

NORTHBRIDGE PUBLIC SCHOOL
Student Records Release Consent (7.3)
GUIDANCE SERVICES/SPECIAL EDUCATION

| | | |
|------------------|---------|-----------------|
| <hr/> | <hr/> | <hr/> |
| (Student Name) | (Grade) | (Date of Birth) |
| <hr/> | | |
| Current Address | (Town) | (State) (Zip) |
| <hr/> | | |
| Previous Address | (Town) | (State) (Zip) |

In conformance with the 1976 Student Record Regulations of the Massachusetts Department of Education, I authorize the appropriate office of:

Northbridge Elementary School, Cross St., Whitinsville, MA 01588
Phone 508-234-6346 Fax 508-234-8499
Balmer School, Crescent St., Whitinsville, MA 01588
Phone 508-234-8161 Fax 508-234-0808
Northbridge Middle School, 171 Linwood Ave. Whitinsville, MA 01588
Phone 508-234-8718 Fax 508-234-9718
Northbridge High School, 427 Linwood Ave., Whitinsville, MA 01588 Tel. 508-234-6221
Fax 508-234-0802

[] to send to or [] to receive from
these third parties the records of the above named student

| | |
|---------------|---------------|
| <hr/> | <hr/> |
| (Third Party) | (Third Party) |
| <hr/> | <hr/> |
| (Street) | (Street) |
| <hr/> | <hr/> |
| (Town) | (Town) |
| (State) | (State) |
| (Zip) | (Zip) |
| <hr/> | <hr/> |
| (Fax Number) | (Fax Number) |

Records should include, but are not limited to, transcript, grades-to-date, MCAS scores, College Board Tests, Health Records, Discipline Record, Attendance Record, 504 Plan, IEP, Special Education Testing/Assessments, ELL Documentation.

| | |
|------------------------------------|--------|
| <hr/> | <hr/> |
| (Signature of Student or Parent) * | (Date) |

***This form may be signed by a student 14 years or older, or in the ninth grade or above, or a parent.**

Items needed before enrolling: proof of residency, birth certificate, and proof of guardianship.

Revised 12/2014

| | | |
|---|--|----------------------------|
| Date: _____ | Planned Date of Entry into School: _____ | FOR OFFICE USE ONLY |
| Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | Home Phone: (_____) _____ - _____ | |
| Grade (PK-8 only): _____ | Year of Graduation (9-12 only): _____ | LASID # _____ |
| | | SASID # _____ |

SASID # _____

Is the student a foster child under the Massachusetts Division of Social Services?

☐ YES

☐ NO

Is there a current restraining order involving the student? *If yes, attach to this form.*

☐ YES

☐ NO

Is the student a "Ward of the Court"?

☐ YES

☐ NO

For all children in the family, please give:

| NAME | DATE OF BIRTH | GENDER | GRADE |
|------|---------------|---|-------|
| | | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | |
| | | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | |
| | | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | |
| | | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | |

PARENT/GUARDIAN INFORMATION

Mother/Guardian Emergency Contact # _____

Name:

TITLE

FIRST NAME

LAST NAME

Email Address (optional): _____

Place of Work: _____

Legal Status: ☐ CUSTODIAL PARENT ☐ NON-CUSTODIAL PARENT ☐ LEGAL GUARDIAN ☐ NONE

Does this person have the right to dismiss the student? ☐ YES ☐ NO

Does this person have the right to receive the student? ☐ YES ☐ NO

Does this person live with the student? ☐ YES ☐ NO

Does this person receive student's mail? ☐ YES ☐ NO

Residential Address:

If Different From Student

STREET

TOWN/CITY

ZIP CODE

Telephone Number(s): Home: (_____) _____ - _____

Work: (_____) _____ - _____ x _____

Cell: (_____) _____ - _____

Father/Guardian Emergency Contact # _____

Name:

TITLE

FIRST NAME

LAST NAME

Email Address (optional): _____

Place of Work: _____

Legal Status: ☐ CUSTODIAL PARENT ☐ NON-CUSTODIAL PARENT ☐ LEGAL GUARDIAN ☐ NONE

Does this person have the right to dismiss the student? ☐ YES ☐ NO

Does this person have the right to receive the student? ☐ YES ☐ NO

Does this person live with the student? ☐ YES ☐ NO

Does this person receive student's mail? ☐ YES ☐ NO

Residential Address:

If Different From Student

STREET

TOWN/CITY

ZIP CODE

Telephone Number(s): Home: (_____) _____ - _____

Work: (_____) _____ - _____ x _____

Cell: (_____) _____ - _____

SIGNATURE OF PARENT/GUARDIAN

DATE

**NORTHBRIDGE PUBLIC SCHOOLS
ALTERNATE CONTACTS FORM**

Student Name: _____ Grade: _____ Date: _____

In addition to the parent/guardian information supplied on the Registration Form, please supply contact information for at least two responsible adults to assume temporary care of your child if you are not available.

| | | | |
|---|-----------------|---|--------------------|
| Alternate Contact # _____ | | | |
| Name: _____ | | | |
| TITLE | FIRST NAME | LAST NAME | |
| Email Address (optional): _____ | | Place of Work: _____ | |
| Relationship to Student: _____ | | Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | |
| Legal Status: <input type="checkbox"/> CUSTODIAL PARENT <input type="checkbox"/> NON-CUSTODIAL PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> NONE | | | |
| Does this person have the right to dismiss the student? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Does this person have the right to receive the student? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Does this person live with the student? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Does this person receive student's mail? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Residential Address: _____ | | | |
| <i>If Different From Student</i> | | STREET | TOWN/CITY ZIP CODE |
| Telephone Number(s): | | | |
| Home: | (_____) _____ | - _____ | |
| Work: | (_____) _____ | - _____ x _____ | |
| Cell: | (_____) _____ | - _____ | |

| | | | |
|---|-----------------|---|--------------------|
| Alternate Contact # _____ | | | |
| Name: _____ | | | |
| TITLE | FIRST NAME | LAST NAME | |
| Email Address (optional): _____ | | Place of Work: _____ | |
| Relationship to Student: _____ | | Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | |
| Legal Status: <input type="checkbox"/> CUSTODIAL PARENT <input type="checkbox"/> NON-CUSTODIAL PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> NONE | | | |
| Does this person have the right to dismiss the student? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Does this person have the right to receive the student? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Does this person live with the student? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Does this person receive student's mail? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Residential Address: _____ | | | |
| <i>If Different From Student</i> | | STREET | TOWN/CITY ZIP CODE |
| Telephone Number(s): | | | |
| Home: | (_____) _____ | - _____ | |
| Work: | (_____) _____ | - _____ x _____ | |
| Cell: | (_____) _____ | - _____ | |

SIGNATURE OF PARENT/GUARDIAN

DATE

**NORTHBRIDGE PUBLIC SCHOOLS
INITIAL HEALTH REGISTRATION FORM**

Student Name: _____ Grade: _____ Date: _____

All students entering Massachusetts Public Schools are required to present proof of immunization before entry.

Health History

Please check any of the following conditions that may apply to your child:

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Birth Defects | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Chickenpox – Date: _____ | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Operations |

Additional comments: _____

Is his/her eyesight normal? ☐ YES ☐ NO *If no, provide details and date of last eye exam*

Is his/her hearing normal? ☐ YES ☐ NO *If no, provide details and state student needs*

Does your child take medications? ☐ YES ☐ NO *If yes, give type, amount, and reason*

Has your child's physician placed limits on your child's physical activity? ☐ YES ☐ NO *If yes, provide details*

Does your child have any allergic reactions to food, insect bites, etc.? ☐ YES ☐ NO *If yes, provide details*

Does your child use an inhaler? ☐ YES ☐ NO

Has your child's physician prescribed an EpiPen? ☐ YES ☐ NO

If your child has been diagnosed by a licensed practitioner with a medical condition they may be eligible for a 504 evaluation. Please see your school nurse.

Permission for Over-the-Counter Medications (OTC)

The following medications may be dispensed by the school nurse as needed only once during the school day. The school nurse will not be able to dispense these medications without your signature below.

| | | |
|----------------------------|------------------------------|-----------------------------|
| Tylenol | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Benadryl | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 1% Hydrocortisone Cream | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Triple Antibiotic Ointment | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Caladryl | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Orajel | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Ibuprofen (MS/HS only) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| TUMS (MS/HS only) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

SIGNATURE OF PARENT/GUARDIAN

DATE

(Complete Reverse Side)

Health Insurance/Provider Information

Does your child have Health Insurance? ☐ YES ☐ NO

Health Insurance Company: _____ Policy Number: _____

Dentist's Name: _____

Doctor's Name: _____ Doctor's Phone Number: (_____) _____ - _____

If you don't have health insurance, the Commonwealth of Massachusetts has health insurance plans that will provide uninsured children with affordable healthcare (restrictions may apply). Please contact the school nurse for more information about these programs. All communications will be kept strictly confidential.

I, the undersigned, do hereby authorize the officials of Northbridge Public Schools to contact directly the persons named on the Student Registration Form and Emergency Contacts Form as may be deemed necessary in an emergency, for the health of my child. In case of a medical emergency, the school will attempt to contact the parent/guardian before calling the student's primary care provider. My child may be transported by ambulance to a medical facility if necessary. I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment. I will not hold the school financially or legally responsible for the emergency care and/or transportation for said student.

SIGNATURE OF PARENT/GUARDIAN

DATE

**NORTHBRIDGE PUBLIC SCHOOLS
ANNUAL HEALTH INFORMATION FORM**

Dear Parent/Guardian,

Please complete the information on **both sides of this form** and sign as requested. Return this form to the school with your child or by mail. It is important that the school have up-to-date information to meet the needs of your child in the event of an emergency. All information will be kept confidential according to Massachusetts State Law. If you have any questions, feel free to call the school office.

Student Name: _____ Grade: _____ Date: _____

Permission for Over-the-Counter Medications (OTC)

The following medications may be dispensed by the school nurse as needed only once during the school day. The school nurse will not be able to dispense these medications without your signature below.

| | | |
|---------------------------------|------------------------------|-----------------------------|
| Tylenol | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Benadryl | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 1% Hydrocortisone Cream | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Triple Antibiotic Ointment | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Caladryl | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Orajel | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Ibuprofen (<i>MS/HS only</i>) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| TUMS (<i>MS/HS only</i>) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Medications/Medical Conditions

Please list all medications that your child takes and any medical conditions that the nurse should be aware of, even if listed in previous years.

Does your child use: An inhaler? ☐ YES ☐ NO An EpiPen? ☐ YES ☐ NO

If your child has been diagnosed by a licensed practitioner with a medical condition they may be eligible for a 504 evaluation. Please see your school nurse.

Health Insurance/Provider Information

Does your child have Health Insurance? ☐ YES ☐ NO

Health Insurance Company: _____ Policy Number: _____

Dentist's Name: _____

Doctor's Name: _____ Doctor's Phone Number: (_____) _____ - _____

If you don't have health insurance, the Commonwealth of Massachusetts has health insurance plans that will provide uninsured children with affordable healthcare (restrictions may apply). Please contact the school nurse for more information about these programs. All communications will be kept strictly confidential.

SIGNATURE OF PARENT/GUARDIAN

DATE

(Complete Reverse Side)

I, the undersigned, do hereby authorize the officials of Northbridge Public Schools to contact directly the persons named on the Student Biographical Information Verification Report as may be deemed necessary in an emergency, for the health of my child. In case of a medical emergency, the school will attempt to contact the parent/guardian before calling the student's primary care provider. My child may be transported by ambulance to a medical facility if necessary. I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment. I will not hold the school financially or legally responsible for the emergency care and/or transportation for said student.

SIGNATURE OF PARENT/GUARDIAN

DATE



The Northbridge Public Schools Town of Northbridge

87 Linwood Avenue, Whitinsville, Massachusetts 01588 (508) 234-8156 FAX (508) 234-8469 www.nps.org

Dr. Catherine Stickney, Superintendent
Kathleen Perry, Director of Pupil Personnel Services

Amy McKinstry, Director of Curriculum
Melissa Walker, Business Manager

Dear Families,

Welcome to Northbridge Public Schools!

As you begin the task of registering your child for school, we just wanted to make you aware of the fact that one of the ESL Teachers will be contacting you in order to complete a state-mandated Home Language Survey (HLS). Every district in the state is required to complete this survey for every student. Whether the student is just beginning their educational journey, or they are transferring in from another district, the same rule applies: we have to have a HLS on file for every student in our schools. We appreciate your support in helping us to complete this survey, and want to assure you that it only consists of a few quick questions about the language(s) spoken in your home, and will take less than five minutes to complete.

We look forward to speaking with you to help you complete the registration process for your child/children.

Cindy Bourgelas (NES) cbourgelas@nps.org; 508-234-6346 ext. 1202

Kim Dadah (Balmer and Grade 5) kdadah@nps.org; 508-234-8161 ext. 1212

Patricia James (Grades 6-8, and all of NHS) pjames@nps.org

Excellence - Accountability - Collaboration: "Every Student. Every Classroom. Every Day."

It is the policy of the Northbridge Public Schools not to discriminate on the basis of race, color, gender, religion, national origin, sexual orientation, gender identity, disability, age, or homelessness in its educational programs, services, activities, or employment.