



DOCUMENTS NEEDED TO REGISTER FOR KINDERGARTEN

- Proof of Residency (Electric or Cable bill is great)
- Birth Certificate
- Recent Physical (within last year)
- Immunization Record
- Proof of Custody (in the matter of divorce)
- Recent Photo for Student File

FORMS NEEDED TO REGISTER FOR SCHOOL

- Student Information/Registration Form

**White Mountains School Administrative Unit 35
Lafayette Regional School
Student Information/Registration Form**

(Please enter Student's legal name –no nicknames)

Today's Date: _____

STUDENT INFORMATION

Grade Entering: _____

Name: _____

Last Name

First Name

Middle Name

DOB

AGE

Gender: F M **Birthplace (City, State)** _____

Is this student Hispanic or Latino: Yes or No **Primary Language Spoken at Home** _____

Race (check box): American Indian or Alaska Native Asian Black or African American Hispanic
 Native Hawaiian/Other Pac Islander Black and White White Other _____ Not Reported

ADDRESS

Street Address _____

Mailing Address _____

City, State _____

City, State _____

Zip Code _____

Zip Code _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian

Father/Guardian

Street Address if different than above

Street Address if different than above

City, State, Zip

City, State, Zip

Home Phone

Cell Phone

Home Phone

Cell Phone

Employer

Work Phone

Employer

Work Phone

Email

Email

Living with: Parents Mother Father Guardian Shared Custody (Two Families)

Other _____

Is there a Parenting Plan in Place: Yes No

Duplicate Mailing: If divorced/separated/joint custody allows duplicate mailing information to be given to another parent, please include their name, address, and phone number. *A copy of the custody agreement must also be provided.*

Full Name: _____ Relationship: _____ Email: _____

Mailing Address: _____
Street or PO Box City State Zip

PLEASE SEE OTHER SIDE

Special Education Services

Has the student ever received any of the following supplemental services? (please check all that apply)

- Chapter 1/Title 1 – Additional Math or Reading Support
- Special Education (Individual Education Plan)
- E.S.L. (English as a Second Language)
- Speech and Language
- Occupational Therapy
- Physical Therapy
- Other: _____

Has the student ever had a 504 Plan? Yes or No

Emergency Information

Doctor's Name: _____

Phone: _____

Emergency Contact #1 (non-parent): _____

Phone: _____

Relationship to Child: _____

Emergency Contact #2 (non-parent): _____

Phone: _____

Relationship to Child: _____

Other

Names & DOB (mm/dd/yyyy) of Siblings:

Have there been any changes in the family and/or home that may affect your child's work at school?

Parent Military Status: 1: Active Duty in Armed Forces 2: Full Time National Guard Both 1 & 2

Military Status does not apply for this family

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Do you identify as homeless: Yes or No

(Residency information is important as it directly relates to Educational Rights under the McKinney-Vento Act)

Transportation: Will the student be bussed? Yes or No

Please list any restrictions of person(s) NOT ALLOWED to pick up your child(ren):

DISMISSAL:

REGULAR DISMISSAL: If your child is not going home as detailed on this form, please provide a written note explaining how your child is leaving school.

MONDAY: _____

TUESDAY: _____

WEDNESDAY: _____

THURSDAY: _____

FRIDAY: _____

EARLY DISMISSAL DUE TO AN EMERGENCY OR SEVERE WEATHER:

- _____ To walk home as usual
- _____ Sent home on their regular bus
- _____ Sent home with parents or _____
- _____ Told to walk to _____
- _____ Special Instructions _____

My Signature below indicates the above information is true and correct:

Parent/Guardian: _____ Signature: _____

Date: _____

Lafayette Regional School
Medication Information/Release Form

STUDENT'S NAME: _____ **GRADE:** ____ **DOB:** _____

MEDICAL INFORMATION

Primary Physician: _____ Phone #: _____

If your child has had any serious illness, surgery, hospitalization, and/or medical treatment, please explain: _____

INSURANCE INFORMATION

Insurance Company: _____ Policy#: _____

ALLERGY

Please list all known medical/food allergies: _____

Other medical concerns: _____

NON-PRESCRIPTION MEDICATION RELEASE

(PLEASE CHECK ONE BOX FOR EACH MEDICATION)

<u>Name Of Medication</u>	<u>Administer at Student Request</u>	<u>Administer AFTER call to parent</u>	<u>DO NOT Administer</u>
Acetaminophen (Tylenol)			
Ibuprofen (Advil)			
Diphenhydramine (Benadryl)			
Antacid (Tums)			
Bug Spray			
Sun Screen (Parent Must Provide)			

CONTACT INFORMATION FOR MEDICATION(S)

1. Name: _____ Phone: _____ Email: _____

2. Name: _____ Phone: _____ Email: _____

OTHER:

Have there been any changes in the family and/or at home that may effect your child's work at school: _____

I hereby authorize and request the exchange of immunization information verbally and/or in writing between Lafayette Regional School and my child's physician: _____ (physician's name)

I authorize the school's representative to transport, request, and authorize treatment for my son/daughter in the event of an accidental injury or illness. I agree that I will not hold this individual liable while he/she is acting according to these directions.

Parent/Guardian Signature: _____ Date: _____

Lafayette Regional School Permission to Publish

As part of the educational program at Lafayette Regional School, your son/daughter will have the opportunity to publish documents and participate in projects on the school website, newspapers, and in other media. This is an exciting and enriching opportunity for our students to showcase their work in a variety of forums.

Student-generated work may include:

- A story, article, or poem
- Art work
- A science or research project
- A photograph from a club, class, or school-wide activity
- A collaborative project
- Animations and documentaries
- Podcasts and videocasts

The following guidelines will be adhered to:

- Photographs or videos may identify an activity or event and where appropriate, the grade level, and/or teacher. No other identifying information shall be included.
- Student-generated work may include first name and grade level but will not include any other identifying information. A student's first and last name, phone number, street address, or post office box may not be included.
- Documents must follow the District's Website Publishing Policy (KDC.)
- Any photograph or posting of work on the school website will be removed upon written request of the parent/guardian.

The safety of all students is of utmost importance. Lafayette Regional School will publish documents only with the written permission of a parent/guardian.

If you need more information, please don't hesitate to contact Aaron Goldman, Technology Integration Specialist.

Please sign the enclosed Permission to Publish Form to indicate your preference for this school year and return it to your child's teacher.

Permission to Publish

I **give permission** for my child, (please print) _____
to publish documents or videos on the Lafayette Regional School website
(www.lafayetteregional.org) as described above. Additionally, I give permission to
have student-generated work and photographs of my child appear in other
media, including local newspapers, the school newspaper, and the school annual
yearbook, following the stated guidelines above. Rare instances of local or
national television spots will be addressed on an individual basis.

Parent/guardian signature: _____

Date: _____

OR

I **do not give permission** for my child, (please print) _____
to publish documents or videos on the Lafayette Regional School website
(www.lafayetteregional.org) as described above. I also do not give permission to
have student-generated work or photographs of my child appear in other media,
including local newspapers, the school newspaper, or the school annual
yearbook, following the stated guidelines above. Rare instances of local or
national television spots will be addressed on an individual basis.

Parent/guardian signature: _____

Date: _____



TECHNOLOGY RESOURCES ACCEPTABLE USE AGREEMENT

Student Signature Page

Agreement and Responsibility

Each student and his/her parent or guardian must acknowledge receipt of the information contained in this Agreement by means of signing and returning this page to the Lafayette Regional School District.

The combined signatures indicate the student and parent/guardian have carefully read, understand, and agree to follow the terms and conditions of appropriate use.

STUDENT:

My Promise to Follow the Rules:

My parent or guardian has reviewed the Acceptable Use Agreement with me. I understand the importance of being polite, respectful, honest, and the need to obey the rules for the use of the computer, Internet, and other technology resources. If I break these rules, my teacher, my principal or the Lafayette Regional School District may take away my privilege to use the school's technology tools and I may have other disciplinary or legal action taken. I promise to follow the rules.

Student Name (please print): _____ Grade: _____

Student Signature: _____ Date: _____

PARENT OR GUARDIAN:

As the parent or guardian of the above named student, I have read this Acceptable Use Agreement and understand the terms and conditions of use which my student must follow. I also understand that Internet services provided by LAF are filtered and that the use of LAF technology resources may be monitored. I understand my child may be disciplined for inappropriate or unacceptable use of LAF technology resources.

Parent/Legal Guardian (please print): _____

Signature: _____ Date: _____

**PLEASE READ AND SIGN THIS AGREEMENT
AND RETURN SIGNATURE PAGE TO LAFAYETTE REGIONAL SCHOOL.**

For the Student

Lafayette Regional School District provides computers, the Internet, and other technology resources for educational use. As a student, I must **act appropriately online** and follow these rules:

1. I will only use technology resources with the **teacher's permission** and for the purpose the teacher requests.
2. I will respect **copyright laws** and will make sure to show where I found information and will not copy it without permission.
3. I will be **polite and show respect** and never **cyber-bully** others. I will never post or send messages or pictures that hurt, threaten or embarrass other people and if someone cyber-bullies me or sends me inappropriate pictures or messages, I will tell my parents or teacher right away.
4. I will **stay safe** on the Internet. When I am on social networking sites, in chat rooms, or on other sites that ask for information about me, I will not share personal information about myself or others like: home address, phone numbers, passwords, personal photos, or Social Security Numbers. If anyone on the Internet tries to meet with me, I will refuse and tell my parents or teachers immediately.
5. I will **tell my teacher immediately** if I or someone else accidentally opens an inappropriate web site or page; or if I see someone breaking any of the rules about using technology resources.
6. I will respect the technology resources and **take good care** of the equipment.
7. I will **only use passwords** that have been given to me by the teacher.
8. I will not put any disks or portable drives into the computer unless they are **approved by the teacher**.
9. I will **not buy or sell** anything using the school's computers or technology resources.
10. I will receive **one pair of headphones** at the start of the year; if I damage these headphones it is my responsibility to supply my own headphones for the rest of the school year.