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

Current Address Previous Address	(Town)	(State)	(Zip)	
Previous Address			. 17	(Telephone)
	(Town)	(State)	(Zip)	
In conformance with the 1976 Student l Education, I authorize the appropriate		ons of the Massa	chusetts De	partment of
Northbridge Elementary Northbridge Middle S P Northbridge High School, 427	Phone 508-23 School, 171 Linwo hone 508-234-8718 F	34-8161 ood Ave. Whitins Sax 508-234-9718 Vhitinsville, MA	ville, MA 01	1588
[] to sei	nd to or [to receiv	e from	
these third partie	es the records of	of the above na	med stude	nt
(Third Party)	(Third Party)		-
(Street)	(3	Street)		- W
(Town) (State)	(Zip)	Town)	(Stat	e) (Zip)
Fax Number)	Ō	Fax Number)		
Records should include, but are not l Board Tests, Health Records, Discipli Testing/Assessments, ELL Documenta	ne Record, Atter			
(Signature of Student or Parent) *		(D	ate)	
*This form may be signed by a student	44 11			

Revised 08/2021

NORTHBRIDGE PUBLIC SCHOOLS STUDENT REGISTRATION FORM

Date:			Planned Date of Entr	y into Sch	nool:		FOR OFFICE USE ONLY
Gender: □ M	IALE	□ FEMALE	MALE Home Phone: ()			L	ASID #
Grade:	_		Year of Graduation (9)-12 only)		5	SASID #
Student's Lega	l Name						
		FULL FIF	ST NAME	FULL M	IDDLE NAME		LAST NAME
Last School At	tended		IOOL NAME	-	SCHO	OL ADDRE	SS
Has Student P	revious	ly Attended Sch	ool in Massachusetts?		□ YES □ NO		□NO
If Yes,	Last Ye	ear Attended:	If Yes, Name	of Last M	lassachusetts Se	chool:	
Has Student Pr	revious	ly Attended the	Northbridge Public Scho	ools?		□ YES	□NO
If Yes,	Last Ye	ear Attended:	If Yes, Last G	irade Atte	ended:		
Date of Birth:			Place of Birth:			_	
				TOWN	I/CITY	STA	TE COUNTRY
Residential Add	dress:						
			STREET		TOWN/CITY		ZIP CODE
Mailing Addres If Different From A			STREET		TOWN/CITY		ZIP CODE
ls student curre	ently or	an individualize	ed education plan?			□ YES	□ NO
ls student curre	ently or	a Section 504	Accommodation Plan?			□ YES	□ NO
Student's Ethni	icity: 🗆	HISPANIC OR LA	TINO				Chicano, Puerto Rican, South
Select only one			or Central America regardless of race)		Spanish culture or origin,		
		NOT HISPANIC C	OR LATINO				
Student's Race	: 🗆	WHITE					of peoples of Europe, the
more		BLACK OR AFRI	CAN AMERICAN				of the black racial groups of
		NATIVE HAWAIIA	N OR OTHER PACIFIC ISL	ANDER			of the original peoples of
		AMERICAN INDIA	AN OR ALASKA NATIVE			rigi <mark>n</mark> s in any	y original peoples of North or
	_				maintain tribal affi	liation or co	ral America, and who mmunity attachment)
		ASIAN					y of the peoples of the Far dian subcontinent including
		_				India, Japar	n, Korea, Malaysia, Pakistan,
Military Status:							
•		of the Parents/G	Guardians is a member o	of a milita	ry family. Define	d as one	of the followina:
□Active Duty □			eserve on Active Duty O		-		
			·				· /

Note: All students must complete a Home Language Survey.

Is the student a foster child under the Massachusetts Division of Social Services?						
Is there a current restraining order involving the student? If	□ 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			
		☐ MALE ☐ FEMALE				
		☐ MALE ☐ FEMALE				
		□ MALE □ FEMALE				
DARFATONA	DDIAN INCODERATION	□ MALE □ FEMALE				
	RDIAN INFORMATION					
Mother/Guardian Emergency Contact #						
Name: FIRST NAME		LACTAIANE				
	Di Civi	LAST NAME				
Email Address:						
Legal Status: CUSTODIAL PARENT NON-CUSTODIAL	PARENT NON-CUSTO	DIAL PARENT W/ RIGHTS				
□ 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					
Will this person require a parent portal in Infinite Campus?	□ YES □ NO					
Residential Address:	_					
If Different From Student STREET	TOWN/CIT	Y ZIP COD	E			
Telephone Number(s): Home: ()	Cell: ()				
Work: ()	x					
_						
Father/Guardian Emergency Contact #						
Name: FIRST NAME		LACTNIANT				
	Diago of Works	LAST NAME				
Email Address:		DIAL DADENT W DIGUES				
Legal Status: ☐ CUSTODIAL PARENT ☐ NON-CUSTODIAL PARENT ☐ NON-CUSTODIAL PARENT W/ RIGHTS						
□ 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					
Will this person require a parent portal in Infinite Campus?	□ YES □ NO					
Residential Address: If Different From Student STREET	TOWN/CIT	Y ZIP COD	 E			
Telephone Number(s): Home: ()	Cell: ()				
, , , , , , , , , , , , , , , , , , , ,	x					
SIGNATURE OF PARENT/GUARDIAN		DATE				

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NORTHBRIDGE PUBLIC SCHOOLS ALTERNATE CONTACTS FORM

Student Name:			Grad	de:	Date:
In addition to the parent/g information for at least tw	o responsi	ible adults to assume	e temporary of	care of your child if	
Alternate Contact #					
Name:	-	FIRST NAME		LAS	ST NAME
Email Address (optional):			Place of \	Nork:	
Relationship to Student:			Gender:	☐ MALE	☐ FEMALE
Legal Status: ☐ CUSTO	ODIAL PARE	ENT INON-CUSTO	DIAL PARENT	□ LEGAL GUARDIA	N □ NONE
Does this person have the rig	ght to dism	iss the student?	☐ YES	□ NO _	
Does this person have the ri	ght to recei	ive the student?	☐ YES	□ NO	
Does this person live with the	e student?		☐ YES	□ NO	
Does this person receive stu	ıdent's mail	?	☐ YES	□N⊝	
Residential Address: If Different From Student		STREET	_	TOWN/GITY	ZIP CODE
				TOWN, CIT 1	ZIP CODE
. , ,					
		· · · · · · · · · · · · · · · · · · ·			
C	ell: (
Alternate Contact #					
Name:					
TITLE	-	FIRST NAME		LAS	ST NAME
Email Address (optional):			Place of V	Work:	
Relationship to Student:			Gender:	☐ MALE	□ FEMALE
Legal Status: ☐ CUSTO	DDIAL PARE	ENT INON-CUSTO	DIAL PARENT	☐ LEGAL GUARDIA	N D NONE
Does this person have the rig	ght to dism	iss the student?	☐ YES	□ NO	
Does this person have the rig	ght to recei	ve the student?	☐ YES	□NÕ	
Does this person live with the	e student?		☐ YES	□ NO	
Does this person receive stu	ıdent's mail	?	☐ YES	□ NO	
Residential Address: If Different From Student		STREET		TOWN/CITY	ZIP CODE
Telephone Number(s): Ho	ome: (,			
•	onie. (/ork: (· /			
	ell: (· · · ·	^_		
	OII. (
SIGNATI	IRE OF DAG	RENT/GUARDIAN		DATI	

NORTHBRIDGE PUBLIC SCHOOLS INITIAL HEALTH REGISTRATION FORM

Student Name:			Grade:		Date:
All students entering Massachusetts	Public Schoo	ls are re	quired to pres	ent proof of immu	nization before entry.
Health History					
Please check any of the following con	nditions that i	may app	ly to your chi	ld:	
☐ Asthma			-	☐ Fainting Spells	
☐ Allergies				☐ Heart Disease	
☐ Birth Defects☐ Chickenpox – Date	۵.			J Kidney Disease	L
☐ Convulsions	·			☐ Whooping Coug ☐ Rheumatic Feve	
☐ Diabetes				□ Tuberculosis	•
☐ Ear Infections			- [☐ Operations	
Additional comments:					
Is his/her eyesight normal?	☐ YES	□ NO	If no, provide de	etails and date of last e	ve exam
Is his/her hearing normal?	☐ YES	□ NO	If no, provide de	etails and state student	needs
Does your child take medications?	☐ YES	□ №	If yes, give type,	amount, and reason	
Has your child's physician placed limits of	on your child's	physical	activity?	□ YES □ NO	If yes, provide details
Does your child have any allergic reaction	ns to food, ins	ect 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 license	d practitioner wi	ith a medi	cal condition the	y may be eligible for a	a 504 evaluation. Please
see your school nurse.					
Permission for Over-the-Counter Med	ications (OTC	;)			
The following medications may be di The school nurse will not be able to d	spensed by the section is spensed by the section is the section in the section in the section is the section in the section in the section is the section in the section is the section in the section in the section in the section is the section in the section in the section in the section is the section in	ne schoo e medica	l nurse as nee tions without	ded only once du your signature be	ring the school day.
Tylenol			□ YES [□ NO	
Benadryl			□ YES [ON E	
1% Hydrocortisone C	ream		□ YES [ON E	
Triple Antibiotic Ointn	nent		□ YES [□ NO	
Caladryl				⊒ NO	
Orajel				⊒ NO	
lbuprofen (MS/HS only	v)			⊒ NO	
TUMS (MS/HS only)	,			⊒ NO	
- (

FORM 1HI 020209 updated 3.18

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: 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 ☐ YES □ NO = Benadryl ☐ YES □ NO 1% Hydrocortisone Cream ☐ YES □ NO Triple Antibiotic Ointment ☐ YES □ NO ... Caladryl ☐ YES Orajel □ YES □ NO lbuprofen (MS/HS only) ☐ YES □ NO ---TUMS (MS/HS only) ☐ YES 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

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(Complete Reverse Side)

persons na emergenc parent/gua to a medic child's he needs. I g referral, d	ersigned, do hereby authorize the officials of Northbramed on the Student Biographical Information Verifically, for the health of my child. In case of a medical emerical facility if necessary. I give permission to the school alth condition with appropriate school personnel when ive permission to exchange information with my child iagnosis and treatment. I will not hold the school finator transportation for said student.	eation Report as may be deemed necessary in an ergency, the school will attempt to contact the ler. My child may be transported by ambulance of nurse to share information relevant to my in needed to meet my child's health and safety les primary care physician for the purpose of
<u>-</u>	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		
		- F M M
First Name	Middle Name	Last Name Gender
Country of Birth	Date of Birth (mm/dd/yyyy)	Date first enrolled in ANY U.S. school (mm/dd/yyyy)
School Information		
//20		
Start Date in New School (mm/dd/yyyy)	Name of Former School and Tov	vn Current Grade
Questions for Parents/Guardi	ans	
What is the primary language used in the language spoken by the student?	ne home, regardless of the	Which language(s) are spoken with your child? (include relatives -grandparents, uncles, aunts, etc and caregivers)
j.	- 2	seldom / sometimes / often / always
Mile of Louisian and distance in the first of		seldom / sometimes / often / always
What language did your child first unde	erstand and speak? —	Which language do you use most with your child?
How many years has the student been	in U.S. Schools? (not including	Which languages does your child use? (circle one)
pre-kindergarten)		seldom / sometimes / often / always
-	-:	seldom / sometimes / often / always
Will you require written information fro language? Y N	m school in your native	Will you require an interpreter/translator at Parent-Teacher meetings?
If yes, what language?		If yes, what language?
Parent/Guardian Signature:		/ /20
X		Today's Date: (mm/dd/yyyy)