

Housatonic Valley Regional High School

Regional District No. 1

246 Warren Turnpike Road
Falls Village, Connecticut 06031

Telephone (860) 824-5123

Fax (860) 824-5419

New Registration Checklist:

Be sure to submit the following prior to your registration/course selection appointment.

- ___ 1. Complete Enrollment Form and submit electronically.
- ___ 2. Completed and notarized Affidavit for Purposes of Residency and a copy of mortgage or rental agreement. You may black out all financial information.
- ___ 3. Documentation of student's identification. Attach a copy of official birth certificate, passport, official baptismal certificate, or other official government issued documentation.
- ___ 4. Documentation of parent/guardian's identification. Attach a copy of current driver's license, passport, or other official government issued photo i.d.
- ___ 5. Completed Home Language Survey.
- ___ 5. Signed release of information forms, both FERPA and HIPAA. This allows school to obtain educational and health records from prior school.
- ___ 6. Student health records form, current physical exam, and record of immunizations. All new in-state transfers may submit current form as long as performed within the calendar year. All new out-of-state transfers must obtain a current (within the calendar year) physical exam from a CT or bordering NY/MA practitioner.
- ___ 7. Copy of IEP or 504 Plan if applicable.
- ___ 8. Copy of student's current schedule showing classes enrolled in at prior school.
- ___ 9. Official transcript of all credits earned from prior school.

The following signatures should be obtained by the Registrar as quickly as possible verifying receipt of all registration requirements:

- 1) Student's School Counselor _____
- 2) School Nurse _____
- 3) IT Coordinator _____
- 4) School Administrator _____
- 5) Special Education Chair (if applicable) _____

REQUIRED DOCUMENTS TO BE PROVIDED AT TIME OF REGISTRATION
REGION ONE SCHOOL DISTRICT
HOUSATONIC VALLEY REGIONAL HIGH SCHOOL

In order to finalize the registration process, proof of guardianship, proof of student's age, and proof of residency are required. Please submit the following documents to the school registrar or main office. Registration is not complete until all required documents are received.

Proof of Guardianship:

- Parent(s) of Student
 1. Driver's License or State/Government Issued Photo Identification
 2. Student's Birth Certificate or Passport submission (also Proof of Age)
- Legal Guardian(s)
 1. Driver's License or State/Government Issued Photo Identification
 2. Court Document indicating custody or guardianship
- State Appointed Custodian(s)
 1. State Agency Issued Work Identification
 2. DCF Notification Document (i.e. DCF 603 Form)

Proof of Age:

- Student's Official Birth Certificate, Passport, Official Baptismal Certificate, or other Government Issued Documentation

Proof of Residency:

Parent/Guardian(s) must provide

- Notarized *Affidavit For Purposes of Residency*

And -

Provide 1 of the following primary documents in the name of the Parent/Guardian(s)

- Current Mortgage Statement
- Current Lease Agreement

If you are unable to provide 1 of the primary documents -

Provide 2 of the following secondary documents in the name of the Parent/Guardian(s)

- Current Bill (electric, gas, water, cable, or phone)

If the parent/guardian is unable to provide proof of residency due to living with a family member or friend, a ***Host Affidavit for Residency*** must be completed and notarized. All proof of residency forms must be provided by the Region 1 resident with whom the student resides.

The Federal McKinney-Vento Homeless Assistance Act provides special legal protections for children and youth experiencing homelessness, including homeless "unaccompanied youth" who are not in the custody of a parent or guardian. Children experiencing homelessness or displacement have a right to enroll in school even if their families cannot produce enrollment documentation. Assistance is available at the time of registration.

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

HOST AFFIDAVIT FOR RESIDENCY Region 1 School District

In compliance with Connecticut General Statute 10-253(d), Region 1 School District requires this form to be completed for any student who is residing with another individual(s) (hereafter referred to as the "Host") within Region 1 School District. The Host Affidavit for Residency must be completed by the individual(s) with whom the student resides, regardless of whether the parent/guardian may also be residing with the Host family at the same address. Per Region 1 School District residency requirements, additional Proof of Residency documents confirming the Host's permanent residence in Region 1 School District are also required.

I hereby certify that _____ (student's full legal name)
is my _____ (student's relationship to Host) and that they legally reside with me at
_____ (full residence address).

I further certify that this is intended as a bona fide permanent address, that this student is living with me ___ days and ___ nights per week, and that I am not receiving payment for having this student reside with me and/or for the sole purpose of attending school in Region 1 School District.

I certify that this child is residing with me because: _____
_____.

If you are the guardian of the above-named student, please indicate the date and source of legal authority for the student. A copy of guardianship documents must be provided for the student's file.

Document Dated: _____ Source of Legal Authority: _____

If a minor child is not residing with a parent/guardian, the following statement must be acknowledged:

- I, the undersigned Host, understand that I have full responsibility for the above-named student in the absence of their parent/guardian concerning any and all school disciplinary, administrative, and medical matters.

Host signature: _____ Dated: _____

I understand this Host Affidavit for Residency is valid for the current school year only and must be renewed annually to continue enrollment in Region 1 School District. As the Host of the above-named student, and as a resident of Region 1 School District, the student is eligible for free public school privileges from the Region 1 School District. I agree to notify school officials immediately regarding the termination of the student's permanent residency in Region 1 School District. Finally, I understand that should the student be found to be attending Region 1 School District illegally, Region 1 School District reserves the right to recover the costs of such education from me, the undersigned. I further understand that a false statement may lead to the disenrollment of the above-named student and may lead to prosecution under the criminal statutes of the State of Connecticut. I also understand that this document may be used in a court of law as evidence against me.

******Must be signed in the presence of a Notary Public Official with stamp or seal of undersigned officer******

Host Name: _____

Host Signature: _____ Subscribed and sworn to me on this date: _____,

Signature of Notary Public: _____ Commission Expires: _____

Notary Public Official Stamp or Seal Affixed:

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 الأسئلة حول اللغات المتحدثة في المنزل. نحن مطالبون من قبل وزارة التعليم بالولايات المتحدة بجمع هذه المعلومات أنها 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 الأساسية المستخدمة في البيت بغض النظر على اللغة التي يتحدث بها الطالب؟
	2) سببي ننتج أكثر استعمال عند الطالب؟
	3) ما هي اللغة التي اكتسبها الطالب أوائل؟
	4) ما هي اللغة التي تفضل أن تعلقى بها المراسلات الخطية من المدرسة؟
	5) هل ستكون في حاجة للتفسير / الترجمة في اجتماعات الآباء والمعلمين؟

اسم الوالدة(ة) / الوصي (يرجى الطباعة)

توقيع الولي / الوصي

تاريخ

شكرا لإجابة على الأسئلة. نتطلع للعمل مع ابنتكم.

Arabic

**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	<input type="radio"/>	<input type="radio"/>
Pupil Services/Special Education	<input type="radio"/>	<input type="radio"/>
Disciplinary	<input type="radio"/>	<input type="radio"/>
*Health/Medical	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>

*If this authorization is being used to obtain Protected Health Information from a child's physician or other covered entity under HIPAA, 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
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*	<input type="radio"/>	<input type="radio"/>
Other (please specify below)	<input type="radio"/>	<input type="radio"/>

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 HIPAA, 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 physi-

cian 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	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)			
Parent/Guardian Name (Last, First, Middle)		Home Phone	Cell Phone
School/Grade	Race/Ethnicity		<input type="checkbox"/> Black, not of Hispanic origin
Primary Care Provider	<input type="checkbox"/> American Indian/ Alaskan Native		<input type="checkbox"/> White, not of Hispanic origin
	<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Asian/Pacific Islander
			<input type="checkbox"/> Other
Health Insurance Company/Number* or Medicaid/Number*			
Does your child have health insurance? Y N		If your child does not have health insurance, call 1-877-CT-HUSKY	
Does your child have dental insurance? Y N			

* 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

Part 2 — Medical Evaluation

HAR-3 REV. 7/2018

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			*Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Genitalia/ hernia					
Skin					

Screenings

*Vision Screening	*Auditory Screening	History of Lead level ≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes	Date
Type: Right Left	Type: Right Left		
With glasses 20/ 20/	<input type="checkbox"/> Pass <input type="checkbox"/> Pass		
Without glasses 20/ 20/	<input type="checkbox"/> Fail <input type="checkbox"/> Fail	*HCT/HGB:	
<input type="checkbox"/> Referral made	<input type="checkbox"/> Referral made	*Speech (school entry only)	
		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 <i>Provider</i> Name and Phone Number
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Part 3 – Oral Health Assessment/Screening

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

HAR-3 REV. 7/2018

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	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone

Dental Examination Completed by: <input type="checkbox"/> Dentist	Visual Screening Completed by: <input type="checkbox"/> MD/DO <input type="checkbox"/> APRN <input type="checkbox"/> PA <input type="checkbox"/> Dental Hygienist	Normal <input type="checkbox"/> Yes <input type="checkbox"/> Abnormal (Describe) _____ _____ _____ _____	Referral Made: <input type="checkbox"/> Yes <input type="checkbox"/> No
Risk Assessment	Describe Risk Factors		
<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Dental or orthodontic appliance <input type="checkbox"/> Saliva <input type="checkbox"/> Gingival condition <input type="checkbox"/> Visible plaque <input type="checkbox"/> Tooth demineralization <input type="checkbox"/> Other _____	<input type="checkbox"/> Carious lesions <input type="checkbox"/> Restorations <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Trauma <input type="checkbox"/> 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
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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 the 1st 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 the 1st 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
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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**
- **Medicine 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 2021-2022 school year.

Parent/Guardian Signature _____ Date _____

School Medical Advisor _____ Date 6/22/21

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) _____

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: _____

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 of 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: _____

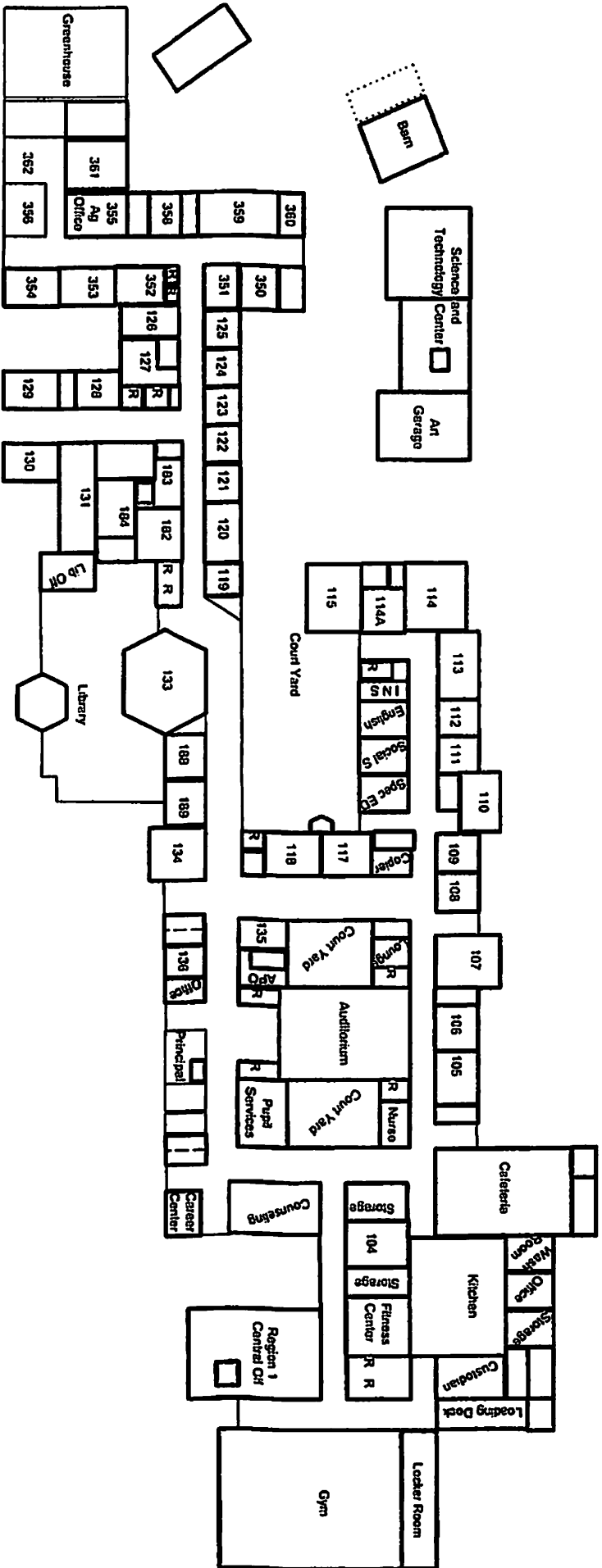
GRADE: _____

FIRST NAME: _____

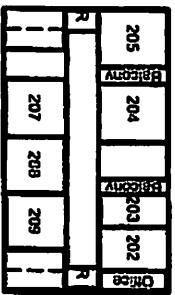
LAST NAME: _____

PLEASE PRINT LEGIBLY. Thank You.

HVRHS Campus Map



Second Floor



REGION ONE SCHOOL DISTRICT 2022-2023 CALENDAR

BOE Approved: 1/25/2022

JULY						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

AUGUST (3)					
M	T	W	T	F	S
	1	2	3	4	5
6	7	8	9	10	11
12	13	14	15	16	17
18	19	20	21	22	23
24	25	26	27	28	29
30	31				

SEPTEMBER (20)						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

OCTOBER (20)						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

NOVEMBER (18)						
S	M	T	W	T	F	S
						1
						2
						3
						4
						5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

DECEMBER (16)						
S	M	T	W	T	F	S
						1
						2
						3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

JANUARY (19)						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

FEBRUARY (18)						
S	M	T	W	T	F	S
						1
						2
						3
						4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

MARCH (22)						
S	M	T	W	T	F	S
						1
						2
						3
						4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

APRIL (13)						
S	M	T	W	T	F	S
						1
						2
						3
						4
						5
						6
						7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

MAY (22)						
S	M	T	W	T	F	S
						1
						2
						3
						4
						5
						6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JUNE (8)						
S	M	T	W	T	F	S
						1
						2
						3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

- New Teachers Only Meeting
- Teacher Professional Meetings
- No School: Regional Professional Development
- Elementary Students Early Dismissal (PK-8 Teacher Professional Development)
*Bolted dates are Regional PD dates
- High School Students Late Opening (9-12 Teacher Professional Development)
*Bolted dates are Regional PD dates
- Early Dismissal Students - Conference Days
Elementary School - 10/26 - 10/27 and 3/22 - 3/23
High School - 10/27 and 3/23
- First / Last Day of School

Holidays:	<u>NO SCHOOL</u>
September 5	Labor Day
October 10	October Break
November 11	Veteran's Day
November 23-25	Thanksgiving Recess
December 23-30	Holiday Recess
January 2	Holiday Recess
January 16	Martin Luther King Birthday Observed
February 20-21	February Break
April 7-14	Spring Recess
May 29	Memorial Day

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