-800-250-8427.

**In this current calendar year (Jan 1st - Dec 31), did your child have, or are they scheduled to have a well child exam?**

\_\_\_ yes \_\_\_ no

**In this current calendar year (Jan 1st - Dec 31st), did your child have, or are they scheduled to have a Dental Examination?**

\_\_\_ yes \_\_\_ no

**Does the student have any allergies?**

\_\_\_ yes \_\_\_ no If yes, please provide documentation from a licensed allergist of diagnosis or intolerance.

**Does the student require an EpiPen at school?**

\_\_\_ yes \_\_\_ no If yes, please provide physician signed medication order and an EpiPen for use at school.

**Does your child have a confirmed medical diagnosis of Asthma?**

\_\_\_ yes \_\_\_ no If yes, a complete Asthma Action plan signed by physician is required annually.

**Does your child require an inhaler during school, including Physical Education or extra-curricular activities?**

\_\_\_ yes \_\_\_ no If yes, please provide physician signed medication order along with the completed Asthma Action Plan and provide an inhaler/spacer for use at school in original labeled box.



Student: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Medical conditions not already listed (i.e. seizures, diabetes, etc)

\_\_\_\_\_

\_\_\_\_\_

Scheduled Medications \* Please list all medications the student regularly takes both at home and/or school:

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

Medications (as needed): I give designated school personnel permission to administer the following medications, for my child's comfort, in doses appropriate to age and/or weight: (please initial all that apply)

\_\_\_\_\_ Tylenol (acetaminophen) \_\_\_\_\_ Advil (ibuprofen) \_\_\_\_\_ Tums \_\_\_\_\_ Cough Drops \_\_\_\_\_ Other \_\_\_\_\_

*\*No MEDICATION will be given at school without the signed permission by Parent/Guardian AND the physician. All medications must be in their original pharmacy container. Otherwise we cannot administer the medication.*

Parent/Guardian Permission:

I authorize school personnel to provide emergency treatment for any illness or injury my child sustains. I also authorize school personnel to seek professional medical intervention when needed. If qualified professionals decide that medical intervention is necessary and reasonable efforts to reach me are unsuccessful, I authorize them and their medical facility to perform such intervention. 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 \_\_\_\_\_

# 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](mailto:james.mccobb@state.vt.us) Tel: (802) 828-0185

<b>Student Information (Parents/Guardians should complete this section.)</b>			
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 <b>Kindergarten (or higher grade)</b> in any U.S. school:	
<b>Questions for Parents/Guardians</b>		<b>Response</b>	
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?			

<b>FOR SCHOOL OFFICE ONLY:</b>		
<b>School Information (School Staff should complete this section based on information gathered from parent/guardian.)</b>		
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.