

STONINGTON PUBLIC SCHOOLS

40 FIELD STREET • PAWCATUCK, CT 06379

PHONE: (860) 572-0506

FAX: (860) 599-8948



BOARD OF EDUCATION: Frank Todisco, Board Chair; Heidi Simmons, Board Secretary

SUPERINTENDENT
Van W. Riley, Ph.D.

ASSISTANT SUPERINTENDENT
Mary Anne Butler

DIRECTOR OF SPECIAL SERVICES
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KINDERGARTEN REGISTRATION

A student is not registered until the online registration form is submitted, residency is established through the school AND the HEALTH RECORDS ARE APPROVED BY THE SCHOOL NURSE

STEP 1: COMPLETE ONLINE REGISTRATION FORM

NOTE: Preschool students who **currently attend** the WVSS or DMS preschool program, **DO NOT** complete the online registration at this time.

Families will receive an email to complete their child's returning student registration in August.

These families should proceed to **STEP 2: SUBMIT HEALTH RECORDS**

TO ACCESS THE ONLINE REGISTRATION FORM

- Go to: <https://www.stoningtonschools.org/>
 - From the Blue Banner, Select: **FAMILIES**
 - From the drop-down menu, Select: **Registration**
 - Select: **2021-2022 New Student Registration**
 - Select: **Create an Account or Sign-In** (if you have registered a new student within 6 years)
 - Complete and Submit the online registration
 - **SAVE** and **Logout** of your account
- ☛ If you need tech support, please call (860) 572-0506 x2121 or email: tracie.sneed@stoningtonschools.org

STEP 2: SUBMIT HEALTH RECORDS

Please email or call the school nurse with any questions regarding health records. All health-related documents should be sent to your school's nurse by email, fax or mailed.

<p>Lori Tavares, BSN, RN Deans Mill School Nurse 35 Deans Mill Rd. Stonington, CT 06378 Phone: 860-535-2235 x6116 NURSE Fax: 860-535-2392 DMShealthregistration@stoningtonschools.org</p>	<p>Karen Rollins, BSN, RN West Vine Street School Nurse 17 West Vine St. Pawcatuck, CT 06379 Phone: 860-599-5832 x8177 NURSE Fax: 860-599-8266 WVSHealthregistration@stoningtonschools.org</p>
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- HEALTH ASSESSMENTS** must be completed prior to entry into school. For PreK and Kindergarten only, Physicals must be completed between January 1st and Dec. 31st of the calendar year the child starts school. -If the exam was done prior to January 1st, entry to school is accepted until a new physical exam is complete one (1) year from the date of the last physical to remain compliant in school.

IMMUNIZATION RECORDS



Please fax or email MOST RECENT PHYSICAL & IMMUNIZATION RECORD to your child's school nurse listed above.

Updated: 3/25/2021



Please see attached HIPPA FORM; your pediatrician’s office MAY REQUIRE this form prior to sending the school district your child’s medical records.

STEP 3 - SUBMIT REGISTRATION DOCUMENTATION

Stonington Public Schools will accept scans or pictures of documents at this time for registration. Please be advised that the district may request hard copies of documents at the start of the new school year. **You may also call the school to schedule a time to bring the documentation to be copied.**

PLEASE EMAIL, FAX OR DROP OFF THE FOLLOWING DOCUMENTS TO THE SCHOOL SECRETARY:

- Copy of Birth Certificate or passport
- Copy of Legal Guardianship (if applicable)
- Copy of Custody Papers (if applicable)
- Three (3) forms for Proof of Residency from the list below:
 1. Copy of the **signed** lease/rental agreement/mortgage *MANDATORY
 2. Current utility bill (lights, phone, cable, gas, etc.)
 3. Driver’s license/State ID
 4. Car Registration

***if your name is NOT on the mortgage or lease agreement, a notarized letter from the homeowner or renter, attesting to your residency at the address is required, and must be approved by the superintendent. A scanned copy of a notarized letter will NOT be accepted. Families must submit a notarized letter once regular school operations resume.**

We are pleased to have you as part of our school district, and hope this information will aid in your transition to our community.

If you have any questions, please contact the school secretary.

<p>Denise Gavitt, School Secretary Deans Mill School 35 Deans Mill Rd. Stonington, CT 06378 Phone: 860-535-2235 x6103 Fax: 860-535-1417 Email: DMSRegistration@stoningtonschools.org</p>	<p>Paula Shea, School Secretary West Vine Street School 17 West Vine St. Pawcatuck, CT 06379 Phone: 860-599-5832 x8101 Fax: 860-599-1560 Email: WVSRegistration@stoningtonschools.org</p>
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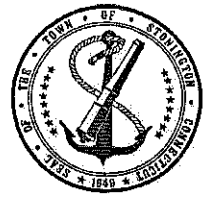
40 FIELD STREET, PAWCATUCK, CT 06379

PHONE: (860) 572-0506

FAX: (860) 572-1470

Special Services FAX: 860-599-0233

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TRANSFER OF CONFIDENTIAL STUDENT INFORMATION PROTECTED HEALTH INFORMATION

Date _____

Name of Child: _____ DOB: _____

Address: _____ Town/State/Zip Code: _____

Parent(s)/Guardians(s): _____ School: _____

Obtain

Release

Health/Medical *



Other (please specify):

Verbal _____



To/From: _____

Name

Address: _____

Street

Town

State/Zip Code

Telephone: _____

Fax: _____

* If this authorization is being used to obtain Protected Health Information from a child's physician or other covered entity under HIPPA, the following section must also be completed:

I, the undersigned, specifically authorize _____ to disclose my child's medical

Stonington Public Schools

Name of School

at the above address

for the purposes described below (i.e., health assessment for school entry, special education evaluation, etc.):

By signing below, I agree that a photocopy of this authorization will be valid as the original. This authorization will be valid for a period of one year from the date below. I understand that I may revoke this authorization at any time by notifying the physician's office in writing, but if I do, it will not have any effect on actions taken prior by the Physician prior to receiving such revocation.

I understand that under applicable law, the information disclosed under this authorization may be subject to further disclosure by the recipient and thus, may no longer be protected by federal privacy regulations.

I understand that my child's treatment or continued treatment with any health care provider or enrollment or eligibility for benefits with any health plan may not be conditioned upon whether or not I sign this authorization and that I may refuse to sign it.

Any information received by the school pursuant to this authorization is subject to all applicable state and federal confidentiality laws governing further use and disclosure of such information.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Form Update: 9/25/2019