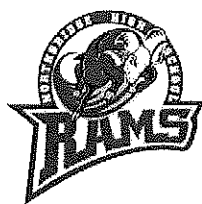


## *Welcome to Northbridge High School!*

We are excited to have you join the NHS community! The Northbridge Public School District requires the following documents for each new student registering:

- Proof of Residency (lease or current bill - must include your Northbridge address)
- Birth Certificate (original)
- Custodial Paperwork/Proof of Guardianship (if applicable)
- Copy of Immunizations
- Copy of Most Recent IEP/504 (if applicable)
- Completed Enrollment Packet (available at [NPS.org](http://NPS.org) or in the Guidance Office)

Please come to the **Guidance Office** and see **Lori Susienka** to enroll your child with the above paperwork. During the school day, you may register between 7 and 2. During the summer, it is best to call **508-234-6221 ext. 1502** first to check on available hours. We look forward to meeting you!



# WELCOME TO NORTHBRIDGE HIGH SCHOOL!

We are excited to have you join the NHS community! We know that transitioning from another school can be both exciting and overwhelming. Here are the answers to some frequently asked questions to help make your transition a little less stressful. Again, we are so glad to have you here. If you have any additional questions or concerns, we are here to help, so please feel free to visit us in Guidance!

Best wishes as you start your journey to success here at Northbridge High School! 😊

- 
- **What time does school start/end?** You must be ready and in your seat by 7:25am or you will be marked as tardy. Dismissal is at 1:55pm
  - **What is Infinite Campus and how do I access it?** Infinite Campus is a program that allows you to check your schedule and grades online. Your parents/guardians also have access to Infinite Campus through the parent portal. The easiest way to get to Infinite Campus is to go to [www.nps.org](http://www.nps.org). Under "quick links" on the left hand side, click on the Infinite Campus link. Your username is your Northbridge HS email address.
  - **What do I do if I forget my locker combination or it won't open?** See Mrs. Susienka. You can usually find her in the Guidance Suite.
  - **What if something is wrong with my schedule?** See your guidance counselor (refer to bottom of this page).
  - **What is my lunch code?** Your lunch code is your student ID number. If you do not know your ID number, just ask one of us in Guidance. We can look up this information for you.
  - **How do I sign up for sports and/or clubs?** See the secretary in the main office.
  - **What do I do if I am late to school?** See the secretary in the main office for a tardy slip.
  - **What do I do if I know that I am going to be dismissed from school?** Drop off a parent note with the secretary in the main office first thing in the morning. She will then give you a dismissal slip. When the time comes to leave, give the slip to your teacher, head down to the main office, and sign-out.
  - **If I take medication during the school day, who holds onto the prescription for me?** You MUST give your medication to one of the school nurses, Mrs. Johnson or Ms. Rizzo. Staff in either the guidance office or the main office can show you to the Nurse's office if you are unsure where it is.
  - **What is my student email and password?** Your email is your first initial, middle initial, then last name @student.nps.org. Your password is lunchcodeStudent!
  - **How do I log onto the school computers?** Your username is your email address. Ex. [jksmith@student.nps.org](mailto:jksmith@student.nps.org). Your password is your lunch code then Student! Ex. 12345Student!
  - **Do I need to complete community service to graduate?** Yes, all students are required to complete 20 hours of community service, compiled over 4 years, as a graduation requirement. Hours will be prorated. For example, if you enter as a junior, only 10 hours would be required. You can find a list of places on where to do community service in the Guidance Suite. The community service forms that must be filled out can also be picked up in Guidance. Once completed, turn them into your guidance counselor.

## Who are the administrators?

Mr. Connery, Principal  
Mr. Tracey, Assistant Principal  
Mr. Susienka, Dean of Students

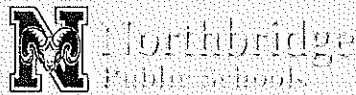
## Who is my guidance counselor?

If your last name begins with...  
A-F = Mrs. Green  
G-M = Miss Hubbell  
N-Z = Mr. Katz  
Adjustment Counselor = Ms. Byrnes

## Who are my class advisors?

Class of 2024: Mrs. Lundsten & Mr. Warzecha  
Class of 2025: Mrs. Dion & Mr. Swayze  
Class of 2026: Mr. Lamay & Mr. Kozik  
Class of 2027: Mr. Polucha & Mr. Sponseller

**Keep at home**



## 2023-2024 School Calendar

July '23						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August '23						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September '23						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October '23						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November '23						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December '23						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Calendar Key

No School

Prof. Devel. No School

Early Release Day

July	
July	Summer School-All Offices Open
August	
Aug. 16	District Leadership Team Retreat
Aug. 14 & 15	New Teacher Orientation
Aug. 17 & 18	Leadership Institute for DCs & Team Leaders
Aug. 28	Staff Opening Day Activities @ NHS
Aug. 29	Prof. Dev-Staff Only-full day
Aug. 30	Prof. Dev-Staff Only-full day
Aug. 31	First Day of School Grades 1-12
September	
Sept. 4	Labor Day-No School
Sept. 5	First Day for Preschool & Kindergarten
Sept. 27	Early Release Day-Prof. Development
October	
Oct. 9	Columbus Day-No School
November	
Nov. 10	Veterans Day Observed-No School
Nov. 15	Early Release-Parent Conferences
Nov. 22	Early Release Day-Thanksgiving Recess
Nov. 23-24	Thanksgiving Recess
December	
Dec 25-Jan 1	Winter Recess
January	
Jan. 1	New Year's Day-No School
Jan. 2	School Resumes
Jan. 12	Prof. Dev-Staff Only-full day
Jan. 15	Martin Luther King Jr Day-No School
February	
Feb. 19	President's Day-No School
Feb. 19-23	February Recess-No School
March	
March 20	Early Release-Parent Conferences
March 29	Good Friday-No School
April	
April 3	Early Release-Professional Development
April 15-19	Patriots Day/Spring Recess-No School
May	
May 27	Memorial Day-No School
May 29	Early Release-Professional Development
TBD	Last Day for Seniors (no earlier than May 28)
June	
June 7	HS Graduation
June 12	180th Day of School: Early Release Day
June 13-20	*Weather Related Make-up Days
June 19	Juneteenth-No School (If yr. extended)

SCHOOL COMMITTEE MEETINGS: 2nd & 4th Tuesdays

NHS-427 Linwood Ave

Media Center - 7:00PM

Televised on Channel 1

Televised on Channel 1

January '24						
Su	Mo	Tu	We	Th	Fr	Sa
		2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

20 Days/97 Days

February '24						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

16 Days/113 Days

March '24						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

20 Days/133 Days

April '24						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

17 Days/150 Days

May '24						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

22 Days/172 Days

June '24						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

8 Days/180 Days

developed 4/5/23

Keep at home

**NORTHBRIDGE PUBLIC SCHOOLS  
2023-2024 TRANSPORTATION INFORMATION FOR NEW STUDENTS**

**STUDENTS ELIGIBLE FOR TRANSPORTATION**

**STUDENTS K-5:** Distance to school is greater than 1 mile but not more than 2 miles from home: **\$200 FEE WITH A FAMILY CAP OF \$600**

**STUDENTS K-6:** Distance to school is greater than 2 miles from home: **NO FEE**

**STUDENTS 7-12:** Distance to school is greater than 2 miles from home: **\$200 FEE WITH A FAMILY CAP OF \$600**

**STUDENTS NOT ELIGIBLE FOR TRANSPORTATION**

**STUDENTS K-5:** Distance to school is 1 mile or less from home.

**STUDENTS 6-12:** Distance to school is 2 miles or less from home.

**REGISTRATION FOR ELIGIBLE STUDENTS**

Online registration and information for transportation for the 2023-2024 school year is available on the District website, [www.nps.org](http://www.nps.org).

**REGISTRATION FOR NON-ELIGIBLE STUDENTS**

After eligible students are placed on a bus and that bus still has seats available, the open seats may be granted to **non-eligible** students on a first come first served basis and will be subject to a transportation fee. The online registration form and transportation information is available on the transportation page of the District website at [www.nps.org](http://www.nps.org). Please indicate on the eligibility section of the online form that your student is not eligible and is registering for an open seat. Registering for an open seat does not guarantee that your student will be granted a seat on the bus. Registration will put your child on the waiting list for an open seat should there be a bus with available seats in close proximity to your neighborhood.

**\*ALL students who plan to ride the bus in 2023-2024, (both eligible and not eligible) MUST register for school bus transportation. Registration for students subject to a bus fee will not be considered complete until the bus fee is paid in full.**

**DAYCARE AND TRANSPORTATION**

If your child will be taking a bus to/from a daycare, the determination of free or paid transportation will be based on your home address mileage, not the mileage of your daycare. However, transportation to/from a daycare will only be provided if that daycare address meets the mileage boundary requirements (greater than one (1) mile from school). If your daycare address does not meet the mileage boundary requirements, please refer to the Open Seat registration information.

**HOW TO PAY A TRANSPORTATION FEE**

Acceptable forms of payment include:

1. Online Payment by electronic check or credit/debit card
2. To pay online, click on the link to the online payment system, located on the main page of the District website at [www.nps.org](http://www.nps.org) under the Online Payment, selecting Transportation in the drop down menu.
3. Check or Money order (payable to Northbridge Public Schools)
  - Payment may be mailed or dropped off at the Administration Building located at 87 Linwood Avenue, Whitinsville, MA 01588. Please mail payments to the attention of the Transportation Coordinator.

**If your child qualifies for free or reduced price lunch, you may be eligible to have this transportation fee waived**

For transportation questions, including specific questions regarding your mileage eligibility determination and free/reduced lunch eligibility, please contact Patty Paine at [transportation@nps.org](mailto:transportation@nps.org).

**Keep at home**



# STUDENT INFORMATION

## Email Account

**Username:** first initial middle initial last name at student.nps.org

Example: John Joseph Smith Jr [jjsmithjr@student.nps.org](mailto:jjsmithjr@student.nps.org)

**Initial password:** lunch code then Student! 12345Student!

## Campus Student Portal

*Campus Student Portal* provides students an online gateway to learning materials and other important information regarding their enrollment within the district. Its primary purpose is to provide easy access to course information, schedules, biographical, academic and attendance data.

### What can I see in the Campus Student Portal?

- Attendance Data
- Biographical Data
- In Progress Grades
- Report Cards
- Course Assignments
- Student Schedules
- Course Recommendations (Gr 9-12)

### How do I register for the Student Portal?

The Campus Student Portal is available to all students enrolled in grades 6-12. Once a student is registered, login information will be provided by the building. The login username is the NPS email address and a temporary password will be provided.

Links to the Infinite Campus Student Portal are available on our website in the tools section of each page.

### Terms and Conditions:

The district accepts no responsibility in the event the username and password is shared, given, stolen or in any other way, becomes the possession of a person other than the student. In the event of a username and/or password being compromised, the student should change their password. Users of this system shall not use a username and password that is registered to another individual. Individual student information should be kept confidential. Should misuse of the above conditions occur, access will be terminated. *By creation and use of a student portal account, the user agrees to be bound by these Terms and Conditions.*

# PARENT/GUARDIAN INFORMATION

## Campus Parent Portal

*Campus Parent Portal* provides parents/guardians with information to stay connected and engaged with their student's learning. Its primary purpose is to provide biographical, academic and attendance data on their students enrolled in the district.

### What can I see in the Campus Parent Portal?

- Attendance Data (all grades)
- Biographical Data (all grades)
- In Progress Grades (Gr 6-8)
- Report Cards (all grades)
- Course Assignments (Gr 6-12)
- Student Schedules (Gr 6-12)
- Course Recommendations (Gr 9-12)

### How do I register for the Campus Parent Portal?

The Campus Parent Portal is available to all legal guardians of registered students with an active email. Once a student is registered, the guardian will receive an email within a few days that includes an account activation link along with instructions on how to set up their new account.

Links to the Infinite Campus Parent Portal are available on our website in the tools section of each page.

### Troubleshooting

If you have any questions or have not received your activation email, please contact your child's school:

- NES for students in Grades Pk-5: 508-234-8161 ext 31001 or xt 31002
- NMS for students in Grades 6-8: 508-234-8178 ext 2231
- NHS for students in Grades 9-12: 508-234-6221 ext 1502

### Terms and Conditions:

The district accepts no responsibility in the event the username and password is shared, given, stolen or in any other way, becomes the possession of a person other than the parent/guardian. In the event of a username and/or password being compromised, the parent/guardian should change their password. Users of this system shall not use a username and password that is registered to another individual. Individual student information should be kept confidential. Should misuse of the above conditions occur, access will be terminated. *By creation and use of a parent portal account, the user agrees to be bound by these Terms and Conditions.*

**Keep at home**

**Northbridge Public Schools Protocol for Food During the School Day  
(Grades 9-12) Protocol for Policy ADF**

High School students are expected to be aware of their own food allergies and to monitor food that they choose to eat. Nurses will maintain a list of food allergies from information provided on Emergency Forms by parents. This list will be shared with staff on the Google Drive and updated as new information comes in. Allergy information will also be in the EpiPen book.

If a teacher chooses to have food in their classroom, they are responsible to check both the EpiPen book and the Food Allergy list before providing food. If a student in the class is allergic to a food that the teacher plans to use, the teacher should speak with the parent/guardian to discuss an alternative food.

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) (Telephone)
<hr/>		
Previous Address	(Town)	(State) (Zip)
<hr/>		

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

Northbridge Elementary School, 21 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) (State) (Zip)	(Town) (State) (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)

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

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

**Revised 11/2/2023**

The Northbridge Public Schools ensures equal employment and educational opportunities for its employees and students and does not discriminate on the basis of race, color, religion, national origin, sex or sexual orientation, gender identity (M.G.L. c. 151B and 151C, Title VI, Title VII and Title IX), or on the basis of disability (Section 504 of the Rehabilitation Act of 1973/ADA) or homelessness. In addition, the Northbridge Public Schools does not discriminate against its employees on the basis of age (M.G.L. 151B/ADEA) on the basis of veteran's status, or genetic information.



# NORTHBRIDGE PUBLIC SCHOOLS STUDENT REGISTRATION FORM

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

Planned Date of Entry into School: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Gender: ☐ MALE ☐ FEMALE

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

LASID # \_\_\_\_\_

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

Year of Graduation (9-12 only): \_\_\_\_\_

SASID # \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_

FULL FIRST NAME

FULL MIDDLE NAME

LAST NAME

Last School Attended: \_\_\_\_\_

SCHOOL NAME

SCHOOL ADDRESS

Has Student Previously Attended School in Massachusetts?

☐ YES

☐ NO

If Yes, Last Year Attended: \_\_\_\_\_ If Yes, Name of Last Massachusetts School: \_\_\_\_\_

Has Student Previously Attended the Northbridge Public Schools?

☐ YES

☐ NO

If Yes, Last Year Attended: \_\_\_\_\_ If Yes, Last Grade Attended: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

TOWN/CITY

STATE

COUNTRY

Residential Address: \_\_\_\_\_

STREET

TOWN/CITY

ZIP CODE

Mailing Address: \_\_\_\_\_

*If Different From Above*

STREET

TOWN/CITY

ZIP CODE

Is student currently on an individualized education plan?

☐ YES

☐ NO

Is student currently on a Section 504 Accommodation Plan?

☐ YES

☐ NO

Student's Ethnicity: ☐ HISPANIC OR LATINO

*Select only one*

(a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

☐ NOT HISPANIC OR LATINO

Student's Race:

*Select one or more*

☐ WHITE

(a person having origins in any of peoples of Europe, the Middle East, North Africa)

☐ BLACK OR AFRICAN AMERICAN

(a person having origins in any of the black racial groups of Africa)

☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

(a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

☐ AMERICAN INDIAN OR ALASKA NATIVE

(a person having origins in any original peoples of North or South America including Central America, and who maintain tribal affiliation or community attachment)

☐ ASIAN

(a person having origins in any of the peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

Military Status:

Please indicate if one of the Parents/Guardians is a member of a military family. Defined as one of the following:

☐ Active Duty ☐ National Guard ☐ Reserve on Active Duty Orders ☐ Retired within a year ☐ Parent Died on Active Duty

**Note: All students must complete a Home Language Survey.**

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

<b>Mother/Guardian</b>		<b>Emergency Contact # _____</b>	
Name: _____			
TITLE	FIRST NAME	LAST NAME	
Email Address: _____		Place of Work: _____	
Legal Status: <input type="checkbox"/> CUSTODIAL PARENT <input type="checkbox"/> NON-CUSTODIAL PARENT <input type="checkbox"/> NON-CUSTODIAL PARENT W/ RIGHTS			
<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
Will this person require a parent portal in Infinite Campus?		<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: (____) _____ - _____	Cell: (____) _____ - _____	
	Work: (____) _____ - _____ x _____		

<b>Father/Guardian</b>		<b>Emergency Contact # _____</b>	
Name: _____			
TITLE	FIRST NAME	LAST NAME	
Email Address: _____		Place of Work: _____	
Legal Status: <input type="checkbox"/> CUSTODIAL PARENT <input type="checkbox"/> NON-CUSTODIAL PARENT <input type="checkbox"/> NON-CUSTODIAL PARENT W/ RIGHTS			
<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
Will this person require a parent portal in Infinite Campus?		<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: (____) _____ - _____	Cell: (____) _____ - _____	
	Work: (____) _____ - _____ x _____		

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.

<b>Alternate Contact #</b> _____			
Name: _____			
TITLE	FIRST NAME	LAST NAME	
Email Address: _____		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:	(____)____-____		

<b>Alternate Contact #</b> _____			
Name: _____			
TITLE	FIRST NAME	LAST NAME	
Email Address: _____		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

## Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

<b>Student Information</b>		
First Name _____	Middle Name _____	Last Name _____
		Gender F <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth _____	Date of Birth (mm/dd/yyyy) _____	Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____
<b>School Information</b>		
Start Date in New School (mm/dd/yyyy) _____ / ____ / 20____	Name of Former School and Town _____	Current Grade _____
<b>Questions for Parents/Guardians</b>		
What is the primary language used in the home, regardless of the language spoken by the student? _____	Which language(s) are spoken with your child? (include relatives -grandparents, uncles, aunts, etc. - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always	
What language did your child first understand and speak? _____	Which language do you use most with your child? _____	
How many years has the student been in U.S. Schools? (not including pre-kindergarten) _____	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always	
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	
Parent/Guardian Signature: X _____	_____ / ____ / 20____ Today's Date: (mm/dd/yyyy)	

# Massachusetts Parental Notice for One Time Consent to Allow the School District To Access MassHealth (Medicaid) Benefits

School District Name and Code: **Northbridge Public Schools [Northbridge/214]**

School/District Contact: **Northbridge Public Schools/Greg Rosenthal**

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission (also known as consent) to share information about your child with MassHealth. Local communities in Massachusetts have been approved to receive partial reimbursement from MassHealth for the costs of certain health-related services provided by the district to your child (or children). In order for your community to get back some of the money spent on services, the school district needs to share with MassHealth the following types of information about your child: name; date of birth; gender; type of services provided, when, and by whom; and MassHealth ID.

With your permission, the school district will be able to seek partial reimbursement for services provided by MassHealth, including, among others, a hearing test or eye exam; a school physical; occupational or speech or physical therapy; some school nurse visits; and counseling services with the school social worker or psychologist. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

The school district cannot share with MassHealth information about your child without your permission. As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the health-related and/or special education services to which your child is entitled.
2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge MassHealth for services provided. The school district can agree to pay the co-pay or deductible if any such cost is expected.
3. If you give the school district permission to share information with and request reimbursement from MassHealth:
  - a. This will not affect your child's available lifetime coverage or other MassHealth benefit; nor will it in any way limit your own family's use of MassHealth benefits outside of school.
  - b. Your permission will not affect your child's special education services or IEP rights in any way, if your child is eligible to receive them.
  - c. Your permission will not lead to any changes in your child's MassHealth rights; and
  - d. Your permission will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.
4. If you give permission, you have the right to change your mind and withdraw your permission at any time.
5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with MassHealth for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

I have read the notice and understand it. Any questions I had were answered. I give permission to the school district to share with MassHealth records and information concerning my child(ren) and their health-related services, as necessary. I understand that this will help our community seek partial reimbursement of MassHealth covered services.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name:	Date of Birth:	SASID # (for district to add):
Child's Name:	Date of Birth:	SASID # (for district to add):
Child's Name:	Date of Birth:	SASID # (for district to add):



The full copy of the Acceptable Use Policy and Internet Safety Policy can be found at <http://www.nps.org/node/408> under Technology Policies.

NORTHBRIDGE PUBLIC SCHOOL DISTRICT  
COMPUTER RESOURCES  
ACCEPTABLE USE POLICY

The Northbridge Public School District provides computer resources and Internet access to support educational excellence by promoting resource sharing, facilitating communication, enhancing learning, improving administrative efficiencies, and preparing students to live and work in the 21<sup>st</sup> century. Anyone who uses the District's computer resources must follow the guidelines described in this policy. The use of computers and the Internet in the Northbridge Public School District is a privilege, not a right, and failure to follow these guidelines will result in loss of privileges, disciplinary action, and/or legal prosecution.

Each user may be assigned a unique username and secret password. No account, username or password may be shared with anyone else. Each user is responsible for all the activity conducted under that account or username. No one may attempt to access anyone else's account or files. Passwords must be safeguarded at all times and changed in accordance with the current procedures at each school.

Faculty and staff may prohibit the use of non-school-issued disks in school computers and may scan any student disk at any time for viruses. Each school will establish a safe and ethical file handling procedure for all.

NORTHBRIDGE PUBLIC SCHOOL DISTRICT  
INTERNET SAFETY POLICY

The Internet is a vast computer network full of wonderful educational experiences. However, there are some parts of the Internet that are not appropriate for education and, therefore, the Northbridge Public Schools will teach students to use the Internet safely by following the guidelines listed below. Teachers and staff who use the Internet will follow the same guidelines to model appropriate use while protecting themselves and school property.

Internet access will be provided with filtering software designed to identify and prohibit access to sites that educators believe contain inappropriate material for students. It is important to remember, however, that no system is perfect and that the possibility always exists for some inappropriate materials to get through.

Ultimately, everyone must take responsibility for their own actions and take the necessary steps to protect themselves. Therefore, anyone found repeatedly or intentionally visiting objectionable, problematic, or inappropriate sites will have his or her Internet privileges revoked and may be subject to disciplinary action.

**Report any misuse or abuse**

Any one with knowledge of abuse, inappropriately use, or failure to follow any of these guidelines shall report this to a teacher or administrator as soon as possible. Any violation of school policy and rules may result in loss of school-provided access to computers and/or the Internet. Additional disciplinary action may be determined in keeping with existing procedures and practices regarding inappropriate language or behavior. When and where applicable, law enforcement agencies may be involved.

The Northbridge Public School District is committed to providing secure and error-free computing and cannot be held responsible for any loss or damages resulting from technical or other difficulties. The Northbridge Public School District reserves the right to change these guidelines.

### Acceptable Computer Use and Internet Safety Contract

I \_\_\_\_\_, and \_\_\_\_\_  
(print minor's name) (print parent or guardian's name)

the parent/guardian of this minor, have read and understood the Acceptable Computer Use and Internet Safety Policies and agree to adhere to all the guidelines listed. We realize that inappropriate behavior may lead to penalties including loss of computer privileges, disciplinary action, and/or legal action. Further, we understand that there is a potential to access information on the Internet that is inappropriate for school-age children or young adults. Every reasonable effort will be made on the part of the faculty and staff of the Northbridge Public School District to supervise student access to such information; my son/daughter is ultimately responsible for restricting himself/herself from accessing inappropriate information. We release the Northbridge Public School District from any liability or damages that may result from the use of its computers, software, and networks. As a computer user, I accept full responsibility and liability for the results of my personal actions.

Student's Signature \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Notice to all students attending school in Massachusetts

Massachusetts school immunization requirements are created under authority of 105 CMR 220.000 Immunization of Students **Before** Admission to School.

The following immunizations are required by the Massachusetts Department of Public Health:

### **Grades 7-12:**

Tdap - 1 dose; and history of DTaP primary series or age appropriate catch-up vaccination. Tdap given at  $\geq 7$  years may be counted but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch up schedule. Td or Tdap should be given if it has been  $\geq 10$  years since the last Tdap.

Polio - 4 doses; fourth dose must be given on or after the 4th birthday and  $\geq 6$  months after the previous dose, or a fifth dose is required. 3 doses are acceptable if the third dose is given on or after the 4th birthday and  $\geq 6$  months after the previous dose.

Hepatitis B - 3 doses; laboratory evidence of immunity acceptable 2 doses of Heplisav B given on or after 18 years of age are acceptable.

MMR - 2 doses; first dose must be given on or after the 1st birthday and second dose must be given  $\geq 28$  days after first dose; laboratory evidence of immunity acceptable.

Varicella - 2 doses; first dose must be given on or after the 1st birthday and second dose must be given  $\geq 28$  days after first dose; a reliable history of chickenpox or laboratory evidence of immunity acceptable

### **Meningococcal Requirements**

**Grade 7-9** 1 dose; 1 dose MenACWY (formerly MCV4) required. Meningococcal B vaccine is not required and does not meet this requirement.

**Grade 11-12:** 2 doses; second dose MenACWY (formerly MCV4) must be given on or after the 16th birthday and  $\geq 8$  weeks after the previous dose. 1 dose is acceptable if it was given on or after the 16th birthday Meningococcal B vaccine is not required and does not meet this requirement.

**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.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
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

### 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