

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

<hr style="border-top: 1px solid black;"/> (Student Name)	<hr style="border-top: 1px solid black;"/> (Grade)	<hr style="border-top: 1px solid black;"/> (Date of Birth)		
<hr style="border-top: 1px solid black;"/> Current Address	<hr style="border-top: 1px solid black;"/> (Town)	<hr style="border-top: 1px solid black;"/> (State)	<hr style="border-top: 1px solid black;"/> (Zip)	<hr style="border-top: 1px solid black;"/> (Telephone)
<hr style="border-top: 1px solid black;"/> Previous Address	<hr style="border-top: 1px solid black;"/> (Town)	<hr style="border-top: 1px solid black;"/> (State)	<hr style="border-top: 1px solid black;"/> (Zip)	

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 Street., Whitinsville, MA 01588
Phone 508-234-8161

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 style="border-top: 1px solid black;"/> (Third Party)	<hr style="border-top: 1px solid black;"/> (Third Party)
<hr style="border-top: 1px solid black;"/> (Street)	<hr style="border-top: 1px solid black;"/> (Street)
<hr style="border-top: 1px solid black;"/> (Town)	<hr style="border-top: 1px solid black;"/> (Town)
<hr style="border-top: 1px solid black;"/> (State)	<hr style="border-top: 1px solid black;"/> (State)
<hr style="border-top: 1px solid black;"/> (Zip)	<hr style="border-top: 1px solid black;"/> (Zip)
<hr style="border-top: 1px solid black;"/> (Fax Number)	<hr style="border-top: 1px solid black;"/> (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 style="border-top: 1px solid black;"/> (Signature of Student or Parent) *	<hr style="border-top: 1px solid black;"/> (Date)
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***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 08/2021

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: _____		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 ____		

Father/Guardian		Emergency Contact # _____	
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.

Alternate Contact # _____

Name: _____

TITLE

FIRST NAME

LAST NAME

Email Address (optional): _____

Place of Work: _____

Relationship to Student: _____

Gender: ☐ MALE ☐ FEMALE

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: (_____) _____ - _____

Alternate Contact # _____

Name: _____

TITLE

FIRST NAME

LAST NAME

Email Address (optional): _____

Place of Work: _____

Relationship to Student: _____

Gender: ☐ MALE ☐ FEMALE

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
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

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.

Student Information			
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) _____	
School Information			
Start Date in New School (mm/dd/yyyy) _____ / ____ / 20____	Name of Former School and Town _____		Current Grade _____
Questions for Parents/Guardians			
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 - <i>grandparents, uncles, aunts, etc.</i> - 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 _____	Today's Date: _____ / ____ / 20____ (mm/dd/yyyy)		