

# ***Randolph Union High School Registration Form***

<b>Student Name:</b>	_____	<b>Today's Date</b>	_____
<b>Town of Residence</b>	_____	<b>Grade</b>	_____
<b>Physical Address</b>	_____	<b>Date of Birth</b>	_____
	_____	<b>Place of Birth</b>	_____
<b>Mailing Address</b>	_____	<b>Social Security #</b>	_____
<b>[ ] Same as Physical Address</b>	_____		

Do you have Internet Access at your home? Yes( ) No ( ) \_\_\_\_\_

If Yes, who is your provider? Xfinity Consolidated Hughesnet ECFiber Other

**Ethnic Group**      **(American Indian or Alaskan Native)**   **(Asian)**   **(Black or African American)**   **(Hispanic)**  
**(Native Hawaiian or Other Pacific Islander)**   **(White)**

**Student Lives with:**      (Mother)    (Father)    (Both Parents)    (Mother/Stepfather)    (Father/StepMother)    (Guardian)

**Other (please explain):**

**Please list the names of siblings and their ages:**

**Previous School Attended:**

<b>Parent/Guardian Name</b>	_____	<b>Custody of Student:</b>	<b>Yes</b> _____	<b>No</b> _____
<b>Relationship to Student:</b>	_____	<b>Home Phone</b>	_____	
<b>Email Address</b>	_____	<b>Cell Phone</b>	_____	
<b>Mailing Address</b>	_____ _____ _____			
<b>Employer</b>	<b>Work Phone</b>			

<b>Parent/Guardian Name</b>	_____	<b>Custody of Student</b>	<b>Yes</b> _____	<b>No</b> _____
<b>Relationship to Student:</b>	_____	<b>Home Phone</b>	_____	
<b>Email Address</b>	_____	<b>Cell Phone</b>	_____	
<b>Mailing Address</b>	_____			
	_____			
<b>Employer</b>	<b>Work Phone</b>			

**Emergency Contacts (other than Parent/guardian(s) listed above.)**

<b>#1 Name</b>	<b>#2 Name</b>
<b>Relationship to student</b>	<b>Relationship to student</b>
<b>Home Phone</b>	<b>Home Phone</b>
<b>Cell Phone</b>	<b>Cell Phone</b>
<b>Work Phone</b>	<b>Work Phone</b>
<b>Physician's Name</b>	<b>Office Phone</b>
<b>Dentist's Name</b>	<b>Office Phone</b>

**Is Student on an IEP or 504 plan? ( ) No ( ) IEP ( ) 504**

Is Student receiving any special assistance (speech & language, tutoring, resource room, counseling) at his/her previous school? ( ) No ( ) Yes Please explain:

## IMPORTANT REMINDERS FROM THE HEALTH OFFICE

### **IMMUNIZATIONS:**

The list of immunizations (shots) that students **must** have before enrolling into school in Vermont are listed below.

Please note that without the necessary documentation, your child **will not** be able to enroll in school.

- 5 doses of DTaP (diphtheria, tetanus, and pertussis) vaccine
- 4 doses of polio vaccine
- 2 doses of MMR (measles, mumps, and rubella) vaccine
- 3 doses of hepatitis B vaccine
- 2 doses of chickenpox (varicella) vaccine
- 1 dose of Tdap (tetanus, diphtheria, and pertussis) vaccine

### **EXEMPTIONS:**

You may claim an exemption for one or more immunizations. Exemptions may be claimed for medical or religious reasons. However, you will need to complete and submit to your child's school an exemption form. The exemption forms are available at your child's primary care provider's office, at your child's school, or at the Health Department's website:

1. [healthvermont.gov/hc/imm/documents/religious\\_Exemption\\_SY16-17.pdf](http://healthvermont.gov/hc/imm/documents/religious_Exemption_SY16-17.pdf)
2. [healthvermont.gov/hc/imm/documents/medexemption.pdf](http://healthvermont.gov/hc/imm/documents/medexemption.pdf)

If your child has had chickenpox disease the shot for chickenpox is not needed. However, you will need to complete and submit to your child's school a form stating s/he has had this disease. This form is available at your child's primary care provider's office, at your child's school, or at the Health Department's website:

[http://healthvermont.gov/hc/imm/documents/Documentation\\_of\\_Varicella\\_Disease.pdf](http://healthvermont.gov/hc/imm/documents/Documentation_of_Varicella_Disease.pdf)

### **EMERGENCY MEDICAL FORM:**

When possible, the parent/guardian must complete the Emergency Medical Form when registering their student or have the student submit the form to the Health Office on the first day of school. It is very important that the Health Office is informed about your student.

- Does the student have any medical conditions that RUHS should know about and that would need a school plan?
- Does the student need to take or keep any medications at school? This includes inhalers.
- Remind the student that any medications taken to school need to be brought to the Health Office.

# STUDENT HEALTH INFORMATION

School Year: \_\_\_\_\_

Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Advisory: \_\_\_\_\_

THIS INFORMATION (without using student names) IS REQUIRED FOR THE ANNUAL REPORT TO THE VERMONT DEPARTMENT OF HEALTH. PLEASE COMPLETE ALL QUESTIONS. THANK YOU.

## PHYSICIAN'S NAME:

- Does your child have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_  
-Has your child had a physical in the last year? Yes \_\_\_\_\_ No \_\_\_\_\_  
-Has your child received any immunizations over the summer? Yes \_\_\_\_\_ No \_\_\_\_\_

## DENTIST'S NAME:

- Has your child had a dental exam in the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

## ADDITIONAL MEDICAL INFORMATION

- Has a doctor, nurse or other health professional EVER said that your child has asthma? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_  
-If yes, does your child STILL have asthma? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_  
-Does your child have any allergy, health problem or disability that we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify what the condition is:

\_\_\_\_\_  
\_\_\_\_\_

- Is your child on medication(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the medication(s):

- |           |  |
|-----------|--|
| (1) _____ | Does it need to be given at school? Yes _____ No _____ |
| (2) _____ | Does it need to be given at school? Yes _____ No _____ |
| (3) _____ | Does it need to be given at school? Yes _____ No _____ |

## PERMISSION TO GIVE MEDICATION(S)

I GIVE PERMISSION FOR THE SCHOOL NURSE TO GIVE MY CHILD THE FOLLOWING MEDICATION(S): (Please Check)

- \_\_\_\_\_ Acetaminaphen (Tylenol)  
\_\_\_\_\_ Ibuprofen (Advil)  
\_\_\_\_\_ Tums

SIGNATURE for Medication Approval: \_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION TO TREAT

In the event that your child has a serious accident or sudden illness, the school will use its best judgement in determining if your child should be transported by ambulance to the hospital, while making every effort to reach you.

I GIVE PERMISSION TO GIFFORD MEDICAL CENTER, OR THE CLOSEST HOSPITAL TO THE STUDENT, TO CARE FOR MY CHILD IN CASE OF EMERGENCY IF I CANNOT BE REACHED.

SIGNATURE for Treatment Approval: \_\_\_\_\_ Date: \_\_\_\_\_

## CONSENT FOR SERVICES OF ATHLETIC TRAINER

I HEREBY GIVE CONSENT FOR A CERTIFIED ATHLETIC TRAINER TO PROVIDE SPORTS MEDICINE SERVICES. I UNDERSTAND THAT THERE IS NO CHARGE FOR THESE SERVICES.

SIGNATURE for Athletic Trainer Services: \_\_\_\_\_ Date: \_\_\_\_\_

*Please notify the school with any information that changes during the year.*

To: RU Families  
From: RUHS Administration / Media Center and Technology Staff  
Re: Chromebooks for the 2021 / 2022 School Year

July 30, 2021

Dear Parents, Guardians, and Students,

This year, RU students will be issued a new Chromebook and charger for their schoolwork. After demonstrating an understanding of the proper care and handling of the Chromebook, students will be able to take them home in order to complete work. The amount of time before chromebooks go home will be determined by grade level teams. Students who need their chromebook to work from home for remote learning will be allowed to do so.

Students should make sure their chromebook is fully charged and ready to be used in school each day. While we will do our best to support students' electronic needs, students who forget to bring or charge their chromebooks will not have access to loaner devices.

Students are responsible for the care and safe transportation of their chromebooks and for following district policies and the school's Acceptable Use Agreement. Please review the following documents which outline the guidelines for chromebook use.

Students and families are financially responsible for the repair and replacement of damaged chromebooks. The following are estimated costs of parts and replacements:

- Chromebook Replacement- \$299.00
- New Chromebook Screen - \$299.00
- Chromebook touchpad - \$16.85
- Replacement Keyboard - \$52.00
- Hinge Kit- 41.00
- Chromebook power cord- \$32.00
- Sleeve / Case - \$16.00

Prices of full replacements will decrease according to the depreciation in value after every 6 months of use. Additional information regarding insurance options will be available at the beginning of the school year.

Students may choose to bring their own device, rather than using a school issued chromebook. Parents and guardians are responsible for ensuring that these devices allow students to access all schoolwork.

Whether students use their own devices or those provided by the school, students using the school networks must follow school policies and the acceptable use agreement. Failure to do so will result in consequences supported by the student handbook and may result in loss of computer network privileges.

Our school hopes to prepare students to use and apply information and technology appropriately, effectively and objectively. Thank you for supporting the use of technology at Randolph Union Middle and High School.

Sincerely,

RUHS Administration / Media Center and Technology Staff

-----  
***Please sign on one of the options below and return to the advisor or main office.***

**Option 1 - I choose to use the school provided Chromebook and charger for school AND home use.**

I have read and will follow the RUHS Chromebook 1-1 Guidelines and the Randolph Union High School Computer Network Acceptable Use Agreement.

Parent/Guardian Signature\_\_\_\_\_

Student Name\_\_\_\_\_ Student Signature\_\_\_\_\_

-----  
**Option 2 - I choose to use the school provided Chromebook and charger AT SCHOOL ONLY.**

I have read and will follow the RUHS Chromebook 1-1 Guidelines and the Randolph Union High School Computer Network Acceptable Use Agreement. I understand that I am responsible for making sure I can access all assigned schoolwork.

Parent/Guardian Signature\_\_\_\_\_

Student Name\_\_\_\_\_ Student Signature\_\_\_\_\_ \

-----  
**Option 3 - I choose to bring and use my own device.** I have read and will follow the RUHS Chromebook 1-1 Guidelines and the Randolph Union High School Computer Network Acceptable Use Agreement while using my own device. I understand that I am responsible for making sure I can access all assigned schoolwork.

Parent/Guardian Signature\_\_\_\_\_

Student Name\_\_\_\_\_ Student Signature\_\_\_\_\_

## Randolph Union High School Computer Network Acceptable Use Agreement

Randolph Union High School's goal in providing computer network access is to support the OSSD Mission Statement: Students have the knowledge, skills and tools to be prepared for the next stage of their lives, which justify the resources invested by the community. We endorse the American Library Association's Library Bill of Rights, which discourages censorship and promotes collections of varied views.

We expect that students and staff who use the RUHS computer network will do so in a way that is consistent with, and related to, the educational mission of the school community.

1. No person shall deliberately damage school computers or software. This includes vandalism, "hacking", wasting resources, spreading computer viruses, attempting to by-pass Internet filters and **clearing internet history**.
2. No person shall deliberately access educationally inappropriate materials or show others how to do so. This includes, but is not limited to, obscene and pornographic materials, sites promoting hate groups or violence, the use of illegal or controlled substances, or dangerous materials (such as bombs or weapons).
3. All persons shall respect and uphold copyright laws regarding copies of software, text, graphics, audio files, video files, and will not plagiarize works they find on the OSSD network or on the internet.
4. Illegal activities are strictly forbidden.
5. No person shall participate in hate mail, harassment, discriminatory remarks and other antisocial behaviors, including, but not limited to profanity, obscenity, bigotry, 'flaming' and cyberbullying. Cyberbullying: The use of information and communication technology to bully, embarrass, threaten or harass another. It also includes the use of information and communication technology to engage in conduct or behavior that is derogatory, defamatory, degrading, illegal and/or abusive.
6. Use of another user's device or login password, or allowing another user to use one's device or login password, is prohibited.
7. Social networking sites, such as Snapchat and Facebook, and the use of personal web-based email, such as gmail, hotmail, and yahoo, are prohibited.
8. The following activities are permissible only under teacher directive AND administrative approval: Chat, OSSD Gmail, Weblogs, music or video downloads. All persons shall practice courtesy and respect for the rights of other users.
9. OSSD Gmail is the property of OSSD. Gmail accounts are open to communication outside the OSSD domain for students in grades 9-12. All OSSD Gmail accounts are for educational use only. Any inappropriate or uncomfortable interactions and communication should be printed out and reported to an adult immediately.
10. Streaming music, while working on academics, is permissible based on network capabilities. There may be periods of time when music streaming is not allowed.
11. All communication on the RUHS computer network, **including on a personal device**, can and may be monitored and observed by the system administrator and staff.

12. Users who have questions regarding appropriate use should **ASK** a teacher or the system administrator **BEFORE** accessing materials. Activities not noted in this document should not be assumed to be permissible.
13. **All students will follow the RUHS Chromebook 1-1 Guidelines to ensure safe and effective use of individual chromebooks.**

The use of the RUHS computer network is a privilege, which may be revoked at any time for abusive conduct as outlined herein, as defined by school discipline policy, or as determined by the staff, system administrator or administration. Should a student user commit any violation, or engage in activities judged by system or school administrators to be inappropriate usage, access privileges may be revoked, school disciplinary action may occur and/or appropriate legal action may be taken.

As the parent or guardian of this student, I have read the **RUHS Computer Network Acceptable Use Agreement**. I understand that this access is designed for educational purposes and have discussed with my son/daughter what we, as a family, consider appropriate and inappropriate use of this resource. I recognize it is impossible for RUHS to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network.

Student Name (please print): \_\_\_\_\_

Grade (circle one) : 12('22) 11('23) 10('24) 9('25) 8('26) 7('27)

Student Signature: \_\_\_\_\_

Parent or Guardian Name (please print) \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please **print legibly** a password at least 8 characters long using only numbers and letters.

**\*\*\*\*\*Only fill out a password if you do NOT already have an OSSD Password!**

**7th Graders, do not fill this in if you already have an OSSD password.**

Password (8 characters): \_\_\_\_\_

**\*\*\*\*\*Do not write below this line \*\*\*\*\***

User Name: \_\_\_\_\_

# **Randolph Union High School**

## **Residency\***

*\*Residency: Any student attending the Randolph Union High School or any other school within the Orange Southwest School District (OSSD) must reside within the District with either a parent, legal guardian appointed by the court or placed with a resident family by SRS.*

### **This is in accordance with 16 VSA § 1075(a)**

Proof of residency requires two of the following documents: utility bill indicating legal residence, lease agreement or rent receipt indicating legal residence with the landlord's address and phone number, documentation of home ownership in the OSSD..

To determine the correct name and address of students, parents and/or legal guardians, the information below is required to complete a school registration. A separate Residency Affidavit is required for each student enrolled.

## **Residency Affidavit**

I, \_\_\_\_\_ declare that I am the ☐ parent or  
(print full name)

☐ legal guardian of \_\_\_\_\_ and I reside at the  
following (print student's full name)

Address in the Orange Southwest School District:

Street Address: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I understand that it is my obligation to promptly notify the school principal of any changes in the above information. Furthermore, I hereby certify under penalty of perjury that the above information is true and accurate.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date





## RANDOLPH UNION HIGH SCHOOL

15 Forest Street  
Randolph, Vermont 05060  
802-728-3397

# RECORDS REQUEST

Previous School Name & Address: \_\_\_\_\_

The following student(s) have registered at our school for the current/upcoming school year:

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

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

At your earliest convenience, please send the following information:

- State Student ID: \_\_\_\_\_
- Student Health Record
- Student Cumulative folder - including transcript, standardized test information, special education records and IEP (if applicable) with any additional information you may have
- School Profile including the grading system used at your school.

Prior to mailing the student's cumulative file and health record, please fax us a copy of each item checked below

- ☐ Health Record/Immunization
- ☐ High School Transcript
- ☐ Most recent report card or grades at time of transfer
- ☐ IEP
- ☐ 504

I give my consent for the transfer of the above student's cumulative folder, health records, etc to  
Randolph Union High School, 15 Forest Street, Randolph, VT 05060

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Mail Records to:

**Randolph Union High School  
Attn: Registrar  
15 Forest Street  
Randolph, VT 05060**

Questions? Please call 802-728-6191 EXT 140. Fax 802-728-6702





Migrant Education Program  
UVM Ext 327 US Route 302  
Barre, Vermont 05641  
(802) 476-2003 ext. 226 or  
(1-866)-860-1382 ext. 226

## VERMONT EMPLOYMENT SURVEY

Please complete this form and return it to your school's office. All information provided is confidential. The Vermont Migrant Education Program will contact you to determine if your family is eligible. An eligible student can be of any race and/or ethnicity and speak any language Please call if you have any questions: 866-860-1382 ext. 226

**Guardian/Parent Name(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **Town** \_\_\_\_\_

**Cell phone(s)** \_\_\_\_\_ **Land-line** \_\_\_\_\_

**Has your family moved from one town or state to another town or state in the last three years?**

☐ **No**, You do not need to complete the rest of this form. Thank you!

☐ **Yes**, If yes from where? \_\_\_\_\_ Please complete the rest of this form.  
(town, city, state, country)

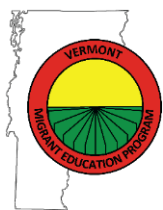
**In the past three years, have you or anyone in your family worked in agriculture or logging?** \_\_\_\_\_

**If yes, please check all that apply:**

- ☐ Dairy Work;
- ☐ Hemp;
- ☐ Raising and tending to poultry including egg production;
- ☐ Raising cows, pigs and other livestock or work in a slaughterhouse or other meat processing facility;
- ☐ Planting, growing, harvesting, packing, cutting or preparing fruits, vegetables and flowers for sale;
- ☐ Working in a greenhouse or nursery (tree/plant/flower) or planting, tending or harvesting field crops;
- ☐ Working in the woods in logging, maple sugaring, planting trees, Christmas treeing, etc.;
- ☐ Working in the catching, raising, harvesting or initial processing of fish or shellfish.
- ☐ Other \_\_\_\_\_



Services for children enrolled in the Migrant Education Program include free books, summer camps and programs, resource referrals and assistance with school meetings.



Migrant Education Program  
UVM Ext 327 US Route 302  
Barre, Vermont 05641  
(802) 476-2003 ext. 226 or  
(1-866)-860-1382 ext. 226

## MIGRANT EDUCATION ELIGIBILITY CRITERIA

An eligible student can be of any race and/or ethnicity and speak any language. Staff from the Vermont Migrant Education Program will help families determine whether a family or student meets the eligibility requirements described below:

### *Who qualifies for our program?*

A child may qualify if the following apply:

- Child is under age of 22 has not graduated from high school or another accreditation program; and
- Child has moved across school district lines with a farmworker (parents, guardians, etc); and
- Parent/guardian has engaged in qualifying agricultural work.

### *Examples of Qualifying Work:*

- ✓ Dairy;
- ✓ Hemp;
- ✓ Poultry and livestock;
- ✓ Slaughterhouse, meat processing;
- ✓ Fruit and vegetable production, harvesting, processing;
- ✓ Greenhouse or plant nursery work including trees, plants, flowers;
- ✓ Field crop work for animal feed or human consumption;
- ✓ Working in the woods logging, maple sugaring, planting trees, Christmas treeing, etc.
- ✓ Working in the catching, raising, harvesting or initial processing of fish or shellfish.



### *For eligible students enrolled in school, VMEP offers:*

- Parent and school communication support. (Includes ensuring interpretation/translation is available to student/family.)
- School supplies and books
- Support for school enrollment including PK
- Referrals to afterschool, summer and health programs and services
- Information on post-secondary opportunities

## 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:	
Questions for Parents/Guardians		Response	
What is the native language of each parent/guardian?			
What language(s) are spoken in your home?			
Which language did your child learn first?			
Which language does your child use most frequently at home?			
Which language do you most frequently speak to your child?			
What other languages does your child know?			

<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 <b>will</b> the student attend?		
Beginning date in this school:	What grade will the student enter?	Person Conducting Survey: