

Westbrook High School
156 McVeagh Road
Westbrook, CT 06498
860-399-6214 phone 860-399-2007 FAX



Procedure for New Student Registration

Incoming students must provide the following -

- Signed Residency Affidavit & Residency form as well as -
 - Proof of Residency in the form of a rental agreement, mortgage statement, electric bill... A driver's license is not acceptable. This ensures eligibility to attend Westbrook Schools.
 - Registration Form – two sided.
 - Internet Agreement with Parent *and* Student Signature.
 - Medication Administration Forms – New students' parent/guardian must **visit with the nurse** in order to complete the health office portion of the registration procedure.
 - Immunization Record – including completion of the Hepatitis vaccine series.
 - Signed Records Release Form.
 - Birth Certificate (a copy will be made and the original returned to you).
 - An official transcript of grades from the transferring school.
-
- ❖ In accordance with state law and Board of Education Policy, a new student **must have a physical exam if:**
 - Coming from outside of Connecticut. Physical must be within the past 12 months.
 - Entering 10th grade.
 - Yearly, if signing up for a sport. **NO STUDENT** is eligible for sports (including practices) without an appropriate physical exam. See the athletic director or school nurse for additional details.

A free and reduced lunch application is available on the WHS website under DEPARTMENTS: Food Services. A paper copy can also be provided for your convenience.

Westbrook Public Schools Student Information Sheet 2018-2019

Please make all appropriate additions or corrections on this form and sign at the bottom. This is the information that will be used for email and phone contact from the school and district. This form is required annually by Connecticut State Law. Thank you. Have you ever attended Westbrook Public Schools before? Yes _____ No _____ If so, when? _____

Student: Student # (for school use)
Address: Birthdate:
Mailing Address: Grade:
Home Phone: Gender:
Student Cell Phone: Student email:

Parent/Guardian Information – Primary email contact: _____

Please provide any pertinent documentation regarding unique circumstances concerning legal guardianship of the student.

Name: Name:
Relationship: Relationship:
Street: Street:
City, State, Zip: City, State, Zip:
Employer: Employer:
Home Phone: Home Phone:
Work Phone: Work phone:
Cell Phone: Cell Phone:
Email: Email:

Emergency Contacts Other than Parents

The individuals below have authorization to pick up my child and can be reached during school hours at the number listed.

Name: Relationship: Phone(s):
Name: Relationship: Phone(s):
Name: Relationship: Phone(s):

Emergency & Health Information

In case of serious accident or illness at school, your child will be sent to an emergency medical facility.

Parents/Guardians will be responsible for all expenses:

Physician: Phone:
Dentist: Phone:
Medical Alert(s): Health Insurance Company: Policy #

Does your child currently have a 504 Plan or an IEP for Special Education? _____

What accommodations have your child received? _____

Do you have siblings in the Westbrook Public Schools? If so, please list below:

Name _____ Grade _____ Name _____ Grade _____

Parent/Guardian print name: _____

Parent Guardian Signature _____ Date: _____

The WHS PTSO is publishing a directory of parent information (Address, phone, email). If you do NOT want to be listed in the directory please initial here: _____

PLEASE COMPLETE THE BACK SIDE OF THIS FORM.

Westbrook Publish Schools Student Information Sheet 2017-2018

This is the information that will be used for email and phone contact from the school district. This form is required annually by Connecticut State Law.

NON/CUSTODIAL/ADDITIONAL PARENT/GUARDIAN CONTACT INFORMATION (if needed).

Name: Relationship:
Street:
City, State, Zip:
Home Phone:
Work Phone: Employer:
Cell Phone:
Email:

Name: Relationship:
Street:
City, State, Zip:
Home Phone:
Work Phone: Employer:
Cell Phone:
Email:

This information is required by all State School Districts under the Bilingual Education Law and will help to determine if a need exists to establish a bilingual education program or English as a second language program for non-English speaking students in our district.

What is the primary language spoken by the student? _____

What language did the student first learn to speak? _____

What is the primary language spoken by parents/guardians in your home? _____

Ethnicity: Is the student Hispanic or Latino? Please circle: Latino Non-Latino

Race (check all they apply)

- American Indian or Alaska Native
- Black or African
- White
- Asian
- Native Hawaiian/Other Pacific Islander
- Hispanic/Latino

If you do NOT want your child's information released to the Military please initial here _____.

WESTBROOK PUBLIC SCHOOLS

Westbrook, Connecticut

AFFIDAVIT FOR PURPOSES OF RESIDENCY

(Local Resident)

STATE OF CONNECTICUT)

)ss:

COUNTY OF _____)

Personally appeared _____, who made oath to the following:

1. I am a resident of the Town of _____, State of Connecticut.

My residence is located at _____
(street address)

2. A child by the name of _____ currently resides with me at the address stated above.

3. I receive _____ (pay) (no pay) _____ for providing such residence.
(cross out inapplicable response)

4. I intend such residence to be _____ (temporary) (permanent) _____.
(cross out inapplicable response)

Subscribed and sworn to

Before me, this _____

day of _____, 20_____.

Notary Public Signature

Notary Seal

WESTBROOK HIGH SCHOOL
156 McVeagh Road
Westbrook, CT 06498
860-399-6214 Telephone 860-399-2007 FAX

RESIDENCY AFFIDAVIT

I hereby certify that (student) _____ resides with his/her parent/legal guardian at (street) _____ (town) _____ and is a bona fide, permanent resident of Westbrook in accordance with Public Act 86-303.

I hereby attest that (student name) _____'s residence in Westbrook is permanent, provided without pay or economic support from parents, and not for the purpose of obtaining school accommodations in Westbrook Schools.

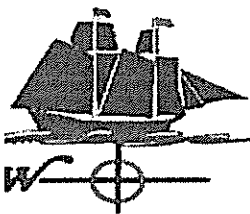
As the parent/legal guardian of (student) _____, I am requesting his/her enrollment as a student at (school) _____. I fully understand that I am obligated to inform the school principal or assistant principal immediately of any change in his/her residency status.

Please note that if enrollment in Westbrook is denied, you have the right to request a hearing to the Board of Education. This district has the right to such payment of tuition for the period that the child remains in Westbrook Schools if the student is ultimately found ineligible for school privileges.

I realize that the Connecticut Public Act 86-303 entitles a school district to deny enrollment if it's suspected that the enrollee is not a bona fide resident, and that the enrollee is entitled to a due process hearing before the Westbrook Board of Education if he or she wishes to appeal the decision.

Please include a photocopy of property tax bill, rental agreement, mortgage or other document that verifies residency.

Date _____ (Parent/Legal Guardian _____)



Dear Parents/Guardians:

Technology is shifting the ways that information may be accessed, communicated, and transferred. These changes may also alter instruction and student learning. The Westbrook Public School System offers students access to the electronic information highway and networked computer services such as electronic mail and the Internet in accordance with Board Policy 6141 .323 (attached).

Along with access to computers and people all over the world comes the availability of materials that may not be considered appropriate in the classroom. However, on a global network it is impossible to control all access to such materials. Ultimately, the school staff, parents, and guardians of minors are responsible for setting and conveying standards that students should follow when using media and information sources.

The Westbrook Board of Education supports and respects each family's right to decide whether or not to allow their child(ren) to access the Internet. Please take the time to sit down with your child(ren) to read and discuss the *Rules and Codes of Ethics for Westbrook School Computer Users*. Then, sign and return the statement(s) provided as soon as possible.

Rules and Codes of Ethics for Westbrook School Computer Users

Internet access is provided for students to conduct research and communicate with others in relation to school work. Access to network services is given to students who agree to act in a considerate and responsible manner. Parent permission is required. Access is a privilege, not a right. Therefore, based upon the acceptable use guidelines outlined in this document, the system administrators will deem what is inappropriate use. Decisions are final. The system administrators may deny, revoke, or suspend specific user access at any time.

Individual users are responsible for their use of the network. District guidelines are as follows:

1. Student users must sign in each time they use the network.
2. Student users will use computer resources for educational purposes and in compliance with instructional activities.
3. Students shall comply with policy 6141.323 which is incorporated in the Student handbook.

The use of the computer and the Internet must be in support of education and research and must be consistent with the academic expectations of the Westbrook Public School System. Transmission of any material in violation of U.S. or State regulations including copyrighted, threatening, or obscene material is prohibited. Use for commercial activities by for-profit organizations, product promotion, political lobbying, or illegal activities is strictly prohibited.

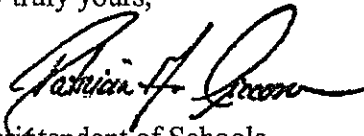
The user is also expected to abide by the following rules of etiquette:

1. Be polite. Do not write or send abusive messages.
2. Use appropriate language. Do not swear, use vulgarities, or any other inappropriate language.

3. Transmission of obscene material is prohibited. Sending or receiving offensive messages or pictures from any source will result in immediate suspension of privileges.
4. Do not reveal your or other students' personal addresses or telephone numbers.
5. Electronic mail is not guaranteed to be private. People who operate the system do have access to all mail. Inappropriate messages can result in suspension of privileges.
6. Do not use the network in such a way that would disrupt the use of the network by others.
7. Any malicious attempt to harm or destroy data of another user will not be tolerated. Any questionable action will result in the suspension of privileges.

Thank you for your attention and cooperation regarding this important policy. Please contact your building principal should you have any questions.

Very truly yours,

A handwritten signature in black ink, appearing to read "Patricia H. Green". The signature is fluid and cursive, with a large initial "P" and "G".

Superintendent of Schools

NOTE: Violation of any of the above-mentioned rules and regulations will result in a loss of access and may result in other disciplinary or legal actions.

Instruction

Internet Acceptable Use

Access to Electronic Networks

Electronic networks, including the Internet, are a part of the District's instructional program in order to promote educational excellence by facilitating resource sharing, innovation and communication. The Superintendent or his/her designee shall develop an administrative regulation containing an implementation plan for this policy. The implementation plan shall include, but not be limited to, integration of the Internet in the curriculum, staff training, software filters and safety issues.

The District is not responsible for any information that may be lost, damaged or unavailable when using the network or for any information that is retrieved or transmitted via the Internet. In addition, the District will not be responsible for any unauthorized charges or fees resulting from access to the Internet.

Curriculum

The use of the District's electronic networks shall:

1. be consistent with the curriculum adopted by the Board of Education as well as the varied instructional needs, learning styles, abilities and developmental levels of the students, and
2. comply with the selection criteria for instructional materials and library-media center materials.

Staff members may, consistent with the Superintendent's regulations and implementation plan, use the Internet throughout the curriculum.

The District's electronic network is part of the curriculum and is not a public forum for general use.

Acceptable Use

All use of the District's electronic network must be:

1. in support of education and/or research and be in furtherance of the Board of Education's goals, or
2. for a legitimate school business purpose.

Instruction

Internet Acceptable Use

Acceptable Use (continued)

Use is a privilege, not a right. Students and staff members have no expectation of privacy in any material that is stored, transmitted or received via the District's electronic network or computers. Electronic communications and downloaded material, including files deleted from a user's account but not erased, may be monitored or read by school officials. Anyone accessing the Westbrook Public Schools network must sign the acceptable use agreement and abide by all Westbrook Public School policies for network use.

Internet Safety

Each district computer with Internet access shall have a filtering device that blocks entry to visual depictions that are obscene, pornographic or harmful or inappropriate for students, as defined by the Children's Internet Protection Act and as determined by the Superintendent or his/her designee. The Superintendent or his/her designee shall enforce the use of such filtering devices.

The Superintendent or his/her designee shall include measures in this policy's implementation plan and administrative regulation to address the following:

1. Limiting student access to inappropriate matter as well as restricting access to harmful materials;
2. Student safety and security when using electronic communications;
3. Limiting unauthorized access, including "hacking" and other unlawful activities; and
4. Limiting unauthorized disclosure, use and dissemination of personal identification information.

Authorization for Electronic Network Access

Each student and his/her parent or guardian must sign the District's authorization form prior to being granted unsupervised use of the network. Staff members must also sign the form as a condition of use.

Instruction

Internet Acceptable Use

Authorization for Electronic Network Access (continued)

All users of the District's computers and means of Internet access shall maintain the confidentiality of student records. Reasonable measures to protect against unreasonable access shall be taken before confidential student information is placed onto the network.

The failure of any student or staff member to follow the terms of the authorization form, or this policy, will result in the loss of privileges, disciplinary action, and/or appropriate legal action.

(cf. 6141.323 - Acceptable Use of the Internet)

(cf. 6141.322 - Web Sites/Pages)

Legal Reference: Connecticut General Statutes
 1-19(b)(11) Access to public records. Exempt records.
 10-15b Access of parent or guardians to student's records.
 10-209 Records not to be public.
 11-8a Retention, destruction and transfer of documents
 11-8b Transfer or disposal of public records. State Library Board to adopt regulations.
 46b-56 (e) Access to Records of Minors.
 Connecticut Public Records Administration Schedule V - Disposition of Education Records (Revised 1983).
 Federal Family Educational Rights and Privacy Act of 1974 (section 438 of the General Education Provisions Act, as amended, added by section 513 of PL 93-568, codified at 20 U.S.C. 1232g.).
 Dept. of Education. 34 CFR. Part 99 (May 9, 1980 45 FR 30802) regs. implementing FERPA enacted as part of 438 of General Education Provisions Act (20 U.S.C. 1232g)-parent and student privacy and other rights with respect to educational records, as amended 11/21/96.
 Public Law 106-554 Fiscal 2001 Appropriations Law containing the "Children's Internet Protection Act"
 Public Law 94-553, The Copyright Act of 1976, 17 U.S.C. 101 et. seq.
Reno v. ACLU, 521 U.S. 844 (1997)
Ginsberg v. New York, 390 U.S. 629, at 642, n.10 (1968)
Board of Education v. Pico, 457 U.S. 868 (1988)
Hazelwood School District v. Kuhlmeier, 484 U.S. 620, 267 (1988)

Policy adopted: May 12, 2009
 Policy revision – First Reading: June 12, 2012
 Revised - June 26, 2012

WESTBROOK PUBLIC SCHOOLS
 Westbrook, Connecticut

**Westbrook Public School Computer and Internet User Agreement
AND
Parent Permission Form**

After reading the Rules and Codes of Ethics for Westbrook School Computer Users, please complete this form to indicate that you agree with the terms and conditions outlined. The signatures of both student and parent/guardian are mandatory before access may be granted to the Internet. This document, which incorporates the rules and codes, reflects the entire agreement and understanding of all parties.

As a user of the Westbrook Public School District computer network, I have read and hereby agree to comply with the outlined rules and codes of ethics.

Student Signature: _____ Date: _____

Student Name (please print): _____

Student's School Westbrook High School

Grade _____

As a parent /legal guardian of the student signing above, I grant permission for my child to access networked computer services such as electronic mail and the Internet. I have read and agree to the rules and code of ethics. I understand that some materials found on the Internet may be objectionable; therefore, I agree to accept responsibility for guiding my child and conveying to agree to hold harmless the Westbrook Public Schools and employees of the school district for any misuse of access to networked computer services that my child commits. I understand that once signed, this agreement is legally binding on me.

Parent/Guardian Signature: _____ Date: _____

Parent Guardian Name (please print) _____

Street Address: _____

Home Telephone: _____ Work Telephone: _____

Complete and return to your child's school

Health Office Information

Physicals:

- A comprehensive physical (blue form) is required by the board of education and Connecticut state law during the 6th grade and 10th grade. Physicals need to include vision, hearing, and postural screening and immunization records. Without this physical, your child will not be allowed to move on to the next grade.
- If your child is planning on playing a sport, an updated physical must be on file in the health office. Sports physicals are valid for 13 months and need to be received prior to any participation including tryouts. Bridge notes will not be accepted per CIAC rules.

Immunizations:

- All students entering Westbrook Public Schools must show proof of receiving the following immunizations:
 - DPT/DTaP/Td (tetanus) - At least 4 doses
 - Polio - At least 3 doses
 - MMR - 2 doses
 - Varicella 2 doses
 - Hepatitis B - 3 doses
 - Hepatitis A - 2 doses (Grades 5-6)
 - Tdap - 1 dose (Grades 7-12)
 - Meningococcal - 1 dose (Grades 7-12)
- Only exceptions allowed are for religious and medical exemption. Medical exemptions need documentation from the doctor. Religious exemption forms need to be notarized. Documentation must be provided to the health office upon entrance and during 7th and 10th grade years.

Health Screenings:

- Routine health screenings will be conducted by the nurse yearly:
 - Hearing Screening: 5th Grade
 - Vision Screening: 5th Grade
 - Scoliosis/Postural: 5th and 7th Grade Females; 8th Grade Males
- 6th and 10th graders should receive their screenings at their required comprehensive physical exam.

Medical Dismissals:

- Students will automatically be dismissed for the following reasons:
 - Vomiting
 - Diarrhea
 - Temperature 100.0 or above
 - Suspected/Confirmed conjunctivitis
 - Lice/Nits
- If dismissed for diarrhea, vomiting, or temp 100 or above, the student must be excluded until symptom free for at least 24 hours without medication to suppress symptoms. For Conjunctivitis, the nurse may require a doctor's note to return to school. If diagnosed with pink eye, the student may not return to school until they complete a full 24 hours of antibiotics. If live louse (lice) is discovered, the student may return to school only after hair treatment is complete and every viable nit is removed and the student must see the nurse upon arrival at school.

Accommodations and Medications:

- The nurse can administer over the counter and prescription medication ONLY with an order from the physician and signed parental permission. The form must be complete and include the following:
 - Provider order and written authorization to administer medication
 - Parental written authorization to administer medication
 - If the student will be self-administering, the form must be checked and signed by the provider and parent
- Medication must be in the original container with the pharmacy label and have a current expiration date.
- Middle school and high school students may receive Tylenol, Ibuprofen, and Zyrtec with just signed parental permission. If you would like your child to be able to take these medications at school, please fill out the Authorization to administer non-aspirin medication on the Annual Health Report Update Form.
- The parent/guardian is responsible for forwarding any treatment plans (Asthma Action Plan, Allergy Plan, Diabetic Plan, etc) and doctor orders to the nurse.
- All medication authorization needs to be updated annually. All forms can be found on the website.
- If your child requires any accommodation at school, please send in a note with instructions from the health care provider.

Additional Information:

- If your child is out sick or will not be in school for any reason, please call the main office every day they are out prior to 8:00 am.
- After 9 absences, appropriate documentation is required for any and all subsequent absence.
- Please have your child eat breakfast and pack healthy snacks for school. The school does offer breakfast service and reduced pricing is available to those that qualify. Students who do not eat breakfast feel tired, dizzy, and have poor concentration. Breakfast improves school performance and increases focus.

Westbrook Middle/High School
Annual Confidential Health Update and Standing Order Parent Authorization

This form must be completed and forwarded to the health office yearly.

Student: _____ Grade: _____ Date: _____

Annual Standing Order Parent Authorization

I authorize the school nurse, with a standing order from the school medical advisor, to administer at her discretion the following medications to my child: (Please sign for each medication as appropriate)

Acetaminophen (Tylenol) 325 mg each 1-2 tabs every 4-6 hours as needed for headaches or minor pain. **Parent Signature** _____

Ibuprofen (Advil) 200 mg each 1-2 tabs every 4-6 hours as needed for muscle pain, menstrual cramps, and headaches. **Parent Signature** _____

Cetirizine HCl (Zyrtec) 10 mg each 1 tablet once a day for seasonal allergy symptoms such as sneezing, itchy eyes, or runny nose. **Parent Signature** _____

NOTE: If any other medication is to be given in school, it must be accompanied by a signed AUTHORIZATION FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL form. Self administration is not permitted during the school day or field trip unless authorized by the MD and parent.

Annual Confidential Health Update

1 Is there any reason your child should not participate in certain activities or physical education?
_____ If yes, reason: _____

2 My child is presently taking the following medication(s). Please include any daily medications.

- | | |
|--------------------|--------------------|
| 1. _____ For _____ | 3. _____ For _____ |
| 2. _____ For _____ | 4. _____ For _____ |
| 5. _____ | |

Physician prescribing medication: _____

3 My child has the following medical condition(s):

Asthma _____ Diabetes _____ Heart _____ Seizure _____ ADHD _____

Orthopedic _____ Urinary _____ Psychological _____ Speech Defect _____

Vision _____ Hearing _____ Other _____

Allergies (please check those that apply): Life threatening _____ Non-Life

threatening _____ Bee Sting _____ Food _____ Environmental _____

Medication _____ Latex _____ Other _____

IF ANY ALLERGIES ARE CHECKED PLEASE COMPLETE ALLERGY TREATMENT PLAN. IF ASTHMA IS CHECKED PLEASE FORWARD ASTHMA PLAN.

4 My child has had the following serious accident(s), operation(s), illnesses or immunizations in the past year: _____

5 Is there anything you would like to discuss with the school nurse or student support team?

6 Is your child protected by health insurance? _____

Signature of Parent/Guardian: _____ Date: _____

Authorization for stock Non-Prescription Drug Administration

Name _____ Grade _____

To be completed and signed by Parent/Guardian:

There may be times when your child will ask for non-prescription medications/treatments to help relieve symptoms related to minor conditions such as poison ivy, cuts, scrapes, chapped lips, etc. A Registered Nurse is available to assist in the assessment of the student's conditions and to respond appropriately in dispensing these medications/treatments. The PARENT/GUARDIAN must indicate which of the available non-prescription drugs/treatments MAY NOT be used or given by checking the appropriate boxes listed below. Dr. Perrin, our medical advisor, has approved the non-prescription medications listed below for use at school.

Check box for medication/treatment **NOT** to be given to your child

- Aloe Vera Gel (moisturizing therapy)
- Antacid Tablets (stomach upset)
- Antibiotic Ointment / Bacitracin (infection prevention)
- Bactine (wound care)
- Benadryl (allergic reaction)
- Betadine/Phisophex/ Hibclens/Dial (soap)
- Burn Gel (burns)
- Calamine/Callergy Lotion (skin irritation, rash, poison ivy)
- Cough Drop (sore throat, cough)
- Hand/Body Cream (moisturizing cream)
- Hydrocortisone Cream 1.0% (rash)
- Isopropyl Alcohol (wound cleaning/piercings)
- Lip Ointment (chapped lips)
- Petroleum Jelly/Vaseline (chapped lips)
- Saline Eye Drops (eye irritations/contact lens solution)
- Tinc of Benzoin (secure bandage)

Comments _____

Parent/Guardian Signature _____ Date _____

WESTBROOK PUBLIC SCHOOLS

TRANSFER OF CONFIDENTIAL STUDENT INFORMATION

Date: _____

Pursuant to the Family Educational Rights and Privacy Act ("FERPA"), I hereby authorize the Westbrook Public Schools to **release** and/or **obtain** (please circle) the following confidential records regarding my child:

Name of Child: _____

Address: _____

DOB: _____

Parent(s)/Guardian(s): _____

School: _____

(Please check all that apply)

	<u>Obtain</u>	<u>Release</u>
All Records	<input type="checkbox"/>	<input type="checkbox"/>
Cumulative File	<input type="checkbox"/>	<input type="checkbox"/>
Pupil Personnel/Special Education	<input type="checkbox"/>	<input type="checkbox"/>
Disciplinary	<input type="checkbox"/>	<input type="checkbox"/>
Health/Medical*	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

To/From: _____

Name

Address: _____

Street

Town

State/Zip Code

Telephone: (____) _____ Fax: (____) _____

I understand that the information to be disclosed is protected as an "education record" under FERPA, and that such information shall not be redisclosed unless permitted under FERPA. I further understand that the officers, employees, and agents of any party that receives protected information under FERPA may use such information only for purposes for which the disclosure is made.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

If this authorization is being used to obtain Protected Health Information from a child’s physician or other covered entity under HIPAA, the following section must also be completed:

I, the undersigned, specifically authorize _____ to disclose my child’s
Name of Physician

medical information, as specified above, to my child’s school, _____,
Name of School

at the above address for the purposes described below (i.e. health assessment for school entry, special education evaluation etc.):

By signing below, I agree that a photocopy of this authorization will be valid as the original. This authorization will be valid for a period of one year from the date below. I understand that I may revoke this authorization at any time by notifying the physician’s office in writing, but if I do, it will not have any effect on actions taken by the Physician prior to receiving such revocation.

I understand that under applicable law, the information disclosed under this authorization may be subject to further disclosure by the recipient and thus, may no longer be protected by federal privacy regulations.

I understand that my child’s treatment or continued treatment with any health care provider or enrollment or eligibility for benefits with any health plan may not be conditioned upon whether or not I sign this authorization and that I may refuse to sign it.

Any information received by the school pursuant to this authorization is subject to all applicable state and federal confidentiality laws governing further use and disclosure of such information.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

11/21/13
238848 v.29 S5