



Welcome to Daisy Ingraham Elementary School. In order to complete the registration for new students, please supply the following documentation:

Enrollment Procedure

- 2 Proofs of Residency (i.e. mortgage or rental agreement, water bill, insurance bill, etc.)
- Health records including immunizations and most recent physical exam
- Birth Certificate
- Transcripts of grades from previous school, including 504 and Special Education Plans if applicable.

The following forms are attached. Please complete and return:

- Registration Form
- Language Assessment Survey
- Signed Residency Affidavit
- Records Release Form
- Medication Administration Form
- Student Emergency Information Sheet (can be obtained the day of school tour)
- Bus Transportation Form

To complete the registration process for your child, please call the school to set up a time to meet with our principal and tour our school. You will also have to bring **all** these forms with you at the time of visit.

Thank you and we look forward to seeing you soon!



Has your child ever had an individual evaluation in a school system? Yes _____ No _____
If yes, please explain the reason for the evaluation and the date.

Did your child receive any support services?

- Special Education
- Chapter I
- Remedial Reading
- Remedial Math
- Gifted/Talented
- Social Worker
- Psychologist
- Other

In your perception, how did your child perform?

- Reading: At grade level
 Above grade level
 Below grade level
- Math: At grade level
 Above grade level
 Below grade level
- Writing: At grade level
 Above grade level
 Below grade level

Special concerns that we need to be aware of:

Parent/Guardian Signature

Date



Daisy Ingraham Elementary School

Ruth W. Rose
Principal

Phone: 860-399-7925

Fax: 860-399-2002

rrose@westbrookctschoools.org

105 Goodspeed Drive
Westbrook, CT 06498

RESIDENCY AFFIDAVIT

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

I hereby attest that the student'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. Back tuition can be assessed if a parent had misled the school officials as to the residency of the child.

As the parent/legal guardian of (student) _____, I am requesting his/her enrollment as a student at the Daisy Ingraham School in Westbrook, Connecticut. I fully understand that I am obligated to inform the school principal immediately of any changes in his/her residency.

PLEASE NOTE: INCLUDE COPIES OF TWO DOCUMENTS the verify residency, i.e., a property tax bill, rental agreement, a utility bill, etc. A driver's license is not acceptable proof.

If enrollment in Westbrook is denied, you have the right to request a hearing of 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 suspects 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/she wished to appeal the decision.

Signature of Parent/Guardian

Date



105 Goodspeed Drive
Westbrook, CT 06498

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

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

Name of Child: _____

Address: _____

DOB: _____

Parent(s)/Guardian(s) _____

Phone Number: _____

(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"/>
Individualized Education Programs (IEP)	<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: _____

(School's 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 re-disclosed 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



105 Goodspeed Drive
Westbrook, CT 06498

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 _____
Name of Physician/group student's name
medical information, as specified above, to my child's 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 of disclosure of such information.

Signature of parent/guardian

Date

Printed name of parent/guardian



105 Goodspeed Drive
Westbrook, CT 06498

DAISY INGRAHAM SCHOOL
BUS FORM 2017-2018

This is a:

New Kindergarten Registration

Change of Address

New Registration (Grades 1-4)

Child Care Arrangement

Child's Name : _____

*Effective Date _____

*allow at least 5 days for changes to be instituted

Home Address: _____

Home Phone: _____

Grade: _____

Teacher: _____

Mom's Work Phone: _____

Dad's Work Phone: _____

Bus from Home to School: _____

Bus from School to Home: _____

Change of Address only:

New Address: _____

Phone: _____

Bus from Home to School: _____

Bus from School to Home: _____

This Section only to be completed for students what are NOT picked up or dropped off at their home address.

Child Care Provider Information

Child Care Name: _____

Phone: _____

Child Care Address: _____

Please circle days that apply:

Pick up at Child Care on: Monday Tuesday Wednesday Thursday Friday

Drop off at Child Care on: Monday Tuesday Wednesday Thursday Friday

Bus from Child Care to School: _____

Bus from School to Child Care: _____

I have read the Child Care guidelines on the reverse side of this form and agree to follow the school policies regarding bus changes.

(Parent/Guardian Signature)

(Date)

For Ingraham Office use only:

Received in School Office on: _____

Faxed to Bus Company on: _____

Copy to Teacher _____

(860) 526-1186 by: _____

Bus Pass Issued _____

(Over)



DAISY INGRAHAM SCHOOL

BUS ARRANGEMENTS FOR THE 2017-2018 SCHOOL YEAR

Dear Parent/Guardian,

Students are assigned to bus routes based on their home address, **regardless of arrangements made the previous year**. Any changes to accommodate child care arrangements will be approved **only after the Child Care Bus Form has been completed and submitted to the school office**. To ensure the safety and comfort of all students, we ask that you observe the following guidelines regarding bus changes:

Child care arrangements from the previous year are not automatically transferred to the next year. A new form must be filled out yearly.

All child care forms/changes must be received by August 16, 2017 (2 weeks before school opening) to ensure processing for the first day of school. Any form/changes received after this date will have a 5 day waiting period.

Please give the child care provider's complete name (not Grandma) and complete address and phone number.

It is important to be consistent so as not to be confusing to the child, teacher or driver.

If you move (especially over the summer) please notify the Daisy Ingraham office immediately.

During the school year: Contact the office for any changes.

Bus changes are only arranged and approved through the school office.

Bus passes must be issued.

Forms will be available from the school office. Please use this form for any changes during the school year.

**Daisy Ingraham Elementary School
Student Emergency Information Sheet**

This form is to be completed annually by parent/guardian in compliance with Connecticut state law. Please notify school of any changes in this information throughout the school year. Thank you for your cooperation!

Student Information

Student: _____ Student #: _____
Address: _____ Birth Date: _____
Mailing Address: _____ Grade: _____
_____ Gender: _____
Phone: _____

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

LIVES WITH: _____ Both Parents _____ Mother Only _____ Father Only _____ Guardian(s)

Parent/Guardian Information Primary email: _____

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Street: _____ Street: _____
City, State, Zip: _____ City, State, Zip: _____
Employer: _____ Employer: _____

Please include area code with all phone numbers:

Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____
Email: _____ Email: _____

Emergency Contact Information

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

Name: _____ Relationship: _____
Phone: _____
Name: _____ Relationship: _____
Phone: _____
Name: _____ Relationship: _____
Phone: _____

Over Please

Student: _____

Student #: _____

Noncustodial/Additional Parent/Guardian Contact Information (if needed)

Name: _____

Relationship: _____

Street: _____

City, State, Zip: _____

Employer: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Please include area codes with all numbers

Name: _____

Relationship: _____

Street: _____

City, State, Zip: _____

Employer: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Please include area codes with all numbers

My child is not allowed to have any contact with or be picked up from school by the following person(s):

Emergency & Health Information

Physician: _____

Phone: _____

Dentist: _____

Phone: _____

Health Insurance Co. _____

Policy #: _____

Medical Alert(s): _____

I understand and agree to the following:

- > I give the Health Office permission to obtain medical information about my child from the medical doctor listed above. I realize this will only be done when necessary in order to meet the needs of the student while she/he is attending school and that the information will be kept confidential and consent is valid for this school year only.
- > In case of serious accident or illness at school, your child will be sent to an emergency medical facility. Parent(s)/Guardian(s) will be responsible for all expenses.
- > I give permission to have my child's photo taken and used for school purposes.

Parent/Guardian (print name): _____

Parent/Guardian signature: _____

Date: _____