Regional School District One

Student Name _____

Registration Process:

Be sure to bring the following information with you to your registration appointment:

_____ 1. Completed and notarized affidavit for purposes of residency.

_____2. Documentation of Proof of Child's identification. Attach copy (birth certificate, baptismal certificate, passport, other government issued documentation, etc)

_____ 3. Documentation of proof of custodian's identification. Attach copy.

_____ 4. Signed release of information form for permission for school to obtain educational records from prior school.

_____ 5. Completed enrollment form with emergency contacts.

_____ 6. Student health history form and record of immunizations.

_____ 7.Copy of IEP or 504 Plan (if applicable).

_____ 8. Copy of student's schedule showing classes student was taking at former school.

_____ 9. Copy of transcript of credits earned.

Before a student may begin attending school, the following signatures must be obtained:

(1) Student's Counselor _____

(2) Nurse _____

(3) Special Education Chair (if applicable) _____

(4) IT Coordinator _____

(5) Administrator _____

AFFIDAVIT FOR PURPOSES OF RESIDENCY

I am requesting school enrollment of (student) _____ and attest that I currently reside at the address indicated below:

STREET: _____ ZIP CODE: _____

TOWN: _____ STATE: _____

TELEPHONE: _____

The residence

1. Is intended to be permanent ( ) temporary ( )

Duration: _____

2. Is being provided without pay ( ) with pay ( )

Describe: _____

3. Is ( ) Is not ( ) for the sole purpose of attending school

Explain: _____

I understand that false information on this affidavit may subject me to liability for the full costs of tuition and all related costs for school accommodations as determined by the school district. I also agree to pay all costs associated with collection of these debts.

_____ _____

Signature of Resident Parent/Guardian Signature of Resident Parent/Guardian

Subscribed and sworn to before me, this _____ day of _____, 20____.

_____ _____

Notary Public/Justice of the Peace Date Commission Expires

OFFICIAL SEAL

HOUSATONIC VALLEY REGIONAL HIGH SCHOOL
REGIONAL SCHOOL DISTRICT ONE

246 WARREN TURNPIKE ROAD
FALLS VILLAGE, CT 06031
Phone: (860) 824-5123 Fax: (860) 824-0130
Ian Strever, Principal
Steven Schibi, Assistant Principal

TRANSFER OF CONFIDENTIAL STUDENT INFORMATION
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

Pursuant to the Family Educational Rights and Privacy Act (FERPA), I hereby authorize Housatonic Valley Regional High School to **obtain** and/or **release** (please circle) the following confidential records regarding my child:

Name of Child: _____ Date of Birth: _____

Address: _____ Town/State/Zip Code: _____

Parent(s)/Guardian(s): _____

Please check all that apply:	Obtain	Release
Cumulative File	○	○
Pupil Services/Special Education	○	○
Disciplinary	○	○
*Health/Medical	○	○
Other (please specify)	○	○

_____

***If** this authorization is being used to obtain Protected Health Information from a child's physician or other covered entity under HIPPA, a **Transfer of Confidential Student Health Information – Protected Health Information** form must also be completed.

To/From: _____

Address: _____ 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 if made.

Signature of Parent(s)/Guardian(s) _____

Date: _____ form date: 2/5/2020

HOUSATONIC VALLEY REGIONAL HIGH SCHOOL REGISTRATION FORM

Please PRINT or CIRCLE your response in the appropriate column.

First Name (legal name, not nickname)
Middle Name (no initials)
Last Name
Street Address
Mailing Address (if different)
City
State
Zip Code
Home Phone Number

STREET ADDRESS for Bus Company

Gender Identity (circle one) Non-Binary Male Female
Date of Birth Age (as of today):
Country of Birth
If born outside of the U.S., date of entry into the U.S.

Emergency Contact #1 (other than parent)
Relationship to Student
Emergency Contact Phone Number(s)

Town of Residence (circle one) Falls Village(021) North Canaan(100) Cornwall(031) Salisbury/Lakeville(122) Sharon(125) Kent(068) Other
If Other please specify Town and State

Father/Guardian Name
Father/Guardian Mailing Address (if different)
Father Place of Employment
Father Telephone Numbers Home: Work:
Cell:

Mother/Guardian Name
Mother/Guardian Mailing Address (if different)
Mother Place of Employment
Mother Telephone Numbers Home: Work:
Cell:

Resides With (circle one) Father only Mother only Both Parents Guardian Other
If Other please specify Name & Relationship
Do you request duplicate mailings if student resides with one parent only? (circle one) YES NO

Parent E-mail Addresses Father:

Mother:

Please complete both sides of this form

Doctor Name and Office Telephone Number

Insurance Information

Policy Holder's Name:

Policy #:

Group #:

Allergies (foods, medications, environmental, etc.)

Military Connected Student

Please indicate if your child is a dependent of a member of (circle applicable) Active Duty National Guard Reserve Duty

Primary Language Spoken at Home English Spanish Other

If Other please specify Primary Language

Has Parent/Guardian completed *Home Language Survey* included in registration packet? (circle one) YES NO

Race (circle all that apply) American Indian Asian Native Hawaiian
Alaskan Native Hispanic Pacific Islander
Black/African American Caucasian Other

If Other please specify Race

PARENT/GUARDIAN SIGNATURE_____DATE _____

Please complete both sides of this form

Housatonic Valley Regional High School

Region One School District

Home Language Survey

Welcome to our school!

We have a few questions about languages spoken at home. We are required by the U.S. Department of Education to ask for this information because it will help us know how we can best support your child. The language information also helps us know how we can best communicate with you. Please share with us about the language(s) spoken by your family and in your home.

STUDENT INFORMATION:

First Name:_____ Last Name:_____

Date of Birth: _____ Male or Female:_____

Current Grade:_____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

3) What is the primary language spoken by you or other persons in the home?	
2) What is the language most often spoken by the student?	
3) What is the language the student first acquired?	
4) What language do you prefer for written communication from the school?	
5) Will you require interpretation/translation at Parent-Teacher meetings?	

_____ _____

Parent/Guardian Name (Please Print) Parent/Guardian Signature

Date: _____

Thank you for answering the questions. We look forward to working with your child!

Housatonic Valley Regional High School
Region One School District
Encuesta sobre el Idioma Natal

¡Bienvenidos a nuestra escuela!

Tenemos algunas preguntas acerca de los idiomas que se hablan en el hogar. El Departamento de Educación de EE.UU. no exige pedir esta información porque nos ayudará a saber la mejor forma de ayudar a su hijo. La información sobre los idiomas también nos ayuda a saber la mejor forma de comunicarnos con ustedes. Por favor compartan con nosotros el o los idiomas que habla su familia y en su hogar.

Información del alumno

Nombre del alumno: _____ Apellido del alumno: _____

Fecha de nacimiento: _____ Niño o Niña: _____

Grado actual:_____

1) ¿Cuál es el principal idioma que se usa en el hogar, independientemente del idioma que habla el alumno?	
2) ¿Qué idioma habla con mayor frecuencia el alumno?	
3) ¿Cuál fue el primer idioma que adquirió el alumno?	
4) ¿Qué idioma prefieren para las comunicaciones escritas de la escuela?	
5) ¿Necesitarán interpretación/traducción en las reuniones entre padres y maestros?	

_____ _____

Nombre del padre/madre/tutor
(por favor en letra de imprenta)

Firma del padre/madre/tutor

Fecha: _____

Gracias por contestar las preguntas. Estamos deseosos de trabajar con su hijo.

Spanish

Housatonic Valley Regional High School

Region One School District

家庭语言调查

欢迎来到我们学校!

我们有一些关于在家使用语言的问题请您回答。我们受美国教育部的要求获取这些信息，因为这将有助于我们了解怎样最好地支持您的孩子。这些语言信息也会帮助我们了解怎样最好地与您沟通。请与我们分享您的家庭使用的语言。

学生信息

名: _____ 姓: _____

出生日期: _____ 男孩或女孩 : _____

现在年级 : _____

1) 不论学生会说哪些语言，在家主要使用什么语言?	
2) 学生最经常使用什么语言?	
3) 学生掌握的第一门语言是什么?	
4)您希望用什么语言与学校书面交流?	
5) 家长会上您是否需要翻译?	

_____ _____

家长/监护人姓名 (请用正楷) 家长/监护人签字

日期: _____

非常感谢您回答这些问题。我们期望帮助到您的孩子!

Chinese

Housatonic Valley Regional High School
Region One School District
ستقصاء بخصوص اللغة ألم

مرحبا بكم في مدرستنا !

لدينا بعض ألسئلة حول اللغات المتحدثة في المنزل. نحن مطالبون من قبل وزارة التعليم بالواليات المتحدة بجمع هذه المعلومات ألنها سوف تساعدنا على معرفة كيفية دعم طفلك على أفضل وجه. كذلك تساعدنا المعلومات عن اللغة على معرفة كيفية التواصل معكم على أفضل وجه. من فضلك أخبرنا عن اللغة)اللغات (التي تتحدث بها عائلتك والتي تستعملها في بيتك

معلومات حول الطالب

- لقب الطالب:_____ اسم الطالب:_____

تاريخ الوالدة::_____ .ذكر أم أنثى_____

الصف الدراسي الحالي_____

1)ما هي اللغة ألساسية المستخدمة في البيت بغ ض النظر على اللغة التي يتحدث بها الطالب؟	
2)ما هي اللغة ألكثر استعماال عند الطالب؟	
3)ما هي اللغة التي اكتسبها الطالب أوال؟	
4)ما هي اللغة التي تفضل أن تتلقى بها المراسالت الخطية من المدرسة؟	
5)هل ستكون في حاجة للتفسير / الترجمة في اجتماعات آلباء والمعلمين ؟	

_____ _____

: توقيع الولي/ الوصي سم الوالد)ة(/ الوصي)يُرجى الطباعة(

تاريخ_____

شكرا لإلجابة على ألسئلة. نتطلع للعمل مع ابنكم.

Arabic

HOUSATONIC VALLEY REGIONAL HIGH SCHOOL

Regional School District One

(Cornwall, Falls Village, Kent, North Canaan, Salisbury and Sharon)

PUPIL INFORMATION/EMERGENCY FORM

Please complete this form and return to the School Counseling Department. This information is important and needs to be available for the safety of your child.

Student's Last Name _____ First _____ Middle _____

Date of Birth _____ Grade _____ Gender _____

Student's legal name if different than above _____

Family Residence _____

Mailing Address _____

Physician _____ Telephone Number _____

Dentist _____ Telephone Number _____

Preferred Hospital _____

If you cannot contact me at home or work, you may release my child to:

1. _____ Telephone _____
   Emergency Name and Relationship

2. _____ Telephone _____
   Emergency Name and Relationship

In the event of a medical emergency, the people listed above are not authorized to make medical decisions for my child.

Allergies and Medical Concerns

_____

_____

_____

_____

Please complete reverse side.

I give permission for the school nurse to discuss necessary medical information regarding my child with his/her physician. Please initial here: _____

I give permission for the school nurse to share appropriate medical concerns with my child's bus driver. Please initial here: _____

Notice to Parents:

Listed below is an excerpt variation from the Boards of Education policies:

The first consideration must be the child's welfare. In the event that neither parent, designated responsible persons, nor the child's physician can be reached in an emergency, the decision for moving and securing medical aid is transferred to the school physician or another physician called in his/her place, the school nurse, next the principal, then the teacher. If this procedure is followed, parents must assume the expense of moving and treating the ill or injured child.

Signature of Parent or Legal Guardian

If you are divorced, separated, remarried or a single parent, please read on:

The law states that unless we have a court order stating one parent does not have the legal right to see the child or his/her records, we may not refuse to let either parent take the child from school or withhold information regarding school records.

A copy of the court order must be on file in the school main office.

Initial here if a court order is on file: _____

HOUSATONIC VALLEY REGIONAL HIGH SCHOOL
REGIONAL SCHOOL DISTRICT ONE

246 WARREN TURNPIKE ROAD
FALLS VILLAGE, CT 06031
Phone: (860) 824-5123 Fax: (860) 824-0130
Ian Strever, *Principal*
Steven Schibi, *Assistant Principal*

TRANSFER OF CONFIDENTIAL STUDENT INFORMATION
PROTECTED HEALTH INFORMATION

Name of Child: _____ Date of Birth: _____

Address: _____ Town/State/Zip Code: _____

Name of Parent(s)/Guardian(s): _____

	Obtain	Release
Health/Medical*	○	○
Other (please specify below)	○	○

_____

To/From: _____
Name

Address: _____ Town/State/Zip Code: _____

Telephone: _____ Fax: _____

*If this authorization is being used to obtain Protected Health Information from a child's physician or other covered entity under HIPPA, the following section must be completed:
I, the undersigned, specifically authorize _____ to disclose my child's medical information, as specified above, to my child's school, Housatonic Valley Regional High 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 prior 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(s)/Guardian(s): _____

Date: _____ form date: 2/5/2020

State of Connecticut Department of Education
Health Assessment Record

To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part 1) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part 2) and the oral assessment (Part 3).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physician assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

Please print

Student Name (Last, First, Middle)	Birth Date	❑ Male ❑ Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity ❑ American Indian/ Alaskan Native ❑ Hispanic/Latino	❑ Black, not of Hispanic origin ❑ White, not of Hispanic origin ❑ Asian/Pacific Islander ❑ Other
Primary Care Provider		
Health Insurance Company/Number* or Medicaid/Number*		

Does your child have health insurance? Y N
Does your child have dental insurance? Y N

If your child does not have health insurance, call **1-877-CT-HUSKY**

* If applicable

Part 1 — To be completed by parent/guardian.
Please answer these health history questions about your child before the physical examination.

Please circle **Y** if "yes" or **N** if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y	N	Hospitalization or Emergency Room visit	Y	N	Concussion	Y	N
Allergies to food or bee stings	Y	N	Any broken bones or dislocations	Y	N	Fainting or blacking out	Y	N
Allergies to medication	Y	N	Any muscle or joint injuries	Y	N	Chest pain	Y	N
Any other allergies	Y	N	Any neck or back injuries	Y	N	Heart problems	Y	N
Any daily medications	Y	N	Problems running	Y	N	High blood pressure	Y	N
Any problems with vision	Y	N	"Mono" (past 1 year)	Y	N	Bleeding more than expected	Y	N
Uses contacts or glasses	Y	N	Has only 1 kidney or testicle	Y	N	Problems breathing or coughing	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N	Any smoking	Y	N
Any problems with speech	Y	N	Dental braces, caps, or bridges	Y	N	Asthma treatment (past 3 years)	Y	N
Family History						Seizure treatment (past 2 years)	Y	N
Any relative ever have a sudden unexplained death (less than 50 years old)				Y	N	Diabetes	Y	N
Any immediate family members have high cholesterol				Y	N	ADHD/ADD	Y	N

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

Please list any **medications** your child will need to take **in** school:

*All medications taken in school require a separate **Medication Authorization Form** signed by a health care provider and parent/guardian.*

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian Date

To be maintained in the student's Cumulative School Health Record

Part 2 — Medical Evaluation

Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name _____ Birth Date _____ Date of Exam _____

❑ I have reviewed the health history information provided in Part 1 of this form

Physical Exam

Note: *Mandated Screening/Test to be completed by provider under Connecticut State Law

***Height** _____ in. / _____% ***Weight** _____ lbs. / _____% **BMI** _____ / _____% **Pulse** _____ ***Blood Pressure** _____ / _____

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen					
Genitalia/ hernia					
Skin					

***Postural** ❑ No spinal abnormality ❑ Spine abnormality: ❑ Mild ❑ Moderate ❑ Marked ❑ Referral made

Screenings

***Vision Screening**			***Auditory Screening**			History of Lead level ≥ 5µg/dL ❑ No ❑ Yes	Date
Type:	Right	Left	Type:	Right	Left		
With glasses	20/	20/		❑ Pass	❑ Pass	***HCT/HGB:**	
Without glasses	20/	20/		❑ Fail	❑ Fail	***Speech** (school entry only)	
❑ Referral made			❑ Referral made			Other:	

TB: High-risk group? ❑ No ❑ Yes PPD date read: Results: Treatment:

*IMMUNIZATIONS

❑ Up to Date or ❑ Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

***Chronic Disease Assessment:**

Asthma ❑ No ❑ Yes: ❑ Intermittent ❑ Mild Persistent ❑ Moderate Persistent ❑ Severe Persistent ❑ Exercise induced
*If yes, please provide a copy of the **Asthma Action Plan** to School*

Anaphylaxis ❑ No ❑ Yes: ❑ Food ❑ Insects ❑ Latex ❑ Unknown source

Allergies *If yes, please provide a copy of the **Emergency Allergy Plan** to School*
History of Anaphylaxis ❑ No ❑ Yes Epi Pen required ❑ No ❑ Yes

Diabetes ❑ No ❑ Yes: ❑ Type I ❑ Type II **Other Chronic Disease:**

Seizures ❑ No ❑ Yes, type:

❑ This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.
Explain: _____
Daily Medications (*specify*): _____

This student may: ❑ **participate fully in the school program**
❑ participate in the school program with the following restriction/adaptation: _____

This student may: ❑ **participate fully in athletic activities and competitive sports**
❑ participate in athletic activities and competitive sports with the following restriction/adaptation: _____

❑ Yes ❑ No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.
Is this the student's medical home? ❑ Yes ❑ No ❑ I would like to discuss information in this report with the school nurse.

_____

Signature of health care provider MD / DO / APRN / PA Date Signed Printed/Stamped ***Provider*** Name and Phone Number

HAR-3 REV. 7/2018

Part 3 — Oral Health Assessment/Screening

Health Care Provider must complete and sign the oral health assessment.

To Parent(s) or Guardian(s):

State law requires that each local board of education request that an oral health assessment be conducted prior to public school enrollment, in either grade six or grade seven, and in either grade nine or grade ten (Public Act No. 18-168). The specific grade levels will be determined by the local board of education. The oral health assessment shall include a dental examination by a dentist or a visual screening and risk assessment for oral health conditions by a dental hygienist, or by a legally qualified practitioner of medicine, physician assistant or advanced practice registered nurse who has been trained in conducting an oral health assessment as part of a training program approved by the Commissioner of Public Health.

Student Name (Last, First, Middle)	Birth Date	Date of Exam
School	Grade	❑ Male ❑ Female
Home Address		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone

Dental Examination	**Visual Screening**	**Normal**	**Referral Made:**
Completed by: ❑ Dentist	Completed by: ❑ MD/DO ❑ APRN ❑ PA ❑ Dental Hygienist	❑ Yes ❑ Abnormal (Describe) _____ _____ _____ _____ _____	❑ Yes ❑ No

Risk Assessment	**Describe Risk Factors**	
❑ Low ❑ Moderate ❑ High	❑ Dental or orthodontic appliance ❑ Saliva ❑ Gingival condition ❑ Visible plaque ❑ Tooth demineralization ❑ Other _____	❑ Carious lesions ❑ Restorations ❑ Pain ❑ Swelling ❑ Trauma ❑ Other _____

Recommendation(s) by health care provider: _____

_____

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

_____

Signature of Parent/Guardian — Date

Signature of health care provider	DMD / DDS / MD / DO / APRN / PA / RDH	Date Signed	Printed/Stamped ***Provider*** Name and Phone Number

Student Name: _____ **Birth Date:** _____ HAR-3 REV. 7/2018

Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) Note: *Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap	*				Required 7th-12th grade	
IPV/OPV	*	*	*			
MMR	*	*			Required K-12th grade	
Measles	*	*			Required K-12th grade	
Mumps	*	*			Required K-12th grade	
Rubella	*	*			Required K-12th grade	
HIB	*				PK and K (Students under age 5)	
Hep A	*	*			See below for specific grade requirement	
Hep B	*	*	*		Required PK-12th grade	
Varicella	*	*			Required K-12th grade	
PCV	*				PK and K (Students under age 5)	
Meningococcal	*				Required 7th-12th grade	
HPV						
Flu	*				PK students 24-59 months old – given annually	
Other						

Disease Hx of above _____ (Specify) _____ (Date) _____ (Confirmed by)

Exemption: Religious _____ **Medical:** Permanent _____ Temporary _____ **Date:** _____

Renew Date: _____ _____ _____ _____

Religious exemption documentation is required upon school enrollment and then renewed at 7th grade entry.
Medical exemptions that are temporary in nature must be renewed annually.

Immunization Requirements for Newly Enrolled Students at Connecticut Schools (as of 8/1/17)

KINDERGARTEN THROUGH GRADE 6

- DTaP: At least 4 doses, with the final dose on or after the 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after the1st birthday (children 5 years and older do not need proof of vaccination).
- Pneumococcal: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the1st birthday or verification of disease.**

GRADES 7 THROUGH 12

- Tdap/Td: 1 dose of Tdap required for students who completed their primary DTaP series; for students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are required, one of which must be Tdap.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Meningococcal: 1 dose
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.**
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.

HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES

- August 1, 2017: Pre-K through 5th grade
- August 1, 2018: Pre-K through 6th grade
- August 1, 2019: Pre-K through 7th grade
- August 1, 2020: Pre-K through 8th grade
- August 1, 2021: Pre-K through 9th grade
- August 1, 2022: Pre-K through 10th grade
- August 1, 2023: Pre-K through 11th grade
- August 1, 2024: Pre-K through 12th grade

** **Verification of disease:** Confirmation in writing by an MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

Note: The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nationwide shortage of supply for such vaccine.

Initial/Signature of health care provider MD / DO / APRN / PA | Date Signed | Printed/Stamped ***Provider*** Name and Phone Number

HVRHS OTC Medication Permission

Name _____ DOB: _____

Allergies (medication, environmental):

_____

Medication:

_____

Please administer the following over the counter medications as prescribed by the school physician, Suzanne Lefebvre, MD, to the named student as directed below:

- **Bacitracin ointment or triple antibiotic ointment for cuts, abrasions, other superficial wounds**
- **Benadryl for allergic reactions**
- **Calamine lotion for poison ivy, poison oak, poison sumac**
- **Chloraseptic spray for sore throat**
- **Cool gel for minor burns**
- **Cough drops (Hall's, for example) for cough, cold, sore throat**
- **Heating Pad or hot water bottle for cramps or muscle pain**
- **Hydrocortisone 1% cream for itchy skin rash**
- **Hydrogen Peroxide for wound cleaning as necessary; most wounds are cleaned with just plain soap and water**
- **Ibuprofen 400mg for mild to moderate pain, headache, fever**
- **Maalox for upset stomach, heartburn, or stomach pain**
- **Medicaine swab for insect bites**
- **TUMS 1-2 tabs for upset stomach, heartburn, stomach pain**
- **Tylenol 650mg for headache, mild to moderate pain, fever**
- **Vaseline or medicated lip balm for chapped lips/skin**

_____

* Please **CROSS OFF** and **INITIAL** any medication you do not want administered to your child.

* Generic forms may be used.

* Manufacturer dosing recommendations will be followed.

By signing below, I permit the school nurse or other appropriate personnel to administer to my student child the above medications for the 2020-2021 school year.

Parent/Guardian Signature _____ Date _____

School Medical Advisor _____ Date 6|19|2020

Suzanne Lefebvre, MD

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINES BY SCHOOL PERSONNEL

The Connecticut State Law requires a written order of a physician licensed to practice medicine in this state and the written authorization of a parent or guardian of such child for a school nurse, or, in the absence of such nurse, the principal or any teacher to administer medicinal preparations to any student. Medication must be in a prescription vial with the name and strength of the medicine and the child's name on the label.

Physician's Name _____ Tel. # _____
(type or print)

Address _____

PHYSICIAN'S ORDERS

Name of child _____ Date _____

Address _____ D.O.B. _____

Condition for which drug is administered during school hours _____

_____

Drug: Name, dose and method of administration _____

_____

Is this a controlled drug? Yes ____ No ____ Time of administration _____

Medication shall be administered from _____ to _____
(Dates)

Relevant side effects to be observed, if any _____

_____

If there are any side effects, plan for management _____

_____

(Signature) _____

_____

AUTHORIZATION OF PARENT OR GUARDIAN CONCERNING THE ADMINISTRATION OF THE ABOVE MEDICATION BY SCHOOL PERSONNEL

To _____ Date _____

I hereby request the above medication ordered by the physician for my child.

(Name of child) _____ to be administered by:

School personnel Yes _____ No _____ Self-administered Yes _____ No _____

I hereby give permission to destroy the medication (or I understand that this medication will be destroyed) if not picked up within one week after notification.

(Signature) _____ Tel. # _____

(Address) _____

General Statutes, Section 10-21a CT State Dept of Health Division

This is a double-sided form requiring signatures on both pages. Thank you.

INTERNET ACCEPTABLE USE POLICY
HOUSATONIC VALLEY REGIONAL HIGH SCHOOL

In addition to local resources, the Housatonic Valley Regional High School network provides access to the Internet. In order to gain access to the Internet, students and their parents must sign this agreement indicating their acceptance of the responsibilities listed below.

Internet users enjoy certain right and privileges, which include:

Safety: To the greatest extent possible the students will be protected from harassment and unwanted contact. Users are instructed not to give out their home address, phone number, credit card information or password. However, making the Internet available to students carries with it the potential that users may encounter information that some have identified as controversial and of potential harm. The school's focus is on providing the understanding and skills needed to use the Internet in ways appropriate to students' educational needs rather than on controlling the environment.

Privacy: Not all users of the Internet have an expectation of privacy. E-mail provided by the school district is public and subject to monitoring. Anything you write can be read by your supervisor and/or administrator. E-mail communication is considered public. Also, there are no rights to privacy in web surfing when using a school district's Internet connection.

Intellectual Freedom: Within the framework of responsibilities listed below, this is free and open forum for expression, including viewpoints that are unorthodox or unpopular. Considerate and respectful disagreement is welcome.

With these rights and privileges come certain responsibilities:

1. Use of appropriate language is required. Profanity or obscenity in written communication over the Internet is inappropriate, as it is in all areas of school life.
2. Accessing or downloading offensive or sexually explicit material is prohibited, as is behavior that is harassing, antisocial and unethical. If you accidentally encounter a web site that may be of questionable nature, you need to report this to the school's Network Administrator immediately.
3. Downloading is limited to materials for school use only.
4. The use of gaming, chat room or messaging software is prohibited.
5. Adherence to the laws of copyright is required. Users are expected to respect copyright issues regarding downloading and use of software, retrieval and citing of information and attributing authorship.
6. Use of the Internet for any illegal activities is prohibited. Illegal activities include libel, unauthorized entry into computers, or deliberate vandalism or destruction of computer files.
7. Work only on the account assigned to you and take responsibility for the activity on your account. Violations of this policy that can be traced to an individual account will be treated as the responsibility of the owner of that account. Be sure to "log off" of a computer after each use.
8. Impersonation and anonymity are not permitted. Users must take responsibility for their actions and words.
9. Exemplary behavior is expected on "virtual field trips". When "visiting" locations on the Internet, students must act according to all the guidelines in the Housatonic Valley Regional High School Student Handbook.

To obtain an Internet account students and their parents/guardians are asked to sign below, indicating their acceptance of all the above responsibilities. Failure to follow them will result in the loss of Internet privileges and/or disciplinary action. Internet access will be activated after the school receives this signed document.

Student Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____

LAST NAME: _____ FIRST NAME: _____ GRADE: _____

PLEASE PRINT LEGIBLY. Thank You.

This is a double-sided form requiring signatures on both pages. Thank you.

COMPUTER NETWORK USE AGREEMENT FOR STUDENTS
HOUSATONIC VALLEY REGIONAL HIGH SCHOOL

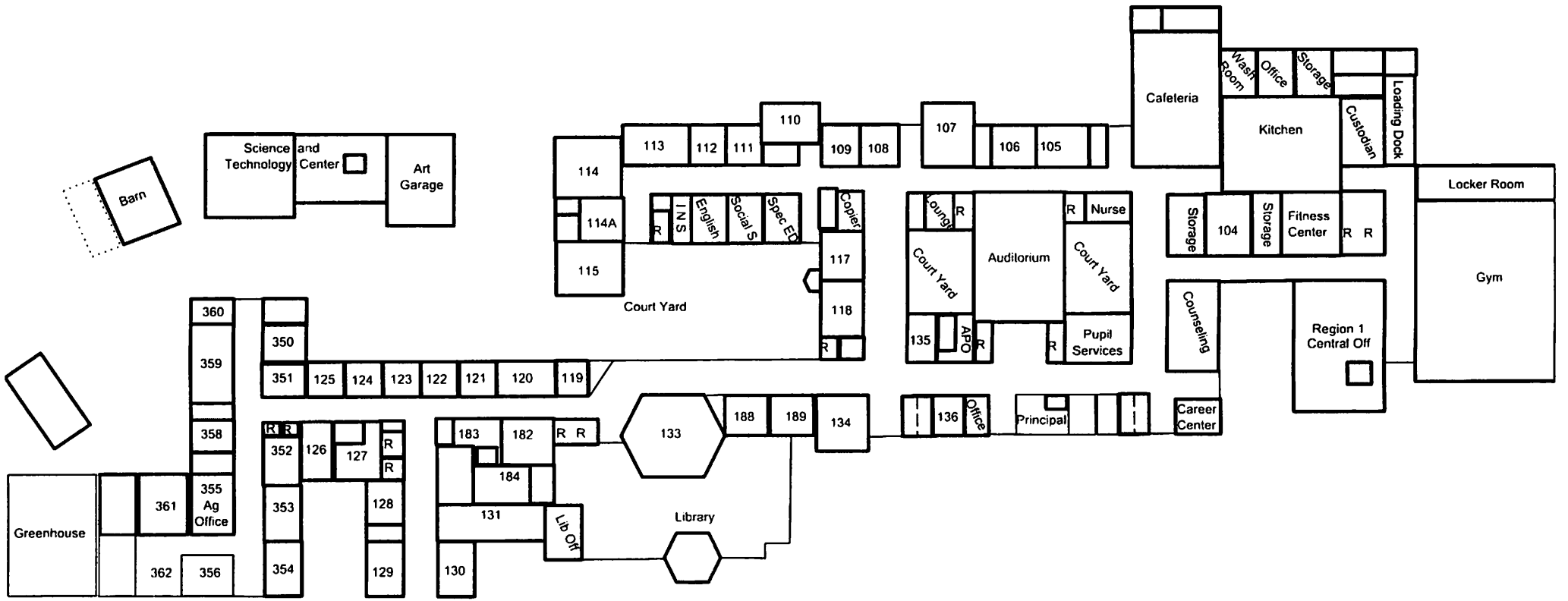
This agreement is intended to protect the rights of all the network users and maintain appropriate use of computers, including laptops borrowed for individual use and computer areas. Gaining access to the Internet through the school network will require signing another, different contract.

- Before using any computer, notify the monitoring teacher if anything is damaged or missing.
- Use only the applications available through the school's network. (The student's personal software may not be loaded into the network.)
- Use the computers and printers for educational purposes. (Responsible consumption of computer supplies must be observed. A school assignment has an educational purpose. Other reasons for consuming supplies, such as printer paper, must be approved by the monitoring teacher.)
- Use only your own account and password for all computer work. Do not share your account and password with others. (Damage or loss of personal files, even sabotage, can result from allowing others to use your account and password.)
- Adhere to copyright laws. (Users are expected to respect copyright laws, which govern the use, copying of software, citing of information and attributing authorship.)
- Save all school work and important files to your Google Drive. Files can also be saved to network servers when directed to do so by a teacher. Files saved on a classroom or lab computer will be deleted for the purposes or maintaining the systems. It is the students responsibility to take the necessary precautions to prevent data loss
- For security, exit all applications and log off the computer properly. (Logging off improperly may – under some conditions – prevent subsequent logging in.)
- When you finish, clean up the area, set the computer as it was, push in the chair, and be sure the printer area is cleaned up. (Cleanup is everyone's responsibility.)

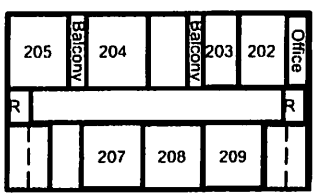
I understand that school policies state that students are financially responsible for any purposeful damage to the computer network or computer equipment. If reasonable suspicion exists that the student has violated this agreement, or any school rules, the administration reserves the right to inspect my computer files. Violation of this agreement may result in removal from the network and/or disciplinary action. I agree to comply with the regulations listed above in connection with the use of computers, including laptops borrowed for individual use and computer areas at Housatonic Valley Regional High School.

Student signature: _____ Date: _____

HVRHS Campus Map

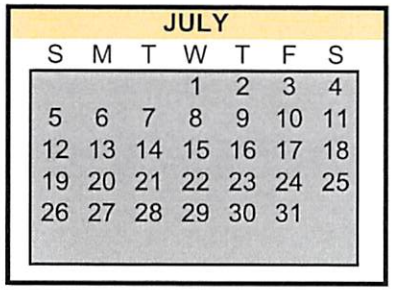


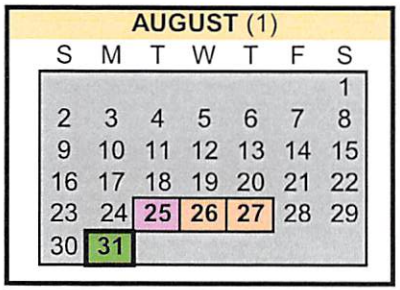
Second Floor

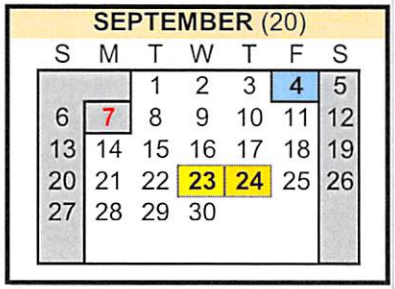


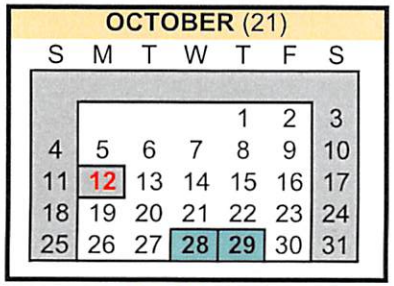
REGION ONE SCHOOL DISTRICT
2020-2021 CALENDAR

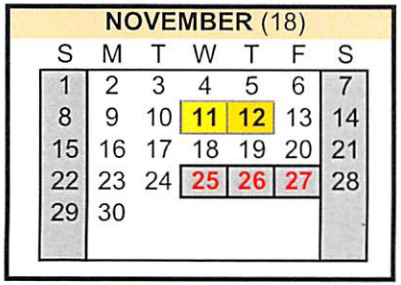
DRAFT: 1/17/2020
BOE Approved: 3/2/2020

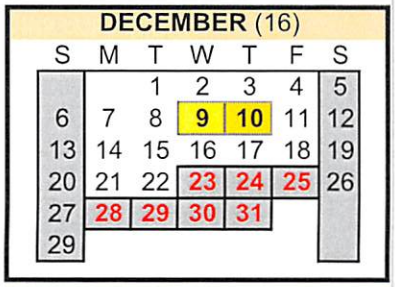


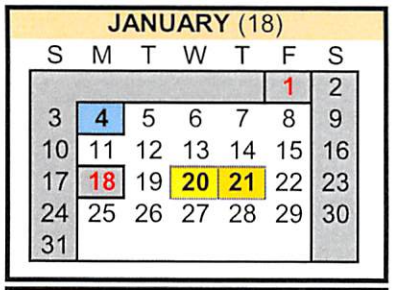


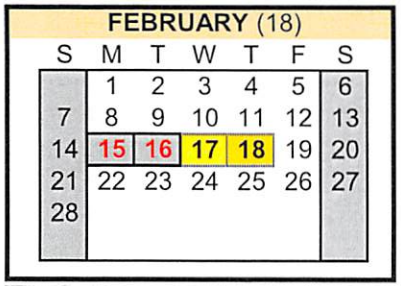


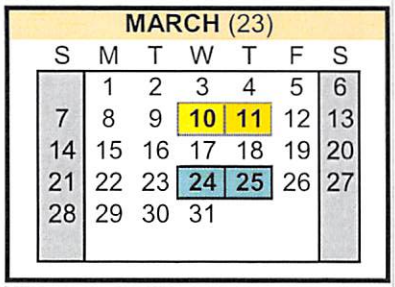


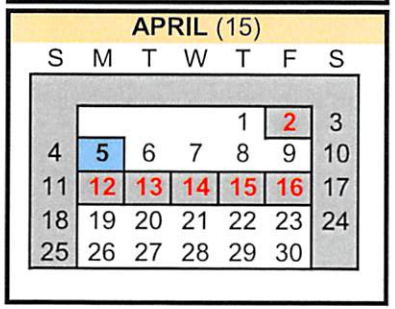


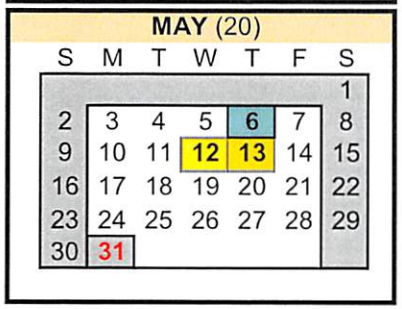


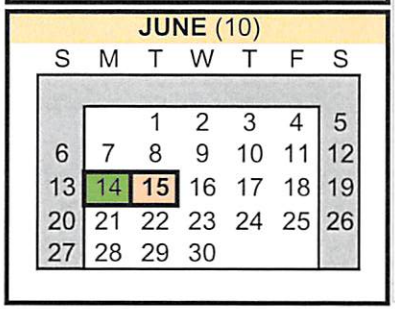












New Teachers Only Meeting

Teacher Professional Meetings

No School: Regional Professional Development

Elementary Students Early Dismissal (PK-8 Teacher Professional Development)

High School Students Late Opening (9-12 Teacher Professional Development)

Early Dismissal Students - Conference Days
Elementary School -
10/28 - 10/29 and 3/24 - 3/25
High School - 10/28 and 5/6

First / Last Day of School

Holidays:	NO SCHOOL
September 7	Labor Day
October 12	October Break
November 25-27	Thanksgiving Recess
December 23-31	Holiday Recess
January 1	New Year's Day
January 18	Martin Luther King Birthday Observed
February 15-16	February Break
April 2	Good Friday
April 12-16	Spring Recess
May 31	Memorial Day

Note: Utilization of 5 snow days by February 1 may require a reduction of the February Break.

Block	Day 1	Day 2	Day 3	Day 4
1	**A** 7:50-8:56	**D** 7:50-8:56	**C** 7:50-8:56	**B** 7:50-8:56
2	**B** 9:00-9:44	**A** 9:00-9:44	**D** 9:00-9:44	**C** 9:00-9:44
3	**C** 9:48-10:32	**B** 9:48-10:32	**A** 9:48-10:32	**D** 9:48-10:32
Flex	Activity/PLP 10:36-11:14	Flex 10:36-11:14	Flex 10:36-11:14	Flex 10:36-11:14
4	1st Lunch 11:14-11:39 Class 11:43-12:49 **E** Class 11:18-12:24 2nd Lunch 12:24-12:49	1st Lunch 11:14-11:39 Class 11:43-12:49 **H** Class 11:18-12:24 2nd Lunch 12:24-12:49	1st Lunch 11:14-11:39 Class 11:43-12:49 **G** Class 11:18-12:24 2nd Lunch 12:24-12:49	1st Lunch 11:14-11:39 Class 11:43-12:49 **F** Class 11:18-12:24 2nd Lunch 12:24-12:49
5	**F** 12:53-1:37	**E** 12:53-1:37	**H** 12:53-1:37	**G** 12:53-1:37
6	**G** 1:41-2:25	**F** 1:41-2:25	**E** 1:41-2:25	**H** 1:41-2:25
Drop	*D H*	*C G*	*B F*	*A E*