



**NEW STUDENT RESIDENCY AND REGISTRATION
CHECKLIST REQUIRED DOCUMENTS**
RESIDENCIA DEL NUEVO ESTUDIANTE E INSCRIPCIÓN LISTA DE LOS DOCUMENTOS REQUERIDOS

STUDENT'S NAME: _____
Nombre del estudiante

SCHOOL NAME: _____ **SCHOOL GRADE:** _____
Nombre de la escuela *Grado*

RESIDENCY VERIFICATION *Verificación de Residencia*

1. _____ **Affidavit of: Parent/Guardian (Form A1) OR Sponsor (Form A2) OR Legal Residence (Form A3)**
Declaración Jurada de: Padre o Tutor (Formulario A1) O Patrocinador (Formulario A2) O Residencia Legal (Formulario A3)
2. _____ **Homeowners: Mortgage statement, deed or real estate tax bill**
Propietarios: factura de la hipoteca, título de propiedad o impuesto sobre bienes inmuebles
OR
Renters: Current signed lease OR landlord Affidavit (Form B) Lease expiration date: _____
Inquilinos: contrato vigente firmado Y declaración jurada del propietario (Formulario B) Fecha de vencimiento del arrendamiento
3. _____ **Two (2) current utility bills ☐ gas ☐ electric ☐ oil ☐ water ☐ cable only (No Telephone)**
Dos facturas vigentes: gas/luz/combustible para la calefacción/agua/cable (La factura del teléfono no sirve)
4. _____ **Parent/guardian's photo identification**
Identificación con foto del padre/tutor

REGISTRATION *Inscripción*

5. _____ **Original birth certificate or passport (must have raised seal)**
Certificado de nacimiento original o pasaporte (debe tener un sello oficial)
6. _____ **Registration form (basic student information form) (Form C)**
Formulario de inscripción (Formulario básico con la información del estudiante) (Formulario C)
7. _____ **Emergency Contact form (Form D)**
Formulario con la información de contacto en caso de emergencia (Formulario D)
8. _____ **Request for student records form (Form E)**
Formulario para solicitar el expediente escolar del estudiante (Formulario E)
9. _____ **Current report card / high school transcript**
Boletín de notas actual / Expediente escolar de secundaria

HEALTH/OTHER *Salud/ Adicionales*

10. _____ **Health Assessment Record (Medical/immunization records) (Form F)**
El informe médico y las vacunas (Formulario F)
11. _____ **Permission for Treatment (Form G)**
Permiso para tratamiento (Formulario G)
12. _____ **Custody Paperwork (if applicable)**
Los trámites de la custodia (si aplica)
13. _____ **IEP Evaluations (if applicable-special education)**
Evaluaciones del plan de educación individual o IEP (si aplica – educación especial)

For School Office Use Only / Para uso exclusivo de la oficina escolar

For Residency Office Use Only / Para uso exclusivo de la oficina de residenc



AFFIDAVIT OF PARENT / GUARDIAN GREENWICH PUBLIC SCHOOLS

I hereby certify that _____ is my _____
(Student's Name) (Relationship)

Moreover, that he/she resides with _____ who is _____
(Name of person) (Relationship/s)

at _____ / _____
(Street #, Address) (Telephone #)

I further certify that this is intended to be a bona fide permanent address at which my child will be living for _____ days and _____ nights per week and that I am not providing payment for having my child reside with anyone.

As a parent/guardian of the student named on this form, and as a resident of the Town of Greenwich, I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of the Town of Greenwich, the student is eligible for free school privileges. I agree to notify the Greenwich Public School Residency Office, at 290 Greenwich Avenue, Greenwich, CT 06830, within 15 days of termination of the student's permanent residency in the Town of Greenwich, in which event, the student will no longer be eligible for free school privileges.

Finally, I understand that, should the student be found to be attending the Greenwich Public Schools illegally, the Town of Greenwich reserves the right to recover the costs of such education from me, the undersigned.

I understand that a perjured or fraudulent statement may lead to my prosecution under the criminal statutes of the State of Connecticut. I also understand that this document may be used in a court of law as evidence against me.

Date: _____ Signature: _____

Print Name: _____



AFFIDAVIT OF SPONSOR GREENWICH PUBLIC SCHOOLS

I hereby certify that _____ is my _____
(Student's Name) (Relationship)

moreover, that he/she legally resides with me at

(Street #, Address, Telephone #)

I further certify that this is intended as a bona fide permanent address, that this student will be living with me ____ days and ____ nights per week, that I am not receiving payment for having this student with me, and that my sponsorship is not for the sole purpose of obtaining school accommodations.

I certify that this student is residing with me because _____

As the sponsor of the student named on this form, and as a resident of the Town of Greenwich, I attest to the accuracy of the information contained in this form. Further, I certify that, as a permanent resident of the Town of Greenwich, the student is eligible for free school privileges. I agree to notify the Greenwich Public School Residency Office, at 290 Greenwich Avenue, Greenwich, CT 06830, within 15 days of termination of the student's permanent residency in the Town of Greenwich, in which event, the student will no longer be eligible for free school privileges. **Finally, I understand that, should the student be found to be attending the Greenwich Public Schools illegally, the Town of Greenwich reserves the right to recover the costs of such education from me, the undersigned.**

I understand that a perjured or fraudulent statement may lead to my prosecution under the criminal statutes of the State of Connecticut. I also understand that this document may be used in a court of law as evidence against me.

* * If you are the guardian of the student, please indicate the date and source of your authority:

Date _____ Authority _____

Signature of Sponsor _____ Print Name _____



**AFFIDAVIT OF LEGAL RESIDENCE /
HOMELESS / SHELTER / DCF PLACEMENT
GREENWICH PUBLIC SCHOOLS**

The Greenwich Board of Education, in compliance with statute 10-253(d) of the State of Connecticut, requires this form to be completed for any student who claims residence in Greenwich and is not residing with his or her parent/guardian(s) and whose parent/guardian(s) are not residing in Greenwich. This form is required when there is a question about the child's actual residence. The student, parent/guardian and person with whom the student is living must fill out this form together.

Date _____

1. Student's Name _____ DOB: _____
(Last) (First) (Middle)

2. Student's Greenwich Address _____
(Street #, Address) (Telephone #)

3. Name of Person with Whom Student Lives _____
Relationship _____
Address _____
(Street #, Address) (Telephone #)

4. Date Student Moved to Greenwich _____
(Month) (Day) (Year)

5. Student's Former Address _____
(Street #, Address) (Town) (State)

6. Former School _____ Grade _____

7. Name of Student's Father _____
Father's Address _____
(Street #, Address) (Town) (State) (Telephone #)

8. Name of Student's Mother _____
Mother's Address _____
(Street #, Address) (Town) (State) (Telephone #)

9. Name and Address of Student's Court Appointed Legal Guardian, if applicable:

Signature: _____ Print Name: _____



AFFIDAVIT OF PROPERTY OWNER / LANDLORD GREENWICH PUBLIC SCHOOLS

I, _____,
(Name of Property Owner/Landlord or Property Manager)
as property owner or manager/agent of the dwelling located

at _____ / Telephone Landlord _____
(Street #, Address, City, State, Zip,

hereby certify that I am renting space in this dwelling on a
_____ to _____ basis beginning on _____
(Week/Month/Year) (Week/Month/Year) (Date)

The following persons are identified as tenants having the right to be occupants in the dwelling:

- Maternal Parent/Guardian: _____
- Paternal Parent/Guardian: _____

Name of Child in Admittance Application:

Last: _____ First: _____ MI: _____

List all other persons residing in the dwelling:

Last Name	First Name	Relationship

As property owner/landlord, I certify that I will notify the Greenwich Public School Residency Office, in writing, at 290 Greenwich Avenue, Greenwich, CT 06830, within 15 days of termination of this tenancy relationship.

(Signature of Property Owner/Landlord)

(Print Name)

GPS Elementary and Middle School Registration Form

Please PRINT clearly in blue or black ink.

SCHOOL USE ONLY:			
Start Date:	_____	Entering Grade:	_____
		YOG:	_____
Tuition Student:	<input type="checkbox"/>	LASID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Out of District Student:	<input type="checkbox"/>	Magnet Student:	<input type="checkbox"/>
		Sponsored Student:	<input type="checkbox"/>

Student's First Name: _____

Gender: F M N

Student's Middle Name: _____

Date of Birth: _____
(MM/DD/YYYY)

Student's Last Name: _____

Suffix: _____

Has this student previously been enrolled in GPS? Y N School: _____ Grade: _____

Does this child have a sibling that currently attends GPS or is being registered at the same time? Y N

If yes, please list name(s): _____

- Military Status: Parent or Guardian is a member of the Armed Forces or serves on a FT National Guard Duty? Y N
- Was the child born in any state defined as the 50 states, the District of Columbia and the Commonwealth of Puerto Rico? Y N
- Migrant Status: A child who is or whose parent/spouse is a migratory agricultural worker who has moved within the past 36 months across state or district boundaries to obtain temporary or seasonal employment in agricultural or fishing work? Y N
- Has the student previously attended school in the United States? Y N
If yes, circle all grades attended: P3 PK K 1 2 3 4 5 6 7 8 9 10 11 12

DOMINANT LANGUAGE INFORMATION (required by state law)

- What language is most often spoken by the student? _____
- What is the primary language spoken in the home, regardless of the language spoken by the student? _____
- What is the language the student first acquired? _____

RACE/ETHNICITY (required by state law)

- Is the student Hispanic or Latino? Y N
Definition: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.
- Is the student from one or more races using the following (choose all that apply):

- ☐ **American Indian or Alaskan Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ **Asian:** a person having origins of any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam.
- ☐ **Black or African American:** a person having origins in any of the black racial group of Africa.
- ☐ **Native Hawaiian or Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- ☐ **White:** a person having origins in any of the original people of Europe, the Middle East or North Africa.

STUDENT HOME RESIDENCE

House #	Street Name	Apt. #
Town	State	Zip Code

PARENT/GUARDIAN INFORMATION			
PARENT/GUARDIAN		PARENT/GUARDIAN	
Name:			
Relationship:			
<i>If applicable</i> Maiden Name:			
Home Address:			
<i>Designate ONE phone number to receive automated announcements (i.e. weather closures)</i>			
Home Phone #:			<input type="checkbox"/>
Cell Phone #:			<input type="checkbox"/>
Work Phone #:			<input type="checkbox"/>
Primary Email:			
Highest Level of Education:	<div style="display: flex; justify-content: space-around; font-size: small;"> <HS High School Some College College Graduate </div>		
Check all that apply:	<div style="display: flex; justify-content: space-around; font-size: small;"> <div><input type="checkbox"/> Lives with</div> <div><input type="checkbox"/> Pick-up Privilege</div> <div><input type="checkbox"/> Receives Emails</div> </div>		
	<div style="display: flex; justify-content: space-around; font-size: small;"> <div><input type="checkbox"/> Portal Access (Aspen)</div> <div><input type="checkbox"/> Receives Mailings</div> </div>		

ACADEMIC HISTORY

 Anticipated grade the student will enter (final determination by school): *circle one*

P3 PK K 1 2 3 4 5 6 7 8 9 10 11 12

Name of most recent school student has attended (including pre-school): _____

State or Country: _____ Are you able to provide academic records? Y N

DISCIPLINARY INFORMATION

 Please provide the following required discipline information. *If you answer yes to any of the questions below, please explain.*

Has this student participated in a violent criminal offense, as determined by State Law, while on the grounds of a school? Y N

Has this student committed a gun-free schools violation (possession of a firearm or explosive device that resulted in expulsion)? Y N

Has this student participated in an "other weapon" incident resulting in expulsion? Y N

Does this student have any other discipline infractions (dangerous or criminal offenses)? Y N

NOTES/ADDITIONAL INFORMATION

I certify that all of the information provided above is true.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

GREENWICH PUBLIC SCHOOLS HIGH SCHOOL REGISTRATION FORM

Please PRINT clearly in blue or black ink.

SCHOOL USE ONLY:		
Start Date: _____	Entering Grade: _____	YOG: _____
Tuition Student: <input type="checkbox"/>	LASID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Out of District Student: <input type="checkbox"/>	Magnet Student: <input type="checkbox"/>	Sponsored Student: <input type="checkbox"/>

Student's First Name: _____

Gender: F M N

Student's Middle Name: _____

Date of Birth: _____
(MM/DD/YYYY)

Student's Last Name: _____

Suffix: _____

Has this student previously been enrolled in GPS? Y N School: _____ Grade: _____

Does this child have a sibling that currently attends GPS or is being registered at the same time? Y N

If yes, please list name(s): _____

- Military Status: Parent or Guardian is a member of the Armed Forces or serves on a FT National Guard Duty? Y N
- Was the child born in any state defined as the 50 states, the District of Columbia and the Commonwealth of Puerto Rico? Y N
- Migrant Status: A child who is or whose parent/spouse is a migratory agricultural worker who has moved within the past 36 months across state or district boundaries to obtain temporary or seasonal employment in agricultural or fishing work? Y N
- Has the student previously attended school in the United States? Y N
If yes, circle all grades attended: P3 PK K 1 2 3 4 5 6 7 8 9 10 11 12

DOMINANT LANGUAGE INFORMATION (required by state law)

- What language is most often spoken by the student? _____
- What is the primary language spoken in the home, regardless of the language spoken by the student? _____
- What is the language the student first acquired? _____

RACE/ETHNICITY (required by state law)

- Is the student Hispanic or Latino? Y N
Definition: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.
- Is the student from one or more races using the following (choose all that apply):
 - ☐ **American Indian or Alaskan Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 - ☐ **Asian:** a person having origins of any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam.
 - ☐ **Black or African American:** a person having origins in any of the black racial group of Africa.
 - ☐ **Native Hawaiian or Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
 - ☐ **White:** a person having origins in any of the original people of Europe, the Middle East or North Africa.

STUDENT HOME RESIDENCE

House #	Street Name	Apt. #
Town	State	Zip Code

PARENT/GUARDIAN INFORMATION	
<u>PARENT/GUARDIAN</u>	
Name:	
Relationship:	
<i>If applicable</i> Maiden Name:	
Home Address:	
<i>Designate ONE phone number to receive automated announcements (i.e. weather closures)</i>	
Home Phone #:	<input type="checkbox"/>
Cell Phone #:	<input type="checkbox"/>
Work Phone #:	<input type="checkbox"/>
Primary Email:	
Highest Level of Education:	<HS High School Some College College Graduate
Check all that apply: <input type="checkbox"/> Lives with <input type="checkbox"/> Pick-up Privilege <input type="checkbox"/> Receives Emails <input type="checkbox"/> Portal Access (Aspen) <input type="checkbox"/> Receives Mailings	

ACADEMIC HISTORY

Anticipated grade the student will enter (final determination by school): *circle one*

P3 PK K 1 2 3 4 5 6 7 8 9 10 11 12

Name of most recent school student has attended (including pre-school): _____

State or Country: _____ Are you able to provide academic records? Y N

DISCIPLINARY INFORMATION

Please provide the following required discipline information. *If you answer yes to any of the questions below, please explain.*

Has this student participated in a violent criminal offense, as determined by State Law, while on the grounds of a school?	Y	N
Has this student committed a gun-free schools violation (possession of a firearm or explosive device that resulted in expulsion)?	Y	N
Has this student participated in an "other weapon" incident resulting in expulsion?	Y	N
Does this student have any other discipline infractions (dangerous or criminal offenses)?	Y	N

NOTES/ADDITIONAL INFORMATION

I certify that all of the information provided above is true.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

GHS Use Only	Program: _____	English: _____
	House/Term: _____	ELL: _____
	Counselor: _____	Spanish: _____
		French: _____
		Other: _____

Student Name: _____ **Grade:** _____ **School:** _____

Student Emergency Contact

<u>Parent/Guardian</u>	
Name:	
Relationship:	
Home Phone #:	
Cell Phone #:	
Work Phone #:	

<u>Parent/Guardian</u>	
Name:	
Relationship:	
Home Phone #:	
Cell Phone #:	
Work Phone #:	

List two emergency contacts who would have permission to pick up your child and assume temporary care of your child if you cannot be reached during an emergency. These contacts cannot be the same as parents or legal guardians, but may include grandparents, aunts, uncles, childcare providers, friends, and neighbors that live in the local area.

<u>Emergency Contact</u>	
Name:	
Relationship:	
Home Address:	
Home Phone #:	
Cell Phone #:	
Work Phone #:	

Pick up privileges ☐

<u>Emergency Contact</u>	
Name:	
Relationship:	
Home Address:	
Home Phone #:	
Cell Phone #:	
Work Phone #:	

Pick up privileges ☐

<u>Student's Doctor</u>	
Name:	
Address:	
Phone Number:	

<u>Student's Dentist</u>	
Name:	
Address:	
Phone Number:	

By signing this form, you give permission for any of the designated emergency contacts to pick up your child in case of an emergency school closure, illness, or missed bus. Should any of your emergency contact information change during the school year, please remember you need to inform the school as soon as possible. You are also providing consent for the school to share the information on this form with authorized individuals.

Parent or Legal Guardian's Signature: _____	Date: ____/____/____
Print Last Name: _____	Print First Name: _____

****The information contained in this form is private and should be secured and accessed only by authorized individuals. This is needed to ensure compliance with HIPPA, FERPA, and individual rights to privacy.*

GREENWICH PUBLIC SCHOOLS

REQUEST FOR STUDENT RECORDS

(Please fill in all information in the blank spaces below.)

Student Name _____ Date of Birth _____

I hereby authorize _____
(Name and Address of Previous School)

To release the following information to:

School: _____

Address: _____

City, State, Zip _____

- ☐ Academic Records
- ☐ Standardized Test Scores
- ☐ Health Records
- ☐ Special education/pupil personnel records (IEP, PPT minutes, individual eval)
- ☐ Other (as specified) -----

Signature _____ Date _____

Name (printed) _____ Relationship to Student _____



State of Connecticut Department of Education

Health Assessment Record

CONNECTICUT STATE
DEPARTMENT OF EDUCATION

To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part 1) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part 2) and the oral assessment (Part 3).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physi-

cian assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

Please print

Student Name (Last, First, Middle)		Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)			
Parent/Guardian Name (Last, First, Middle)		Home Phone	Cell Phone
School/Grade	Race/Ethnicity		<input type="checkbox"/> Black, not of Hispanic origin
Primary Care Provider	<input type="checkbox"/> American Indian/ Alaskan Native		<input type="checkbox"/> White, not of Hispanic origin
	<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Asian/Pacific Islander
			<input type="checkbox"/> Other
Health Insurance Company/Number* or Medicaid/Number*			
Does your child have health insurance? Y N			
Does your child have dental insurance? Y N			

If your child does not have health insurance, call **1-877-CT-HUSKY**

* If applicable

Part 1 — To be completed by parent/guardian.

Please answer these health history questions about your child before the physical examination.

Please circle **Y** if "yes" or **N** if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y N	Hospitalization or Emergency Room visit	Y N	Concussion	Y N
Allergies to food or bee stings	Y N	Any broken bones or dislocations	Y N	Fainting or blacking out	Y N
Allergies to medication	Y N	Any muscle or joint injuries	Y N	Chest pain	Y N
Any other allergies	Y N	Any neck or back injuries	Y N	Heart problems	Y N
Any daily medications	Y N	Problems running	Y N	High blood pressure	Y N
Any problems with vision	Y N	"Mono" (past 1 year)	Y N	Bleeding more than expected	Y N
Uses contacts or glasses	Y N	Has only 1 kidney or testicle	Y N	Problems breathing or coughing	Y N
Any problems hearing	Y N	Excessive weight gain/loss	Y N	Any smoking	Y N
Any problems with speech	Y N	Dental braces, caps, or bridges	Y N	Asthma treatment (past 3 years)	Y N
Family History				Seizure treatment (past 2 years)	Y N
				Diabetes	Y N
				ADHD/ADD	Y N
Any relative ever have a sudden unexplained death (less than 50 years old)				Y N	
Any immediate family members have high cholesterol				Y N	

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

Please list any **medications** your child will need to take **in** school:

*All medications taken in school require a separate **Medication Authorization Form** signed by a health care provider and parent/guardian.*

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian

Date

Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name _____ Birth Date _____ Date of Exam _____

☐ I have reviewed the health history information provided in Part 1 of this form**Physical Exam****Note:** *Mandated Screening/Test to be completed by provider under Connecticut State Law

*Height _____ in. / _____ % *Weight _____ lbs. / _____ % BMI _____ / _____ % Pulse _____ *Blood Pressure _____ / _____

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen			*Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Genitalia/ hernia					
Skin					

Screenings

*Vision Screening			*Auditory Screening			History of Lead level ≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes	Date
Type:	<u>Right</u>	<u>Left</u>	Type:	<u>Right</u>	<u>Left</u>		
With glasses	20/	20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass		*HCT/HGB:	
Without glasses	20/	20/	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail		*Speech (school entry only)	
<input type="checkbox"/> Referral made			<input type="checkbox"/> Referral made			Other:	

TB: High-risk group? ☐ No ☐ Yes

PPD date read:

Results:

Treatment:

IMMUNIZATIONS**☐ Up to Date or ☐ Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**Chronic Disease Assessment:**
Asthma ☐ No ☐ Yes: ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent ☐ Exercise induced
*If yes, please provide a copy of the **Asthma Action Plan** to School*
Anaphylaxis ☐ No ☐ Yes: ☐ Food ☐ Insects ☐ Latex ☐ Unknown source

Allergies *If yes, please provide a copy of the **Emergency Allergy Plan** to School*

 History of Anaphylaxis ☐ No ☐ Yes Epi Pen required ☐ No ☐ Yes

Diabetes ☐ No ☐ Yes: ☐ Type I ☐ Type II
Other Chronic Disease:
Seizures ☐ No ☐ Yes, type: _____
☐ This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.

Explain: _____

Daily Medications (specify): _____

This student may: ☐ **participate fully in the school program**☐ participate in the school program with the following restriction/adaptation: _____This student may: ☐ **participate fully in athletic activities and competitive sports**☐ participate in athletic activities and competitive sports with the following restriction/adaptation: _____☐ Yes ☐ No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.Is this the student's medical home? ☐ Yes ☐ No ☐ I would like to discuss information in this report with the school nurse.

Signature of health care provider MD / DO / APRN / PA

Date Signed

Printed/Stamped **Provider** Name and Phone Number

Part 3 — Oral Health Assessment/Screening

Health Care Provider must complete and sign the oral health assessment.

To Parent(s) or Guardian(s):

State law requires that each local board of education request that an oral health assessment be conducted prior to public school enrollment, in either grade six or grade seven, and in either grade nine or grade ten (Public Act No. 18-168). The specific grade levels will be determined by the local board of education. The oral health assessment shall include a dental examination by a dentist or a visual screening and risk assessment for oral health conditions by a dental hygienist, or by a legally qualified practitioner of medicine, physician assistant or advanced practice registered nurse who has been trained in conducting an oral health assessment as part of a training program approved by the Commissioner of Public Health.

Student Name (Last, First, Middle)	Birth Date	Date of Exam
School	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone

Dental Examination Completed by: <input type="checkbox"/> Dentist	Visual Screening Completed by: <input type="checkbox"/> MD/DO <input type="checkbox"/> APRN <input type="checkbox"/> PA <input type="checkbox"/> Dental Hygienist	Normal <input type="checkbox"/> Yes <input type="checkbox"/> Abnormal (Describe) _____ _____ _____ _____	Referral Made: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Risk Assessment <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Describe Risk Factors <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Dental or orthodontic appliance <input type="checkbox"/> Saliva <input type="checkbox"/> Gingival condition <input type="checkbox"/> Visible plaque <input type="checkbox"/> Tooth demineralization <input type="checkbox"/> Other _____ </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Carious lesions <input type="checkbox"/> Restorations <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____ </td> </tr></table>			<input type="checkbox"/> Dental or orthodontic appliance <input type="checkbox"/> Saliva <input type="checkbox"/> Gingival condition <input type="checkbox"/> Visible plaque <input type="checkbox"/> Tooth demineralization <input type="checkbox"/> Other _____	<input type="checkbox"/> Carious lesions <input type="checkbox"/> Restorations <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____
<input type="checkbox"/> Dental or orthodontic appliance <input type="checkbox"/> Saliva <input type="checkbox"/> Gingival condition <input type="checkbox"/> Visible plaque <input type="checkbox"/> Tooth demineralization <input type="checkbox"/> Other _____	<input type="checkbox"/> Carious lesions <input type="checkbox"/> Restorations <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____				

Recommendation(s) by health care provider: _____

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian

Date

Signature of health care provider	DMD / DDS / MD / DO / APRN / PA / RDH	Date Signed	Printed/Stamped Provider Name and Phone Number
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Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) Note: *Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap	*				Required 7th-12th grade	
IPV/OPV	*	*	*			
MMR	*	*			Required K-12th grade	
Measles	*	*			Required K-12th grade	
Mumps	*	*			Required K-12th grade	
Rubella	*	*			Required K-12th grade	
HIB	*				PK and K (Students under age 5)	
Hep A	*	*			See below for specific grade requirement	
Hep B	*	*	*		Required PK-12th grade	
Varicella	*	*			Required K-12th grade	
PCV	*				PK and K (Students under age 5)	
Meningococcal	*				Required 7th-12th grade	
HPV						
Flu	*				PK students 24-59 months old – given annually	
Other						

Disease Hx _____
of above (Specify) _____ (Date) _____ (Confirmed by) _____

Exemption: Religious _____ **Medical:** Permanent _____ Temporary _____ **Date:** _____

Renew Date: _____

Religious exemption documentation is required upon school enrollment and then renewed at 7th grade entry.

Medical exemptions that are temporary in nature must be renewed annually.

Immunization Requirements for Newly Enrolled Students at Connecticut Schools (as of 8/1/17)

KINDERGARTEN THROUGH GRADE 6

- DTaP: At least 4 doses, with the final dose on or after the 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Pneumococcal: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.**

GRADES 7 THROUGH 12

- Tdap/Td: 1 dose of Tdap required for students who completed their primary DTaP series; for students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are required, one of which must be Tdap.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Meningococcal: 1 dose
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.**
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.

HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES

- August 1, 2017: Pre-K through 5th grade
- August 1, 2018: Pre-K through 6th grade
- August 1, 2019: Pre-K through 7th grade
- August 1, 2020: Pre-K through 8th grade
- August 1, 2021: Pre-K through 9th grade
- August 1, 2022: Pre-K through 10th grade
- August 1, 2023: Pre-K through 11th grade
- August 1, 2024: Pre-K through 12th grade

**** Verification of disease:** Confirmation in writing by an MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

Note: The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nationwide shortage of supply for such vaccine.



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

IMMUNIZATION REQUIREMENTS FOR ENROLLED STUDENTS IN CONNECTICUT SCHOOLS 2021-2022 SCHOOL YEAR

PRESCHOOL

Hep B:	3 doses, last one on or after 24 weeks of age
DTaP:	4 doses (by 18 months for programs with children 18 months of age)
Polio:	3 doses (by 18 months for programs with children 18 months of age)
MMR:	1 dose on or after 1 st birthday
Varicella:	1 dose on or after 1 st birthday or verification of disease
Hepatitis A:	2 doses given six calendar months apart, 1 st dose on or after 1 st birthday
Hib:	1 dose on or after 1 st birthday
Pneumococcal:	1 dose on or after 1 st birthday
Influenza:	1 dose administered each year between August 1 st -December 31 st (2 doses separated by at least 28 days required for those receiving flu for the first time)



KINDERGARTEN

Hep B:	3 doses, last dose on or after 24 weeks of age
DTaP:	At least 4 doses. The last dose must be given on or after 4 th birthday
Polio:	At least 3 doses. The last dose must be given on or after 4 th birthday
MMR:	2 doses separated by at least 28 days, 1 st dose on or after 1 st birthday
Varicella:	2 doses separated by at least 3 months-1 st dose on or after 1 st birthday; or verification of disease. 28 days between doses is acceptable if the doses have already been administered.
Hepatitis A:	2 doses given six calendar months apart, 1 st dose on or after 1 st birthday
Hib:	1 dose on or after 1 st birthday for children less than 5 years old
Pneumococcal:	1 dose on or after 1 st birthday for children less than 5 years old

GRADES 1-6

Hep B:	3 doses, last dose on or after 24 weeks of age
DTaP/Td:	At least 4 doses. The last dose must be given on or after 4 th birthday. Students who start the series at age 7 or older only need a total of 3 doses.
Polio:	At least 3 doses. The last dose must be given on or after 4 th birthday
MMR:	2 doses separated by at least 28 days, 1 st dose on or after 1 st birthday
Varicella:	2 doses separated by at least 3 months-1 st dose on or after 1 st birthday; or verification of disease. 28 days between doses is acceptable if the doses have already been administered.
Hepatitis A:	2 doses given six calendar months apart, 1 st dose on or after 1 st birthday

GRADE 7-9

Hep B:	3 doses, last dose on or after 24 weeks of age
Tdap/Td:	1 dose for students who have completed their primary DTaP series. Students who start the series at age 7 or older only need 3 doses of tetanus-diphtheria containing vaccine, one of which must be Tdap
Polio:	At least 3 doses. The last dose must be given on or after 4 th birthday
MMR:	2 doses separated by at least 28 days, 1 st dose on or after 1 st birthday
Varicella:	2 doses separated by at least 3 months-1 st dose on or after 1 st birthday; or verification of disease. 28 days between doses is acceptable if the doses have already been administered.
Hepatitis A:	2 doses given six calendar months apart, 1 st dose on or after 1 st birthday
Meningococcal:	1 dose

GRADES 10-12

Hep B:	3 doses, last dose on or after 24 weeks of age
Tdap/Td:	1 dose for students who have completed their primary DTaP series. Students who start the series at age 7 or older only need 3 doses of tetanus-diphtheria containing vaccine, one of which must be Tdap
Polio:	At least 3 doses. The last dose must be given on or after 4 th birthday
MMR:	2 doses separated by at least 28 days, 1 st dose on or after 1 st birthday
Varicella:	2 doses separated by at least 3 months-1 st dose on or after 1 st birthday; or verification of disease. 28 days between doses is acceptable if the doses have already been administered.
Meningococcal:	1 dose

- DTaP vaccine is not administered on or after the 7th birthday.
- Tdap can be given in lieu of Td vaccine for children 7 years and older unless contraindicated.
- Hib is required for all Pre-K and K students less than 5 years of age.
- Pneumococcal Conjugate is required for all Pre-K and K students less than 5 years of age.
- Hep A requirement for school year 2021-2022 applies to all Pre-K through 9th graders born 1/1/07 or later.
- Hep B requirement for school year 2021-2022 applies to all students in grades K-12.
Spacing intervals for a valid Hep B series: at least 4 weeks between doses 1 and 2; 8 weeks between doses 2 and 3; at least 16 weeks between doses 1 and 3; dose 3 must be administered at 24 weeks of age or later.
- Second MMR for school year 2021-2022 applies to all students in grades K-12.
- Meningococcal Conjugate requirement for school year 2021-22 applies to all students in grades 7-12
- Tdap requirement for school year 2021-2022 applies to all students in grades 7-12
- If two live virus vaccines (MMR, Varicella, MMRV, Intra-nasal Influenza) are not administered on the same day, they must be separated by at least 28 days (there is no 4 day grace period for live virus vaccines). If they are not separated by at least 28 days, the vaccine administered second must be repeated.
- Lab confirmation of immunity is **only** acceptable for Hep A, Hep B, Measles, Mumps, Rubella, and Varicella.
- **VERIFICATION OF VARICELLA DISEASE:** Confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

For the full legal requirements for school entry visit:

<https://portal.ct.gov/DPH/Immunizations/Immunization--Laws-and-Regulations>

If you are unsure if a child is in compliance, please call the Immunization Program at (860) 509-7929.

New Entrant Definition:

*New entrants are any students who are new to the school district, including **all** preschoolers and all students coming in from Connecticut private, parochial and charter schools located in the same or another community. **All pre-schoolers, as well as all students entering kindergarten**, including those repeating kindergarten, and those moving from any public or private pre-school program, even in the same school district, **are considered new entrants**. The one exception is students returning from private approved special education placements—they are not considered new entrants.

Commonly Administered Vaccines:

<u>Vaccine:</u>	<u>Brand Name:</u>	<u>Vaccine:</u>	<u>Brand Name:</u>
DTaP-IPV-Hib	Pentacel	MMRV	ProQuad
DTaP-HIB	TriHibit	PCV7	Pevnar
HIB-Hep B	Comvax	PCV13	Pevnar 13
DTaP-IPV-Hep B	Pediarix	DTaP-IPV	Kinrix, Quadracel
Hepatitis A	Havrix, Vaqta	Influenza	Fluzone, FluMist, Fluvirion, Fluairix, FluLaval Flucelvax, Afluria



Permission for Treatment/ Risk Notification

Student's Name _____ School _____ Grade _____

Parent/ Guardian's Name _____ Telephone # _____

Student's Doctor _____ Doctor's # _____

Student's Dentist _____ Dentist's # _____

Emergency Contact Name (other than parent/ guardian): _____ Phone # _____

Authorization for Medical Care:

In the event of a medical emergency or illness, I hereby authorize Greenwich Public Schools to provide first aid, and/or to request emergency medical treatment and transportation to a hospital. Any hospital or emergency medical personnel are authorized to provide treatment to my child of such nature as they deem appropriate and to consult with the physician listed in the Student Profile.

* I understand that COVID-19 is a contagious disease that may continue to be present in the Greenwich community, and that all reasonable precautions have been taken by the school district to mitigate the spread by adhering to the latest guidelines as put forth by the CDC and the State Department of Public Health. With that, I understand and acknowledge that there will be a level of risk of contagion as would be accepted in any public venue.

** A child without a history of a severe allergic reaction may receive epinephrine from a certified teacher if a reaction is suspected (CT. Act 14-176). Please contact the nurse directly, if you do NOT wish your child to be included under this law.

Parent/ Guardian Signature _____ Date _____

Student Health Insurance Information

Does your child have Health Insurance?

☐

Yes

☐

No

If your child is uninsured, we will provide you information on Connecticut's HUSKY PLAN. Your signature means that the school can provide you contact information for the Connecticut Department of Social Service. (Administrating agency of the HUSKY Plan) or information about how to enroll in HUSKY.

Parent/ Guardian Signature _____ Date _____

GREENWICH PUBLIC SCHOOLS**Greenwich, Connecticut****Policy E-045 – Technology****Procedure E-045.01 - Acceptable Use and Internet Safety Agreement**

Acceptable Technology Use Regulations/Internet Safety Terms of Agreement

The Greenwich Public Schools (“District”) provides students and staff access to the World Wide Web and other electronic networks. These procedures are written to promote positive and effective digital citizenship among students and staff. Access is a privilege, not a right, and carries with it responsibilities for all involved. Misuse means any violation of this agreement or any other use that is not permitted in the agreement.

Parental Permission

It is assumed that parents grant their child the right to access the network unless a permission denial form is signed and returned. Furthermore, please note that under no circumstances will PreK-12 student photos on the GPS website be identified with first and last name unless, explicitly agreed to by the parents or by students over the age of 18.

Network

The District network includes wired and wireless computers and peripheral equipment, files, cloud and storage such as Google Docs and Schoology, e-mail and Internet content (blogs, web sites, web mail, groups, wikis, etc.). The District reserves the right to prioritize the use of, and access to, the network. All use of the network must support student instruction and professional learning consistent with the mission of the District. The District provides access to its computer networks and the Internet for educational purposes only. If you have any doubt about whether a contemplated activity is educational, you may consult with the person(s) designated by the school to help you decide.

Use of Personal Electronic Devices

Connection of any personal electronic device to any network on school grounds is subject to all regulations and guidelines in this document. Connection of student or staff personal laptops to the District network must be equipped with up-to-date virus software, compatible network card and is configured properly.

Mobile Devices Policy

The District may provide users with mobile computers or other devices to promote learning both inside and outside of the classroom. Any and all use of mobile devices provided by the District is subject to the terms of this agreement.

Users are expected to treat these devices with extreme care and caution; these are expensive

devices that the school is entrusting to your care. Users are to report any loss, damage, or malfunction to IT staff immediately. Users may be financially accountable for any damage resulting from negligence or misuse. (Cost of district-provided device varies but typically is about \$500.)

Use of school-issued mobile devices, including use of the school network, may be monitored, or compliance with this agreement, compliance with any other applicable policy, or as otherwise permitted by law.

Acceptable Use

- Creation of files, projects, videos, web pages, and podcasts and other projects using network resources in support of educational purpose;
- Participation in district-approved blogs, wikis, bulletin boards, social networking sites and groups and the creation of content for podcasts, e-mail and web pages that support student instruction and professional learning;
- With parental permission, the online publication of original educational material, curriculum related materials and student work. Sources outside the classroom or school must be cited appropriately;

Unacceptable Use

Unacceptable uses of technologies and the Internet include, but are not limited to:

- Causing harm to others or damage to their property.
- In the opinion of the Administration, producing and/or uploading content/videos/images, either through the use of the District network or from home computers, which seriously results in the disruption of the educational process or day-to-day operations of the school. In these cases, students will be asked to remove the content and may be subject to discipline.
- Use for personal gain, unauthorized fundraising, commercial solicitation and compensation of any kind.
- Activities incurring liability or cost by the District. The District will not be responsible for unauthorized financial obligations resulting from the use, or access to, Greenwich Public School's network or the Internet.
- Downloading, installing other unauthorized applications (including shareware or freeware) without permission or approval from a District representative.
- Support or opposition for ballot measures, candidates and any other political activity, excluding specific activities supporting school-related projects.
- Hacking, cracking, vandalizing, the introduction of viruses, worms, Trojan horses, time bombs and changes to hardware, software and monitoring tools.
- Uses that jeopardize the security of student or staff access and of the computer network or other networks on the Internet, for example, disclosing or sharing your password with others or impersonating another user.

- Unauthorized access to other district computers, networks and information systems.
- Using another's password or some other user identifier that misleads message recipients into believing that someone other than you is communicating or otherwise using his/her access to the network or the Internet.
- Cyberbullying, hate mail, defamation, harassment of any kind, discriminatory jokes and remarks.
- The sending, sharing, viewing or possessing pictures, emails or other material of a sexual nature in electronic or any other form on a cell phone or other electronic device is prohibited in the school setting.
- Information posted, sent or stored online that could endanger others (e.g., bomb construction, drug manufacturing).
- Accessing, uploading, downloading, storage and/or distribution of obscene, pornographic or sexually explicit material.
- Attaching unauthorized equipment to the network. Any such equipment will be confiscated.
- Participating in blogs, wikis, bulletin boards, social networking sites and groups and the creation of content for podcasts, email and web pages that do not support student instruction, research and staff development.

Privacy

Network and Internet access is provided as a tool for your education. The District reserves the right to monitor, inspect, copy, review and store at any time and without prior notice any and all usage of the computer network and Internet access and any and all information transmitted or received in connection with such usage. All such information files shall be and remain the property of the District and no user shall have any expectation of privacy regarding such materials. No student or staff user should have any expectation of privacy when using the District network for personal use. The District reserves the right to disclose any electronic messages to law enforcement officials or third parties as appropriate. All documents are subject to disclosure by the District to the extent required by laws of Connecticut.

Copyright

Downloading, copying, duplicating and distributing software, music, sound files, movies, images or other copyrighted materials without the specific written permission of the copyright owner is generally prohibited. However, the duplication and distribution of materials for educational purposes are permitted when such duplication and distribution fall within the Fair Use Doctrine of the United States Copyright Law (Title 17, USC) and content is cited appropriately.

Confidentiality of Student Information

Personally identifiable information concerning students may not be disclosed or used in any way on the Internet without the permission of a parent or guardian, or, if the student is 18 or over, the permission of the student himself/herself. Users should never give out private or confidential information about themselves or others on the Internet. A supervising teacher or administrator

may authorize the release of directory information, as defined by law, for internal administrative purposes or approved educational projects or activities.

Internet Safety

In using the network and Internet, users should not reveal personal information such as home address or telephone number. Users should never arrange a face-to-face meeting with someone “met” on the District computer network or the Internet without a parent’s permission if under 18 years of age.

Filtering and Monitoring

Filtering software is used to block or filter access to visual depictions that are obscene and all child pornography in accordance with the Children’s Internet Protection Act (CIPA) and other objectionable material. The determination of what constitutes “other objectionable” material is a district decision and will be consistent with the policies and regulations of Greenwich Public Schools.

Parents and Users. Despite every effort for supervision and filtering, all users and their parents/guardians are advised that access to the electronic network may include the potential for access to materials inappropriate for school-aged students. Every user must take responsibility for his or her use of the network and Internet and avoid these sites.

- Filtering software is not 100% effective. While filters make it more difficult for objectionable material to be received or accessed, filters are not a solution in themselves. Every user must take responsibility for his or her use of the network and Internet and avoid objectionable sites.
- Any attempts to defeat or bypass the Internet filter or conceal Internet activity are prohibited: proxies, https, special ports, modifications to Agency browser settings and any other techniques designed to evade filtering or enable the publication of inappropriate content.
- E-mail inconsistent with educational and school purposes will be considered SPAM and efforts will be made to block it from entering District e-mail boxes.
- The District will provide appropriate adult supervision of Internet use. The first line of defense in controlling access by minors to inappropriate material on the Internet is deliberate and consistent monitoring of student access to District computers.
- Staff members who supervise students, control electronic equipment, or have occasion to observe student use of said equipment online, must make a concerted effort to monitor the use of this equipment to assure that student use conforms to the mission and goals of the district; and
- Staff must make a concerted effort to become familiar with the Internet and to monitor, instruct and assist effectively.

Use of New Web Tools

Classroom blogs, wikis, student e-mail, podcasts or other Web interactive use must follow all established Internet safety guidelines.

Staff and students using blogs, podcasts or other web tools for educational purposes are expected to act safely by keeping ALL personal information out of their posts. Students using such tools

agree to not share their username or password with anyone besides their teachers and parents and treat blog spaces and online spaces, such as Schoology or discussion forums, as classroom spaces. Speech that is inappropriate for class is also inappropriate for a blog. Users who do not abide by these terms and conditions may lose their opportunity to take part in the project and/or be subject to consequences appropriate to misuse.

Usage Policies

All technologies provided by the District are intended for educational purposes. All users are expected to use good judgment and to follow the specifics of this document and spirit of this document: be safe, appropriate, careful and kind; don't try to get around technological protection measures; use good common sense; and ask if you do not know how to use a certain device or what is proper Web behavior.

Web Access

The District provides its users with access to the Internet, including web sites, resources, content, and online tools. Teachers will ensure to restrict access in compliance with the Children's

Internet Protection Act (CIPA) and Children's Online Privacy Protection Act (COPPA), and all other applicable regulations and school policies for compliance with any other applicable policy, or as otherwise permitted by law. Web browsing may be monitored and web activity records may be retained indefinitely.

Users are expected to respect that the web filter is a safety precaution, and are not not try to circumvent it when browsing the Web. If a site is blocked and a user believes it shouldn't be, the user should follow the appropriate protocol to alert an IT staff member or submit the site for review.

Email

The District provides users with email accounts for the purpose of school-related communication. Availability and use may be restricted based on school policies.

If users are provided with email accounts, they are to be used with care. Users are not to send personal information without permission; should not attempt to open files or follow links from unknown or untrusted origin; should use appropriate language; and should only communicate with other people as allowed by the district policy or the teacher.

Users are expected to communicate with the same appropriate, safe, mindful, courteous conduct online as offline. Email usage may be monitored and archived.

Online Courses

The District may approve and enroll students in online courses to enhance the available academic offerings to students, or to facilitate their recovery of credits. The District requires the same process for the approval of courses online that is required for the approval of traditional courses.

Social Networking Sites / Web 2.0 / Collaborative Content

Procedure Revised: July 2008, July 2009, July 2010, July 2013, July 2014, January 2015 (replaces E040.4), July 2015

Recognizing that collaboration is essential to education, the District may provide users with access to web sites or tools that allow communication, collaboration, sharing, and messaging among users. Social Networking Sites – mostly limited for use to Greenwich High School students - may be available to students per COPPA and the terms of use policy of the website for educational purposes.

Users are expected to communicate on all web-based and mobile platforms with the same appropriate, safe, mindful, courteous conduct online as offline. Posts, chats, sharing, and messaging may be monitored. Users should be careful and are not to share personally identifying information online without permission.

Use of E-Mail and Cloud Services

All staff is provided district-sponsored e-mail through Google Apps for Education, Gmail service. Students in grades six through twelve are also provided with email in a Google education domain that is filtered. Students in grades 3-5 will be provided with access to Google Apps (Docs, Sheets, Presentations). As with any technology, student email and access to services such as Google Apps is a privilege – not a right –which that can be revoked at any time for inappropriate use. Availability and use may be restricted based on school policies.

If users are provided with email accounts, they are to be used with care in connection with classroom learning only. **Users may not:** send personal information without permission; attempt to open files or follow links from an unknown or untrusted origin; use inappropriate language; and communicate with people other than those allowed by the district policy or the teacher.

Users are expected to communicate in email with the same appropriate, safe, mindful, courteous conduct online as offline. Email usage may be monitored and archived.

The following are guidelines:

- All users are expected to use email and cloud services in a professional, legal and ethical manner.
- Email and cloud services is are not considered private. Users should not put anything into email that they don't want to be public. In addition, users must be mindful that there is the a potential for an email or other communications, depending on its nature, to be deemed a public record subject to disclosure pursuant to the Freedom of Information Act (FOIA).
- Email and cloud services are provided and intended for school-related communication. Attachments from anyone not recognized by the receiver should not be opened.
- Consequences of inappropriate use of student email may include, but are not limited to: loss of email and/or computer privileges, alternative assignments, or other consequences, including disciplinary consequences as deemed appropriate. Any illegal use will be referred to appropriate authorities.

- Do not assume that a sender of e-mail is giving his or her permission for you to forward or redistribute the message to third parties or to give his/her e-mail address to third parties. This should only be done with permission or when you know that the individual would have no objection.

Student Information, Photos, Work on the Greenwich Public Schools' Web Site

Using student pictures on the Greenwich Public Schools website promotes learning, collaboration and provides an opportunity to share the achievements of students. However, safety of students is a priority. The school website will follow all procedures for content, copyright and appropriateness per Web Publishing Procedures (E051.34).

Images and names of PreK-12 students may be included on the Greenwich Public Schools website without identifying captions or names. In grades 9-12, websites may include full names for student work/honors without accompanying images. Any exceptions to this guideline will be communicated and signed-off by individual parents through school personnel.

Parents or students over the age of 18 may opt out of any use of image/student work by indicating their wishes on this Internet Safety and Acceptable Use Agreement.

Disciplinary Action

All users of the Greenwich Public Schools network and electronic resources are required to comply with and agree to abide by the provisions set forth in this agreement. Violation of any of the conditions of use explained could be cause for disciplinary action, including revocation of network and computer access privileges, suspension, expulsion or termination in the case of employees. Any use which violates state or federal law relating to copyright, trade secrets, the distribution of obscene or pornographic materials, or which violates any other applicable law or municipal ordinance, is strictly prohibited and will be reported to law enforcement and/or other appropriate state or federal agencies.

Notice of Network Access by Students Non-Participation Form

If you DO NOT want your son or daughter to have access to the Network, protected student e-mail or grant permission for photos on the school website, please return this form to: Greenwich Public Schools, Media Services, 290 Greenwich Avenue, Greenwich, CT 06830. (Print clearly) and be sure to check the appropriate box(es).

School _____ Grade: _____

Name of Student _____

AB/Homeroom _____ House (if GHS) _____ Parent E-Mail _____

Name of Parent _____

Address City, _____

State Parent _____

Phone # Zip _____

_____ Date _____

Please initial only the categories for which you DO NOT wish to give access or permission:

_____ I DO NOT wish to have my student utilize **school network services** such as using software, creating and saving files, and printing from network computers or searching for and retrieving information via the Internet.

_____ I DO NOT wish to have my student utilize school-established, protected and monitored **email, Google Apps, and Schoology accounts** with acceptance and compliance of student email, cloud services guidelines and acceptable use agreement;

_____ I DO NOT wish to have my student **publish documents and projects on the World Wide Web** with limited identifying information as outlined in this Acceptable Use Agreement.

_____ I DO NOT wish to have a **photo/video/name of my student child posted on the district or school website** with limited/no identifying information as outlined in this Acceptable Use Agreement.

Parent (Guardian) Signature: _____

*

Return ONLY if you DO NOT wish your student to participate in any of the technology activities listed above.

GREENWICH PUBLIC SCHOOLS
Greenwich, CT

PUBLICITY RELEASE FORM
2021-2022

Throughout the school year, the Greenwich Board of Education and the Greenwich Public Schools will conduct activities that may be publicized within the schools (video, newsletters, brochures, etc.) and/or through the international, national, regional and local news media* (newspaper, magazines, radio, television, online news sources, etc.). This publicity coverage may include interview sessions; photographs or videos of individual students or groups of students, and student works (including, but not limited to academic, artistic, and athletic activities, performances and competitions, etc.)

*Please note that most news media sources include a presence on the World Wide Web, therefore publicity coverage may also be published on the internet by various news outlets.

Please check one of the two statements below. Sign and return this document to your child's school office no later than August 31, 2021. This release form will remain in effect through August 31, 2022.

☐ I/we **grant permission** for my/our child's name, voice/comments, and/or photographic likeness, to be used by the Greenwich Public Schools' personnel or reporters, journalists, or photographers employed by the news media for the purposes of publicity.

☐ I/we **DO NOT grant permission** for my/our child's name, voice/comments, or photographic likeness to be used by the Greenwich Public Schools' personnel or reporters, journalists, or photographers employed by the news media for the purposes of publicity.

 Child's Name:

 School:

 Signature of Parent(s) or Guardian(s)
 [At least one signature is required]

 Signature of Parent(s) or Guardian(s)

 Date

GREENWICH PUBLIC SCHOOLS
Greenwich, CT

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