



HADDAM-KILLINGWORTH HIGH SCHOOL

95 Little City Road ~ Higganum, CT 06441

Tel: (860) 554-5750

Fax: (860) 345-4741

www.rsd17.org

Emily Baerlein
Department Head/School Counselor

Rachel Pac
School Counselor

Kati Farkas
Summer Registrar

Alexandria Stone
School Counselor

Darren Myers
School Counselor

Dear Parents/Guardian:

Welcome to Haddam-Killingworth High School. Due to the COVID-19 outbreak our registration process will be a little different this summer:

- Once you have completed the enclosed packet please scan all documents (no medical records) to kfarkas@rsd17.org
- If you are unable to scan your registration packet you can bring them directly to the high school on Tuesday's from 8:00 a.m.-1:00 p.m. There will be a box at the bottom of the stairs for you to place the documents in. Please have the packet in a sealed envelope.
- Once all documents have been received a registration appointment with a school counselor will be made via Google Meets.
- You will also need the following documents in order to register your child. **Please note that your registration appointment will not be scheduled if you do not have all the documents listed below:**
 - Immunization records
 - High school transcript/report card from previous school
 - Proof of residency 2 items (valid lease/mortgage bill or notarized letter from landlord/attorney, & current utility bill)
 - Birth certificate (original with seal)

**Also, your child will need a valid physical on file per Connecticut state law. A blue medical form is enclosed for your convenience.*

We look forward to meeting with you and your child. If you have any questions prior to your appointment, please do not hesitate to contact us.

Sincerely,

Kati Farkas

Kati Farkas
Summer Registrar

Regional School District # 17 ~ HKHS Registration Form

ID: Date of Registration: Date Starting:

NAME (Last, First, Middle): _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

MAILING ADDRESS: _____
(If different from street address)

STUDENT EMAIL: _____

HOME PHONE: _____ DATE OF BIRTH: _____

(1) ETHNICITY: Is the student Hispanic or Latino? YES NO
(2) RACE: Please check one. If no box is checked, a box will be checked for you.
Asian White American Indian/Alaska Native
Black/African American Pacific Islander/Native Hawaiian

What language did you learn to speak first? _____ What is the primary language spoken at home? _____

Is student a U.S. Citizen? YES NO Social Security No. _____ [last 4 digits required]

If NO, have you lived in the US more than 3 years? YES NO

If you have not lived in the US more than 3 years, when did you arrive? _____

IF THE STUDENT LIVES WITH BOTH PARENTS AT THE SAME ADDRESS FULL TIME, SKIP BOX BELOW.

Do you have joint physical custody of your child? (circle one) YES NO
Circle which parent the student primarily lives with: MOTHER FATHER
Parent NOT enrolling student MUST sign *Enrollment Agreement Form* (attached).
In the event of sole custody cases, legal documentation must be provided BEFORE student can be enrolled.

Father (Last, First) _____ Father's Cell Phone: _____
Father's Home Phone: _____ Father's e-mail: _____
Father's Work Phone: _____ Father's Employer: _____
Father's Home Address if different from above: _____

Mother (Last, First) _____ Mother's Cell Phone: _____
Mother's Home Phone: _____ Mother's e-mail: _____
Mother's Work Phone: _____ Mother's Employer: _____

Please list siblings and their ages/grades: _____

Previous School/address/city/state: _____

Is this student new to this district? If no, last school and grade attended: _____

Has this student ever had any of the following educational plans? NO If yes, when? _____
Circle all that apply and provide a copy of the plan: 504 SRBI/RTI IEP

Has the student ever been expelled or under consideration for expulsion? YES NO

Parent/Guardian Signature: _____ Date: _____



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School Counselor

Kati Mohr
Counseling Secretary

Alexandria Stone, M.A.
School Counselor

Darren Myers, M.S.
School Counselor

ENROLLMENT AGREEMENT FORM REGIONAL SCHOOL DISTRICT #17 COUNSELING DEPARTMENT

DATE: _____

I, _____ hereby agree and acknowledge that my child,

Student's name

Student's date of birth

is being registered at Haddam-Killingworth High School.

My child legally resides with _____
print name of person(s) student legally resides with

Please list the person who has physical custody of the child: _____
I have joint custody of my child with _____

You may come into the School Counseling Office to sign this form; however, it may also be faxed to 860-345-4741 or emailed.

Signature

Date

Printed Name

Relationship to Student

REGIONAL SCHOOL DISTRICT NO. 17
Haddam-Killingworth, CT
STUDENT LANGUAGE ASSESSMENT, ETHNICITY, AND RACE

Student's Name: _____
Date: _____

This assessment is needed to determine if a language other than English is the dominant language used in your home. This information is required by all State school districts under the Bilingual Education Law and will help to determine if a need exists to establish a bilingual education program for non-English speaking Regional School District No. 17 students. The school system must have a form for each student.

1. What language did your child learn to speak first? _____
2. What is the primary language spoken by you or other persons residing in your home?

3. What is the primary language spoken by your child when he/she is at home? _____

If dominant language is other than English:

Dominant Language: _____ Student has limited English proficiency: _____

Parent's signature: _____

Check only one ethnicity:

_____ **HISPANIC OR LATINO** - A child of Mexican, Puerto Rican, Cuban, Central or South American or Spanish culture or origin, regardless of race.

_____ **NOT HISPANIC OR LATINO** - All others

Check one or more races that you consider your child to be:

_____ **AMERICAN INDIAN OR ALASKA NATIVE** - A child having origins in any of the original peoples of North America and maintaining cultural identification.

_____ **ASIAN** - A child having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent.

_____ **BLACK OR AFRICAN AMERICAN** - A child having origins in any of the black racial groups of Africa.

_____ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** - A child having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **WHITE** - A child having origins in any of the original peoples of Europe, North Africa, or the Middle East.

If a child was born outside of the United States, is he/she a U.S. citizen? _____ YES _____ NO

Regional School District No. 17

HADDAM-KILLINGWORTH HIGH SCHOOL
95 LITTLE CITY ROAD
HIGGANUM, CT 06441
P: 860-554-5750 / F: 860-345-4741

OFFICE OF PUPIL SERVICES
57 LITTLE CITY ROAD
HIGGANUM, CT 06441
P: 860-345-4244 / F: 860-345-3051

AUTHORIZATION FOR RELEASE OF INFORMATION TO/FROM REGIONAL SCHOOL DISTRICT 17 PUPIL SERVICES ~ COUNSELING DEPARTMENT

I hereby grant permission for the exchange of information regarding my child:

Student's Name: _____ Date of Birth: _____

between Regional School District #17 and:

Name of Person and/or Agency _____
Street Address _____
City, State, Zip _____
Fax Number _____

This authorization applies to the following information:

Educational (Cumulative) Medical 504 SRBI/RTI Confidential File Disciplinary

DURATION:

This authorization shall become effective immediately and shall remain in effect until (enter date) _____ or for one year from the date of signature, if no date entered.

RESTRICTIONS:

Law prohibits the Requestor from making further disclosure of my health/education information unless the requester obtains another authorization form from me or unless such disclosure is specifically required or permitted by law.

YOUR RIGHTS:

I understand that I have the following rights with respect to this Authorization: I may revoke this Authorization at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to the persons on the front. My revocation will be effective upon receipt, but will not be effective to the extent that the requestor or others have acted in reliance to this Authorization.

RE-DISCLOSURE:

I understand that the Requestor (School District) will protect this information as prescribed by the Family Educational Rights and Privacy Act (FERPA) and that the information becomes part of the student's educational record. The information will be shared with individuals working at or with the School District for the purpose of providing safe, appropriate, and least restrictive educational settings and school health services and programs.

I have a right to receive a copy of this Authorization. Signing this Authorization may be required in order for this student to obtain appropriate services in the educational setting.

APPROVAL:

Printed Name Signature Date

Relationship to student: _____ Cell Phone: _____

Haddam-Killingworth High School
Annual Student Demographic & Emergency Update Form
2020-2021 School Year

This form must be completed prior to the student's first day of school.

Parent/Guardian's Signature: _____ Date: _____

Student Name: _____ Home Address: _____ _____

***** Mailing Address if different from home address**

Date of Birth

Place of Birth

**Please keep in mind that the address above is what our Transportation Department uses to assign bus routes, and it is also used for 1st contact mailings. Please include the student's primary physical address and P.O. Box (if appropriate). This address is considered our 1st mailing address in our student management software.*

<u>Parent/Guardian Contact 1:</u> Name: _____ Relationship to Student: _____ Address: _____ Listed Above Home Phone: _____ Cell Phone: _____ Employer: _____ Work Phone: _____ Student resides with you: ___ Yes ___ No Legal Guardian: ___ Yes ___ No Email Address: _____
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<u>Parent/Guardian Contact 2:</u> Name: _____ Relationship to Student: _____ Address: _____ Listed Above Home Phone: _____ Cell Phone: _____ Employer: _____ Work Phone: _____ Student resides with you: ___ Yes ___ No Legal Guardian: ___ Yes ___ No Email Address: _____
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If parents cannot be reached in an emergency, please list two emergency contacts:

<u>Emergency Contact 1: (do not list parent here)</u> Name: _____ Relationship to Student: _____ Address (town): _____ Home Phone: _____ Work Phone: _____ Cell: _____

<u>Emergency Contact 2: (do not list parent here)</u> Name: _____ Relationship to Student: _____ Address (town): _____ Home Phone: _____ Work Phone: _____ Cell: _____

Acceptable Use Policy for Student Access to Networked Information Resources

We are pleased to offer the students of Regional School District No. 17 access to the school's computer networks and the internet. Access to the school's network will enable students to explore thousands of library databases and bulletin boards. In addition to Internet access, the school's local area network will make word processing software, database and spreadsheet software and other curriculum and research related resources available throughout the district.

Regional School District No. 17 believes in the educational value of such electronic services and recognizes their potential to support our curriculum by expanding resources available for staff and student use. Our goal in providing this service is to promote educational excellence by facilitating resource sharing, innovation and communication. However, the opportunities presented by this technology raise concerns as well. Sadly, abuse of these systems can and does occur. Regional School District No. 17 will provide monitoring in the following ways:

- Passwords will be issued on all computers with on-line/Internet access capabilities;
- Students will be supervised while accessing and using on-line services
- Any infractions shall be reported to the building principal for appropriate disciplinary action

Families should be warned that some material accessible via the Internet might contain items that are illegal, defamatory, inaccurate or potentially offensive to some people. While our intent is to make Internet accessible to further educational goals and objectives, access to other materials is also possible. We believe that the benefits to students from access to the Internet, in the form of resources and opportunities for collaboration, exceed any disadvantages. While we will make every effort to ensure proper use of the network by students, no monitoring system is foolproof. With this in mind, Regional School District No. 17 supports and respects each family's right to decide whether or not to apply for their student(s) access.

Furthermore, these technologies are expensive to purchase, install, and maintain. As the property of Regional School District No. 17 they must be carefully handled and their integrity preserved for the benefit of all. Therefore, Regional School District No. 17 will be treating access to the Internet and the network as a privilege, and not a right, with this privilege controlled by the issuance of an individual password to each student. Students will be required to adhere to a set of policies and procedures, as set forth in detail below. Violations will, at a minimum, lead to withdrawal of the access privilege and cancellation of the password.

To gain access to the school's networked resources, all students under the age of 18 must obtain parental/guardian permission and must sign and return the attached form to their classroom/homeroom teacher. Students 18 and over may sign their own forms. No student will be issued a password for access without the receipt of these forms and, to reiterate, access will be limited and controlled by passwords: no password equals no access. Students are responsible for these passwords and should not loan or share their passwords.

Policy Statement:

The network is provided to enable students to conduct research and communicate with others. Access to network services will be given only to students who agree to act in a considerate and responsible manner. As noted, parental/guardian permission is required, and access will be considered a privilege and not a right.

Students are responsible for good behavior on school computer networks just as they are in a classroom or a school hallway. Communications on the network are often public in nature and general school for behavior and communications apply. It is expected that users will comply with district standards and will act in a responsible and legal manner, in accordance with Regional School District No. 17 standards, and state and federal laws.

It is important that everyone, students and parents alike, understand that Regional School District No. 17, as the owner of the network equipment, both hardware and software, intends to monitor and review the use of this technology to ensure that users engage only in appropriate uses. Regional School District No. 17 will monitor and review as needed to maximize utilization of the network for educational purposes.

All users must be aware that they should not have any expectations of personal privacy in the use of the network.

All users of the Regional School District No. 17's electronic information resources, which includes the Internet and computer networks, will read and abide by the following Electronic Information Resources Regulations of the Regional School District No. 17 Board of Education:

1. Electronic information resources will be used for educational and research purposes – and only as those purposes are consistent with the educational objectives of the Regional School District No. 17 Board of Education;
2. Copyright guidelines and laws need to be honored and respected;
3. Electronic information resources will be used in a responsible, ethical and legal manner at all times;
4. Student use of electronic information resources will be used only with the permission and supervision of a staff member;
5. Users will be considerate of other electronic information users and their privacy and will use polite and appropriate language at all times while accessing and using these resources;
6. Passwords will be maintained and respected;
7. No personal information about oneself or anyone else will be given out while using these resources other than a first name and school e-mail address;
8. Responsible decisions will be made while accessing and using these resources;
9. Users will not knowingly degrade or disrupt electronic information resources, services or equipment. It is understood that such activity may be considered a crime. Examples include but are not limited to tamper with computer hardware and software, vandalizing or modifying data without permission, invoking computer viruses, attempting to gain access to restricted or unauthorized networks or network services, or violating copyright laws;
10. Users will refrain from intentionally accessing, storing or printing files that use language or contain graphics that others could find offensive, degrading or inappropriate;
11. Downloading and uploading of files by students shall be done only with permission from the staff;
12. Any breaches of these responsibilities will be reported to a teacher or the school personnel supervising the use of these electronic resources;
13. Users will act responsibly at all times and will avoid all other activities that are considered to be inappropriate in the non-electronic school environment;
14. Any misuse of these resources may result in loss of the privilege to use the computers at school, disciplinary action for not following the rules and payment for any damage caused by misuse of these resources;
15. Inappropriate uses of these resources can be a violation of local, state, and federal laws and violator may be prosecuted for violating those laws.

Regional School District No. 17 reserves the right to alter, amend, delete or discontinue the foregoing policies in whole or in part at any time and in its absolute discretion.

I have read these guidelines and understand it is designed for educational purposes and that access will be supervised in conjunction with curricular objectives.

Student Name (Please Print Clearly)

Student Signature

Student ID Number (required)

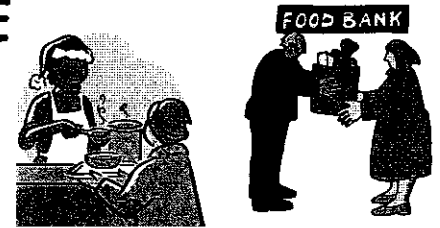
Parent/Guardian Signature (unless 18 years or older)

Date

School Counseling Office
Haddam-Killingworth High School
Higganum, CT 06441



COMMUNITY SERVICE INFORMATION STUDENT HANDBOOK



INTRODUCTION

The mission of Haddam-Killingworth High School is to provide a personalized and collective experience through which students are challenged to develop the knowledge, skills, and work ethic to contribute to a global society.

On page 2 of this handbook, you will find a sample menu of projects and placement sites which offers a wide variety of opportunities to help you select your community service hours. In no way are you limited to this list. If there is a special project or experience in which you will feel more comfortable and it is determined that this falls under the guidelines of community service, you should pursue this interest. **REMEMBER THAT YOU ARE URGED TO HAVE PRIOR APPROVAL OF ANY COMMUNITY SERVICE EXPERIENCE NOT LISTED IN THIS BOOKLET BEFORE YOU PUT IN THE TIME IF YOU WANT TO BE SURE THAT YOU WILL RECEIVE HOURS TOWARD THE GRADUATION REQUIREMENT.** The validity of any questionable activity will be determined by the Principal or the Assistant Principal.

Remember, these lists can and will change from time-to-time. The best way to stay current with activities occurring is to listen carefully to the morning news at school and to check the Community Service bulletin board outside of the Counseling Office. Some of the activities will occur only once, so in order to gain the hours, you must be willing to participate at the time the project is activated. Additionally, you may accumulate as many hours as you wish from one or all of the areas towards the number of hours needed for the graduation requirement. While 30 hours of service are required, many students go much further often serving hundreds of hours. Select what best reflects your interests and values. Many colleges and scholarship programs use Community Service in determining merit money and awards.

School and community activities performed through high school organizations such as the National Honor Society, the Student Council, and S.A.D.D. may also be included only if the service goes beyond what is expected for membership of the organization.

"Community service" performed as a required penalty by the courts and/or school district is NOT acceptable as service for the graduation requirement.

DEFINITIONS OF SCHOOL AND COMMUNITY SERVICE

Volunteer service to the schools and community is understood to be the direct giving of one's talents, time, and energy to those in need, or for the common good so as to bring about a shared satisfaction of accomplishment which can be enjoyed by the student, the school, and the community.

- Working without pay for a business is **not** community service.
- Volunteering time to help a relative is **not** community service.
- Helping at the church fair **is** community service.



OVER →

SAMPLE OF SERVICE PROJECTS

CIVIC (General)

Soup Kitchens
Heart Association
Salvation Army
Special Olympics
Hospitals
Town libraries

SENIOR CITIZENS

Help with housework, yard work, or errands
Meals on Wheels
Sit with an elderly person while spouse is out
Nursing homes

COMMUNITY

Therapeutic Horseback Riding
Bloodmobiles
Junior Fire Department
Ambulance Association
Animal Shelters

***Students may begin to accrue their hours for community service after the last day of middle school.**

COMMUNITY SERVICE: WHAT IT IS AND IS NOT

CATEGORY	ACCEPTABLE: NOT-FOR PROFIT	UNACCEPTABLE
TRADITIONAL	Volunteer at a hospital	Babysitting for pay
	Involvement with any one of the recognized non-profit organizations	Tasks done at home as part of normal household routine
	Helper of a community library	
SCHOOL	Supervised peer tutoring	Working on the yearbook
		Volunteer work required for membership in school organization
CHURCH	Child care so that others may attend a meeting	
	Helping at church-sponsored community outreach activities, fairs, dinners, etc.	
COMMUNITY	Youth & Family Services	Working for profit-making business
	Scorekeeping for a little league game	Paid camp counselor
	Helping to set up or clean up at local state fairs	Working a booth for a profit-making company
INDIVIDUAL	Mowing lawn to help a neighbor who is disabled	Walking a neighbor's dog
	Animal Shelters - caring for animals	Mowing your grandparents' lawn

Attached is a form to document completion of community service. Additional forms are available in the Counseling Office and on our website. It is the student's responsibility to return the completed community service forms to the Counseling Office. Until 30 hours of service are documented, the graduation requirement is not complete. **A STUDENT WILL NOT BE ALLOWED TO PARTICIPATE IN GRADUATING SENIOR PRIVILEGES INCLUDING A PARKING SPACE, SENIOR PROM, SENIOR OUTING, ETC. UNTIL HE/SHE HAS COMPLETED AND DOCUMENTED THE 30 HOURS OF COMMUNITY SERVICE REQUIRED FOR GRADUATION. (FORMS MUST BE TURNED INTO THE COUNSELING OFFICE FOR DOCUMENTATION.) THERE WILL BE NO EXCEPTIONS.**

PARENTS, please DO NOT sign as the supervisor of your son's/daughter's community service form.

***Students may begin to accrue their hours for community service after the last day of middle school.**

Frequently Asked Questions (FAQs) About FREE AND REDUCED-PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Regional School District No 17 offers healthy meals every school day. Breakfast costs \$2.00 (Available in Elementary schools only) and lunch costs \$3.00 (For Elementary schools), and \$3.25 For Middle School and High School. **Your children may qualify for either free meals or reduced-price meals.** The reduced price is \$0.30 for breakfast and \$0.40 for lunch. This packet includes an application for free or reduced-price meal benefits and detailed instructions.

NOTE: Children receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Family Assistance (TFA) benefits may be directly certified and automatically eligible for free meals without applying for benefits. Questions regarding SNAP/TFA and direct certification should be sent to the determining official, Principal of each school. If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, **do not** complete the application. Let the school know if any children in your household are **not** listed on the **Notice of Direct Certification** letter you received.

The answers to common questions below can help you with the application process.

1. Who can get free or reduced-price meals?

- All children in households receiving SNAP or TFA benefits are eligible for free meals.
- Foster children that are under the **legal** responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless or runaway are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits of the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart:

Reduced Federal Eligibility Income Chart Effective 7/1/2016 to 6/30/2017			
Household size	Yearly	Monthly	Weekly
1	\$21,978	\$1,832	\$423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,951	5,663	1,307
8	75,647	6,304	1,455
Each additional person	+7,696	+642	+148

2. **How do I know if my children qualify as homeless or runaway?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and you have not been told your children will get free meals, please call or e-mail Tracy Gerry.

FAQS ABOUT FREE AND REDUCED-PRICE SCHOOL MEALS, continued

3. **Do I need to fill out an application for each child?** No. Use one *Free and Reduced-price School Meals Application* for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school office.
4. **Should I fill out an application if I received a letter this school year saying my children are already approved for free meals?** No, but please read the letter carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact your schools office.
5. **My child's application was approved last year. Do I need to fill out a new one?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
6. **I get WIC. Can my children get free meals?** Children in households participating in WIC may be eligible for free or reduced-price meals. Please send in an application.
7. **Will the information I give be checked?** Yes. We may also ask you to send written proof of the household income you report.
8. **If I don't qualify now, may I apply later?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced-price meals if the household income drops below the income limit.
9. **What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing **Martha Vaughn, Finance Director. 860-345-4534.**
10. **May I apply if someone in my household is not a U.S. citizen?** Yes. You, your children or other household members do not have to be U.S. citizens to apply for free or reduced-price meals.
11. **What if my income is not always the same?** List the amount that you **normally** receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
12. **What if some household members have no income to report?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. When this happens, please write "0" in the field. However, if any income fields are left empty or blank, those will **also** be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you **meant** to do so.

13. **We are in the military. Do we report our income differently?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food or clothing, or receive Family Subsistence Supplemental Allowance payments, these must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
14. **What if there isn't enough space on the application for my family?** List any additional household members on a separate piece of paper and attach to your application. Contact your schools office to receive a second application.
15. **My family needs more help. Are there other programs we might apply for?** To find out how to apply for SNAP benefits and to contact the Department of Social Services office in your town, contact United Way's free referral number 2-1-1 (free call, statewide).

If you have other questions or need help, call SHARON SHETTLEWORTH, FOOD SERVICE DIRECTOR, 860-345-4534.

Sincerely,
Sharon Shettleworth

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

HOW TO APPLY FOR FREE AND REDUCED-PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced-price school meals. You only need to submit one application per household, even if your children attend more than one school in Regional School District No 17. The application must be filled out completely to certify your children for free or reduced-price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on the application. If at any time you are not sure what to do next, please contact Sharon Shettleworth, Food Service Director, 860-345-4534, sshettleworth@rsd17.org

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here? When filling out this section, please include ALL members in your household who are:

- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless or runaway youth;
- Students attending Regional School District No 17. *Regardless of age.*

<p>A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, please print clearly. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.</p>	<p>B) Is the child a student in the district? List the name of the school, the grade and mark "Yes" or "No" under the column titled "Student" to tell us which children attend school in the district. If you marked "Yes," write the grade level of the student in the "Grade" column.</p>	<p>C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. <i>Foster children who live with you may count as members of your household and should be listed on your application.</i> If you are applying for both foster and non-foster children, go to step 3.</p>	<p>D) Are any children homeless, runaway or in a Head Start Program? If you believe any child listed in this section meets this description, mark the "Head Start or Homeless/Runaway" box next to the child's name and <i>complete all steps of the application.</i></p>
--	--	--	--

STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP or TFA?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Family Assistance (TFA)

A) If no one in your household participates in any of the above listed programs:

- Leave STEP 2 blank and go to STEP 3.

B) If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP or TFA. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your DSS social worker.

Note: Do not use a HUSKY Medical Benefits number since this number is not a SNAP or TFA case number. It is also recommended (but not required) that you submit proof of this SNAP or TFA case number when you submit the application for processing. Proof does NOT include a copy of the CONNECT card.

- Go to STEP 4.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

How do I report my income?

- Use the charts titled "Sources of Income for Children" and "Sources of Income for Adult," printed on the back side of the application form, to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes.
 - Many people think of income as the amount they "take home" and not the total "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child Income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- Do NOT include:
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - Infants, children and students already listed in STEP 1.

B) List adult household members' names.

Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C) Report earnings from work.

Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) Report income from public assistance/child support/alimony.

Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

E) Report income from pensions/retirement/all other income.

Report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

F) Report total household size.

Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

G) Provide the last four digits of your Social Security Number.

An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information.

Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name.

Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Write today's date.

In the space provided, write today's date in the box.

D) Share children's racial and ethnic identities (optional).

On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

2016-17 Application for Free and Reduced-price School Meals
Complete one application per household. Please use a pen (not a pencil).

Application No: _____

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster care and children who meet the definition of Homeless or Runaway are eligible for free meals. Read How to Apply for Free and Reduced-price School Meals for more information.

Child's First Name	MI	Child's Last Name	School	Grade	Student? Yes No	Foster	Head Start	Homeless or Runaway
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2 Do any household members (including you) currently participate in one or more of the following Assistance Programs – SNAP or TFA? (This does NOT include medical (HUSKY) benefits).

If YES, a household member does participate in SNAP or TFA, write a SNAP OR TFA case number here and then go to STEP 4 (Do not complete STEP 3.) To quicken the approval process, it is strongly recommended that you submit proof of SNAP or TFA eligibility with this application. See instructions.

Case Number: _____
Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to Step 2)

Are you unsure what income to include here? Flip the page and review the charts filled "Sources of Income" for more information.
The "Sources of Income for Children" chart will help you with the Child Income section.
The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income
Sometimes children in the household earn income. Please include the TOTAL income earned by all Child Household Members listed in STEP 1 here.

Child Income: \$ _____

Name of Adult Household Members (First and Last)	Earnings from Work			Public Assistance/Child Support/Alimony			Child Income			Pensions/Retirement/All Other Income		
	Weekly	Bi-Weekly	Monthly	Weekly	Bi-Weekly	Monthly	Weekly	Bi-Weekly	Monthly	Weekly	Bi-Weekly	Monthly
_____	\$			\$			\$			\$		
_____	\$			\$			\$			\$		
_____	\$			\$			\$			\$		
_____	\$			\$			\$			\$		
_____	\$			\$			\$			\$		

Total Household Members (Children and Adults – Step 1 & Step 3) **Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member**

_____ _____

Check if no SSN

STEP 4 Contact Information and Adult Signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available) _____ City _____ State _____ Zip _____ Daytime Phone and Email (optional) _____

Apt # _____ Signature of adult _____ Today's date _____

2016-17 Application for Free and Reduced-price School Meals or Free Milk

SOURCES OF INCOME FOR CHILDREN		SOURCES OF INCOME FOR ADULTS		
Sources of Child Income	Examples	Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All Other Income
Earnings from work	A child has a regular or part-time job where they earn a salary or wages	<ul style="list-style-type: none"> Gross income for salary, wages, cash -- bonuses Net income from self-employment (farm or business) 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private pensions or disability Regular income from trusts or estates Annuities Investment income Earned Interest Rental income Regular cash payments from outside household
Social Security	A child is blind or disabled and receives Social Security benefits	<ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) 	<ul style="list-style-type: none"> Cash assistance from state or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	
Disability Payments	A parent is disabled, retired, or deceased, and their child receives social security benefits	<ul style="list-style-type: none"> If you are in the U.S. Military: 		
Survivor's Benefits	A friend or extended family member regularly gives a child income from any persons outside the household	<ul style="list-style-type: none"> Allowances for off-base housing, food and clothing 		
Income from any other source	A child receives income from a private pension fund, annuity, or trust			

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
 Race (check one or more):

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR), case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

School Use Only - Do Not Write Below This Line

Determining Officials (DO) for the school/district MUST complete this section. (Only convert to annual income if there are different frequencies of income listed in Step 3.)

Annual Income Conversion: Weekly X 52 ♦ Every 2 weeks X 26 ♦ Twice a Month X 24 ♦ Monthly X 12

Directly Certified Based on the State Direct Certification List Date Certified on DC List: _____

SNAP/TFA Household (Reminder: The DO must confirm a handwritten SNAP/TFA number) Foster Child Head Start Confirmed Homeless or Runaway

Income Household: Total household income: _____ per _____ Household Size: _____

Free Meals Reduced-price Meals Application Denied

Date Notice Sent: _____ Signature of DO: _____ Date: _____

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410
 fax: (202) 690-7442; or
 email: program.intake@usda.gov
 This institution is an equal opportunity provider.



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	Primary Care Provider	Race/Ethnicity <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> White, not of Hispanic origin <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	*HCT/HGB:	
With glasses 20/ 20/	<input type="checkbox"/> Pass <input type="checkbox"/> Pass		
Without glasses 20/ 20/	<input type="checkbox"/> Fail <input type="checkbox"/> Fail	*Speech (school entry only)	
<input type="checkbox"/> Referral made	<input type="checkbox"/> 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
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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	<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 <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Describe Risk Factors <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none; vertical-align: top;"> <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 _____ </td> <td style="width: 33%; border: none; vertical-align: top;"> <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 _____ </td> <td style="width: 34%; border: none;"></td> </tr> </table>			<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 _____	
<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 <i>Provider</i> 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 <i>Provider</i> Name and Phone Number
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