

**Orleans Southwest Supervisory Union
Wolcott 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 GUARDIANS (i.e. Legal Guardians who will receive school mail/notifications)

Parent/Guardian Name:	Parent/Guardian Name:
Relationship to Student:	Relationship to Student:
Lives with student: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A	Lives with student: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No
Has custody of student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has custody of student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address: <input type="checkbox"/> Check here if same as student	Mailing Address: <input type="checkbox"/> Check here if same as student
Mailing City, ST, Zip:	Mailing City, ST, Zip:
Home Phone: Cell Phone:	Home Phone: Cell Phone:
Email:	Email:
Employer: Work Phone: ext:	Employer: Work Phone: ext:
Best Means of Daytime Contact: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Best Means of Daytime Contact: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

SECONDARY GUARDIANS (Other parents/guardians; only legal guardians receive school mail)

Parent/Guardian Name:	Parent/Guardian Name:
Relationship to Student:	Relationship to Student:
Lives with student: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A	Lives with student: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No
Has custody of student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has custody of student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Receive school mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive school mail? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address: <input type="checkbox"/> Check here if same as student	Mailing Address: <input type="checkbox"/> Check here if same as student
Mailing City, ST, Zip:	Mailing City, ST, Zip:
Home Phone: Cell Phone:	Home Phone: Cell Phone:
Email:	Email:
Employer: Work Phone: ext:	Employer: Work Phone: ext:
Best Means of Daytime Contact: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Best Means of Daytime Contact: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> 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 guardians to be called if above contacts are not available

Name & Relationship	Phone 1/Type (h,w,c)	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 Wolcott Elementary School immediately.

Signed: _____

Date: _____

Orleans Southwest Supervisory Union
Wolcott 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 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.

Notification Hours	Contact 1	Contact 2	Contact 3
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
Wolcott 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 Wolcott 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, Wolcott Elementary School may disclose appropriately designated "directory information" without written consent, unless you have advised the school not to release this information.

Wolcott 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 Wolcott 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 Wolcott 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: Wolcott Elementary School

Student's Grade: _____

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

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Orleans Southwest Supervisory Union
Wolcott 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: Yes 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:** _____