

**Orleans Southwest Supervisory Union
Lakeview Union School
NEW STUDENT REGISTRATION FORM**

Last updated 08/2013

This form is required for registration and enrollment of your child. Failure to complete and return this form will delay the registration process. Orleans Southwest Supervisory Union (OSSU) reserves the right to request proof of residency either at the time of enrollment or during the school year (the types of documents that will be accepted as proof of residency can be found on OSSU's Residency Verification Guidelines). Providing false information on any registration forms may result in unenrollment of your child in this school. Changes to any information contained within this form should be immediately reported to the school to ensure the school has the most accurate information about your child on file.

STUDENT INFORMATION	
Student Full Name (First Middle Last):	
Student Preferred Name (Nick Name; optional):	
Student Home Phone:	__Unlisted Number
Student Cell Phone (Optional):	
Physical Street Address (911):	
Physical City, ST, Zip (911):	
Mailing Street Address:	
Mailing City, ST, Zip:	
Town of Residence (Check one):	<input type="checkbox"/> Craftsbury <input type="checkbox"/> Greensboro <input type="checkbox"/> Hardwick <input type="checkbox"/> Stannard <input type="checkbox"/> Walden <input type="checkbox"/> Wolcott <input type="checkbox"/> Woodbury <input type="checkbox"/> Other:
Has student <u>ever</u> attended a school in OSSU?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: School Name: _____ Dates Attended: _____
Name of Last School Attended (K-12):	
Grade Level at Last Attended School (K-12):	
Services Received at Last Attended School (K-12):	<input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> EEE <input type="checkbox"/> EST <input type="checkbox"/> ELL <input type="checkbox"/> Other:
Date of Birth (mm/dd/yyyy):	
Grade Level:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:
Ethnicity (Check one):	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race (Check all that apply):	<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White
Primary Language:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> Other:
Migrant Status:	<input type="checkbox"/> Non-Migrant <input type="checkbox"/> Migrant
Homeless Status:	<input type="checkbox"/> Not Homeless <input type="checkbox"/> Homeless <input type="checkbox"/> Homeless receiving services
Is student in State care and custody?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete separate state placement form
Siblings under the age of 21 (Name and birthdate):	Name/DOB: _____ Name/DOB: _____ Name/DOB: _____ Name/DOB: _____ Name/DOB: _____ Name/DOB: _____
Internet Access (Grades 3-12):	At times your child maybe asked to complete assignments using the internet. Does your child have access to the internet at home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Transportation (K-12):	What is the student's most common mode of transportation to and from school? <input type="checkbox"/> Bus <input type="checkbox"/> Walks <input type="checkbox"/> Car/Carpool <input type="checkbox"/> Other If Other provide details: _____
Early Release Preference (K-12):	What should the school do in the event of an early dismissal? <input type="checkbox"/> Send student home <input type="checkbox"/> Send home with older sibling <input type="checkbox"/> Send to Daycare <input type="checkbox"/> Other If Daycare or Other provide details: _____

PRIMARY CONTACTS (Must have at least one primary contact; automatically receives school mail/student records)			
Parent/Guardian Name:	Parent/Guardian Name:		
Relationship to Student:	Relationship to Student:		
Lives with student: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A	Lives with student: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A		
Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has custody of student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has custody of student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address: <input type="checkbox"/> Check here if same as student	Mailing Address: <input type="checkbox"/> Check here if same as student		
Mailing City, ST, Zip:	Mailing City, ST, Zip:		
Home Phone: Cell Phone:	Home Phone: Cell Phone:		
Email:	Email:		
Employer: Work Phone: ext:	Employer: Work Phone: ext:		
Best Means of Contact: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Best Means of Contact: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		

SECONDARY CONTACTS (Must be legal guardian to receive school mail/student records)			
Parent/Guardian Name:	Parent/Guardian Name:		
Relationship to Student:	Relationship to Student:		
Lives with student: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A	Lives with student: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A		
Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has custody of student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has custody of student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Receive school mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive school mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address: <input type="checkbox"/> Check here if same as student	Mailing Address: <input type="checkbox"/> Check here if same as student		
Mailing City, ST, Zip:	Mailing City, ST, Zip:		
Home Phone: Cell Phone:	Home Phone: Cell Phone:		
Email:	Email:		
Employer: Work Phone: ext:	Employer: Work Phone: ext:		
Best Means of Contact: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Best Means of Contact: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		

Legal Information: Is anyone forbidden access to the student? You must attach documentation, such as a court order or restraining order, to be honored

ALTERNATE EMERGENCY CONTACTS			
List up to three people OTHER THAN primary or secondary contacts to be called if above contacts are not available			
Name & Relationship	Phone 1/Type (home, cell)	Phone 2/Type	Phone 3/Type

OSSU AUTOMATED NOTIFICATION SYSTEM			
OSSU uses an automated notification system to communicate important school-related or emergency information. <u>Please indicate the phone numbers and email addresses to be used for this service.</u> NOTE: does not apply to students enrolled in OSSU PK partner programs.			
Notification Hours	1	2	3
Phone 6:00 am - 4:00 pm			
Phone 4:01 - 9:00 pm			
Email (any time)			

Are you interested in receiving text messages as part of the notification system when it becomes available? Yes No

SIGNATURE: I certify that this information is true and correct. If any of the information contained on this form should change during the school year, I understand that it is my responsibility to inform Lakeview Union School immediately.

Signed: _____

Date: _____

Orleans Southwest Supervisory Union
Lakeview Union School
 MEDICAL INFORMATION FORM

STUDENT: _____	GRADE: _____	DOB: _____
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DOCTOR/DENTIST

Doctor's Name: _____	Dentist's Name: _____
Doctor's Phone Number: _____	Dentist's Phone Number: _____

EXAMS

Most recent well-child exam or sports physical: _____ Most recent dental exam : _____
 (Important! Vermont State Law requires school nurses to collect and provide this data to the Vt. Health Dept. to determine health and wellness needs of the community.)

GLASSES/CONTACTS

Does student wear glasses: <input type="checkbox"/> Yes <input type="checkbox"/> No	Eye Doctor's Name: _____
If 'Yes', for distance or near vision? _____	Date Last Seen: _____

ALLERGIES

Does student have any allergies? Yes No
 If 'Yes' please explain and list any medications taken for allergies:

ASTHMA

Does student have asthma? Yes No
 If 'Yes', please describe the symptoms and triggers and any medications used at home and/or school: *(**Please note that if your child requires an inhaler at school, you MUST submit a copy of an "Asthma Action Plan" along with a signed permission form**)*

MEDICATIONS

Please list all medications the student regularly takes at home and/or school:

Medication	Reason for Medication(s)	Home and/or School?
		Home / School
		Home / School
		Home / School

*****NO MEDICATION will be given at school without the signed permission by Parent/Guardian AND the physician. Forms are available in the school office. ALL medications MUST be in the original pharmacy container.**

HEALTH INSURANCE

Does student have health insurance?
 Doctor Dynasaur Private Insurance Provider: _____ None

Would you like more information on health insurance for you or your child? Yes No
 (or call 1-800-250-8427 for more information)

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

STUDENT:

GRADE:

DOB:

OTHER

Has student experienced any loss or trauma that we should know about?

Has student received any counseling services?

Has student has any serious illness, accident or surgery in the last 6 months?

Any other physical or mental health concerns not already mentioned?

PERMISSION

EMERGENCY MEDICAL PERMISSION: In the event of an emergency, I request the school contact me. If unable to reach me and emergency medical care is considered necessary, I authorize the school personnel to seek medical care, including ambulance transportation to the closest medical facility. I give permission to the facility's medical personnel to perform emergency treatment, as they deem necessary. I assume all financial responsibility for any emergency treatment provided.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

DOCTOR CONTACT PERMISSION: I grant permission to the school nurse to contact my child's health care providers for the purpose of sharing or requesting medical information (obtaining immunization dates, clarification and permission for medications, recommendations for care regarding classroom setting etc.)

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

NON-PRESCRIPTION MEDICATION PERMISSION:** I grant permission for the school to dispense the following non-prescription medications: ___Tylenol ___Advil ___TUMS to student as necessary. ****NO** medication will be given without signed permission and/or that is not in the original packaging.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

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USE OF STUDENT DIRECTORY INFORMATION AND PHOTOS ANNUAL OPT-OUT FORM

ANNUAL NOTIFICATION

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Lakeview Union School, with certain exceptions, must obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Lakeview Union School may disclose appropriately designated "directory information" without written consent, unless you have advised the school not to release this information.

Lakeview Union School has designated the following information as directory information:

- Student's name
- Date of birth
- Address
- Electronic mail address
- Telephone number
- Photograph
- Major field of study
- Participation in officially recognized activities and sports
- Dates of attendance
- The most recent educational agency or institution attended
- Weight and height of members of athletic teams
- Degrees, honors, and awards received

Parents/Guardians have the right to choose whether your child's information is released or not. Please check the appropriate boxes below and return this form to Lakeview Union School before **October 1st**.

Parents, guardians, or eligible students who do not check a box, or who do not return this form, give their implied consent for release of directory information, consent to use of student photographs (grades K-12), consent to release directory information to the military (grades 9-12 only), and consent to release directory information to institutions of higher education (grades 9 – 12).

Please return this form directly to Lakeview Union School either in person or by U.S. mail. If you have more than one child in school, this opt out form must be completed for each child.

PLEASE MARK AN "X" NEXT TO EACH APPLICABLE STATEMENT BELOW:

ALL STUDENTS PK-12

I DO NOT consent to the release of directory information about the student named below for use in publications such as newspapers, rosters for sports or other media, or honor roll, except as authorized by law.

I DO NOT consent to the release of photographs of the student named below for the use in publications, such as yearbooks, websites, sports programs, concert programs, theatrical programs, or articles

ALL STUDENTS IN GRADES 9 - 12

I DO NOT consent to the release of directory information to the military about the student named below.

I DO NOT consent to the release of directory information about the student named below to institutions of higher education that request it

Student's Full Legal Name (Print): _____

Student's Date of Birth: _____

Student's School: Lakeview Union School

Student's Grade: _____

Parent/Guardian Full Legal Name (Print):: _____

Parent/Guardian Signature: _____

Date: _____

