



DIRECTORY/MEDIA RELEASE FORM

Student's Name: _____

Grade: _____ Homeroom: _____

Directory Information

Information contained in the educational record of an enrolled student is hereby designated as directory information and may NOT be disclosed by school officials without the prior consent of parent or eligible student, except the following:

- The student's name
- The student's photograph/yearbook
- The student's grade level
- The student's participation in officially recognized activities and sports
- The student's weight and height as a member of an athletic team
- Honors and awards received by the student
- Alumni parent or student addresses

A parent or eligible student may refuse to allow Norwalk School officials to designate any or all of the above listed types of information as directory information. Any such refusal must be made in writing to and must be received by the principal.

YES, I AGREE

NO, I DO NOT AGREE

Today' Date: _____

Parent/Guardian Signature: _____

Media Access Policy Permission

The Norwalk Public Schools require written consent of parent(s) or guardian(s) before the students are interviewed, filmed or photographed by media representatives. During the coming school year, your child may be involved in an activity with the media at our school; therefore, we ask you to kindly sign the releases below.

I give permission for my child to be interviewed, photographed, and/or filmed by media representatives during the current school year.

YES, I AGREE

NO, I DO NOT AGREE

I give permission for my child to have photo(s) and/or schoolwork published on the school website using first name only.

YES, I AGREE

NO, I DO NOT AGREE

I give permission to share my home address, e-mail, and phone number to Norwalk Public Schools PTOC and schools' PTO.

YES, I AGREE

NO, I DO NOT AGREE

Today' Date: _____

Parent/Guardian Signature: _____



FORMULARIO DE PERMISO PARA DIRECTORIO / MEDIOS

Nombre del Estudiante: _____

Grado: _____ Salón: _____

Información del Directorio

La información contenida en el expediente educativo de un estudiante matriculado NO se podrá divulgar por funcionarios de las escuelas sin el consentimiento previo de los padres o el estudiante elegible, excepto la información del directorio. La información del directorio es información que NO se considera perjudicial o una invasión de la privacidad si es revelada. El siguiente es considerado como información del directorio:

- El nombre del estudiante
- Fotografía / anuario del estudiante
- Nivel de grado del estudiante
- La participación del estudiante en actividades y deportes oficialmente reconocidos
- El peso del estudiante y la altura como miembro de un equipo deportivo
- Honores y premios recibidos por el estudiante
- Dirección de padre/madre ex alumno o estudiante

Un padre/madre o estudiante elegible puede negarse a permitir que los funcionarios escolares designen uno o todos los tipos de información del directorio. Tal denegación deberá hacerse por escrito y debe de ser recibida por el director de la escuela.

SÍ, ESTOY DE ACUERDO

NO ESTOY DE ACUERDO

Fecha de hoy: _____

Firma del padre o encargado: _____

Póliza de Permiso de Acceso a Medios de Comunicación

Las Escuelas Públicas de Norwalk requieren el consentimiento por escrito de padres o encargados antes de que los estudiantes sean entrevistados, filmados o fotografiados por los representantes de los medios de comunicación. Durante el próximo año escolar su hijo/a puede estar involucrado/a en una actividad con los medios de comunicación en nuestra escuela, por lo tanto, le pedimos que por favor que marque las casillas correspondientes y firme el formulario de autorización.

Doy permiso para que mi hijo/a sea entrevistado, fotografiado y/o filmado por los representantes de los medios de comunicación durante este año escolar.

SÍ, ESTOY DE ACUERDO

NO ESTOY DE ACUERDO

Doy permiso para que mi hijo/a tenga foto(s) y/o trabajo escolar publicado en la página electrónico de la escuela con su nombre solamente.

SÍ, ESTOY DE ACUERDO

NO ESTOY DE ACUERDO

Doy permiso a que la Organización de Padres de las Escuelas de Norwalk tengan acceso a mi dirección, correo electrónico y número telefónico.

SÍ, ESTOY DE ACUERDO

NO ESTOY DE ACUERDO

Fecha de hoy: _____

Firma del padre o encargado: _____



ACCEPTABLE INTERNET USE AGREEMENT

STUDENT ACKNOWLEDGEMENT:

I understand and agree to the terms of the Norwalk Public Schools Acceptable Use Policy. I understand that any violation of these terms may result in the loss of Internet access privileges through the Norwalk Public Schools network, the imposition of disciplinary measures and legal action. I also agree to report any known or suspected misuse of the network or the Internet to the system administrator or teacher. Misuse may exist in many forms and shall include (but not be limited to) any messages sent or received that are obscene, racist, defamatory, illegal, or otherwise in violation of school district policy.

All of the rules of conduct described in the Norwalk Public Schools Acceptable Use Policy apply when I am on the Norwalk Public Schools' network access to Internet.

Room # _____ Student: _____

Date: _____

PARENT OR GUARDIAN ACKNOWLEDGEMENT:

As the parent or guardian of the above named student, I have read the attached Norwalk Public Schools Acceptable Use Policy and understand that access to and utilization of the Norwalk Public Schools Network for Internet access is designed for educational purposes. I understand that it is impossible for the Norwalk Public Schools to restrict access to all controversial materials, and I will not hold the school district responsible for material acquired from the Internet. I also agree to report any known or suspected misuse of the network or the Internet to the school district system administrator. Misuse may exist in many forms and shall include (but not be limited to) messages sent or received that are obscene, racist, defamatory, illegal or otherwise in violation of school district policy.

I accept full responsibility for supervision of my child if, and when, my child's use of a computer or access to the Internet is not in a school setting or on school property.

I hereby give permission for my child to use the Norwalk Public Schools' network to access the Internet and to be issued a Norwalk Public Schools Internet account.

Parent/Guardian: _____

Date: _____



ACUERDO ACEPTABLE PARA EL USO DE LA INTERNET

ACUERDO DEL ESTUDIANTE:

Entiendo y estoy de acuerdo con las leyes adjuntas de la Política del Uso Aceptable de las Escuelas Públicas de Norwalk. Entiendo que la violación de dichas leyes pueden resultar en la pérdida de privilegios del uso de las red de información de las Escuelas Públicas de Norwalk, la imposición de castigo disciplinario y acción legal. Yo también estoy de acuerdo de reportar al administrador o maestro cualquier sospecha de que el sistema no se está usando como debe ser. El mal uso puede existir en muchas formas y puede incluir (pero no está limitado a) mensajes mandados o recibidos que son vulgares, racistas, calumniosos, ilegales, o que en otra manera violan la política del distrito escolar.

Todas las reglas de conducta descritas en la Política Aceptable del Uso de las Escuelas Públicas de Norwalk, se aplican cuando yo estoy usando el sistema de red de información de las Escuelas Públicas de Norwalk.

Numero de Salon: _____ Estudiante: _____

Fecha: _____

ACUERDO DEL PADRE/GUARDIÁN:

Como el padre o guardián del estudiante nombrado arriba, you he leído la Política del Uso Aceptable de las Escuelas Públicas de Norwalk y entiendo que el acceso y utilización de la red de comunicaciones para el uso del Internet fue designado con propósitos educativos. Y entiendo que es imposible por las Escuelas Públicas de Norwalk limitar el acceso de todos los materiales controversiales y que las Escuelas Públicas no son responsables por los materiales adquiridos por medio del Internet. También estoy de acuerdo de reportar al administrador del distrito escolar cualquier misuso de la Internet. El mal uso puede existir en muchas formas que pueden incluir (pero no está limitado a) mensajes enviados o recibidos que son vulgares, racistas, defamadores, ilegales o en cualquier otra forma violan la política del distrito escolar.

Yo acepto responsabilidad de supervisar a mi hijo/a si, y cuando mi hijo/a usa una computadora o tiene acceso a la Internet en otro lugar que no sea un lugar o propiedad escolar.

Yo doy permiso para que mi hijo/a use la red de información de las Escuelas Públicas de Norwalk para tomar acceso al Internet y para que se le dé una cuenta por medio de las Escuelas Públicas de Norwalk.

Padre/Guardián: _____

Fecha: _____

NORWALK PUBLIC SCHOOLS
125 East Avenue, Norwalk, CT 06851

HEALTH REQUIREMENTS FOR NEW ENROLLEES 2017-2018

1. Documentation of complete physical exam (with Hemoglobin) done within one year of entering and recorded on the State of Connecticut Department of Education Health Assessment Record (blue form);
 Preschool -State of CT Early Childhood Health Assessment Record (yellow form).
2. Risk assessment for Tuberculosis; appropriate follow-up, as needed.
3. Evidence of adequate immunization status:

Preschool	DTaP	4 doses by 18 months
	Polio	3 doses by 18 months
	MMR	1 dose on or after the 1 st birthday
	Hepatitis B	3 doses, last dose on or after 24 weeks of age
	Varicella	1 dose on or after the 1 st birthday; or verification of disease
	Hib	1 dose on or after the 1 st birthday
	Pneumococcal	1 dose on or after the 1 st birthday
	Influenza	1 dose each year between August 1 – December 31 (2 doses at least 28 days apart for those receiving flu for the first time)
	Hepatitis A	2 doses given 6 calendar months apart, 1 st dose on or after 1 st birthday
Kindergarten	DTaP	at least 4 doses, last dose must be on or after the 4 th birthday
	Polio	at least 3 doses, last dose must be on or after the 4 th birthday
	MMR	2 doses at least 28 days apart, 1 st dose on or after 1 st birthday
	Hepatitis B	3 doses, last dose on or after 24 weeks of age
	Varicella	2 doses at least 3 months apart, 1 st dose on or after 1 st birthday; or verification of disease
	Hib	1 dose on or after 1 st birthday for children less than 5 years old
	Pneumococcal	1 dose on or after 1 st birthday for children less than 5 years old
	Hepatitis A	2 doses given six calendar months apart, 1 st dose on or after 1 st birthday

Grade 1-5	DTaP	at least 4 doses, last dose given on or after 4 th birthday; students who start series at age 7 or older only need a total of 3 doses
	Polio	At least 3 doses. The last dose must be given on or after 4 th birthday
	MMR	2 doses at least 28 days apart, 1 st dose on or after 1 st birthday
	Hepatitis B	3 doses, last dose on or after 24 weeks of age
	Varicella	2 doses at least 3 months apart, 1 st dose on or after 1 st birthday; or verification of disease
	Hepatitis A	2 doses given 6 calendar months apart, 1 st dose on or after 1 st birthday
Grade 6	DTaP/Td	at least 4 doses, last dose on or after 4 th birthday; students who start series at age 7 or older only need a total of 3 doses
	Polio	at least 3 doses, last dose on or after 4 th birthday
	MMR	2 doses separated by at least 28 days, 1 st dose on or after the 1 st birthday
	Hepatitis B	3 doses, last dose on or after 24 weeks of age
	Varicella	2 doses separated by at least 3 months-1 st dose on or after the 1 st birthday; or verification of disease
Grades 7-12	Tdap/Td	1 dose for students who have completed their primary DTaP series. Students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine, one of which must be Tdap
	Polio	At least 3 doses. The last dose must be given on or after the 4 th birthday
	MMR	2 doses separated by at least 28 days, 1 st dose on or after the 1 st birthday
	Meningococcal	1 dose
	Hepatitis B	3 doses, last dose on or after 24 weeks of age
	Varicella	2 doses separated by at least 3 months, 1 st dose on or after 1 st birthday; or verification of the disease



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 I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

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

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 I — 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 II — Medical Evaluation

HAR-3 REV. 4/2012

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 I 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: <u>Right</u> <u>Left</u>	Type: <u>Right</u> <u>Left</u>		
With glasses 20/ 20/	<input type="checkbox"/> Pass <input type="checkbox"/> Pass	*HCT/HGB:	
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 Allergies No Yes: Food Insects Latex Unknown source
 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
---	-------------	---

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 for 7th grade entry
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	*	*				PK and K (born 1/1/2007 or later)
Hep B	*	*	*			Required PK-12th grade
Varicella	*	*				2 doses required for K & 7th grade as of 8/1/2011
PCV	*					PK and K (born 1/1/2007 or later)
Meningococcal	*					Required for 7th grade entry
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 _____
Recertify Date _____ Recertify Date _____ Recertify Date _____

Immunization Requirements for Newly Enrolled Students at Connecticut Schools

KINDERGARTEN

- DTaP: At least 4 doses. The last dose must be given on or after 4th birthday.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart – 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after 1st birthday (Children 5 years and older do not need proof of Hib vaccination).
- Pneumococcal: 1 dose on or after 1st birthday (born 1/1/2007 or later and less than 5 years old).
- Hep A: 2 doses given six months apart-1st dose on or after 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: For students enrolled before August 1, 2011, 1 dose given on or after 1st birthday; for students enrolled on or after August 1, 2011 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease*.

GRADES 1-6

- DTaP /Td/Tdap: At least 4 doses. The last dose must be given on or after 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. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart-1st dose on or after the 1st birthday.
- Hep B: 3 doses – the last dose on or after 24 weeks of age.
- Varicella: 1 dose on or after the 1st birthday or verification of disease*.

GRADE 7

- Tdap/Td: 1 dose of Tdap for students 11 yrs. or older enrolled in 7th grade who completed their primary DTaP series; For those students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are needed, one of which must be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart – 1st dose on or after the 1st birthday.
- Meningococcal: one dose for students enrolled in 7th grade.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease*.

GRADES 8-12

- Td: At least 3 doses. Students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine one of which should be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart-1st dose on or after the 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: For students <13 years of age, 1 dose given on or after the 1st birthday. For students 13 years of age or older, 2 doses given at least 4 weeks apart or verification of disease*.

* Verification of disease: Confirmation in writing by a 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 nation-wide 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
---	-------------	---



NORWALK PUBLIC SCHOOLS

125 East Avenue

Norwalk, Connecticut 06852

Phone: 203-854-4000 Fax: 203-838-3299

WRITTEN CONSENT FOR TRANSFER OF CONFIDENTIAL INFORMATION

Student's Name: _____ DOB: _____

Student's Address: _____ City: _____ State: _____ Zip: _____

Primary Guardian Home Phone: _____ Primary Guardian Cell Phone: _____

I hereby request that Norwalk Public Schools release and/or obtain the following confidential information regarding my child:

- _____ Special Education Records & Related Information (IEP, PPT Minutes, Psychological, Psychiatric, Speech/Language, Learning Disability)
- _____ Standardized Test Scores
- _____ Grades/Transcripts/Attendance
- _____ Expulsion and Suspension Records
- _____ Medical/Health Record (including immunization history)
- _____ Verbal Communication
- _____ Other as specified: _____

PLEASE **RELEASE** THE FOLLOWING INFORMATION TO: _____

PLEASE **OBTAIN** THE FOLLOWING INFORMATION FROM: _____

Signature: _____ Date: _____

Print Name: _____

Relationship to Student: _____

FOR NORWALK PUBLIC SCHOOLS USE:		
The identified records have been released as per the above request on the date indicated below:		
_____	_____	_____
Date	School Name	School Representative