

HOLYOKE PUBLIC SCHOOLS

A PATHWAY FOR EVERY STUDENT



STUDENT ENROLLMENT PACKET

STUDENT ENROLLMENT & FAMILY EMPOWERMENT CENTER

57 Suffolk Street, First Floor

(413) 534-2000 option 1

Enrollment by Appointment

HOLYOKE PUBLIC SCHOOLS

Documents Required for Enrollment

In order to enroll your student or change the address on file, the student's parents or legal guardian must show proof of legal residence, current occupancy in the City of Holyoke, and identification for the child and the parent(s). The Attendance Zone in which the student lives determines the school assignment. To check your school attendance zone, visit <http://hosting.tighebond.com/AttendanceLocator>. Families whose primary residence is outside of Holyoke are not eligible to attend Holyoke Public Schools unless they file an application and are accepted through the School Choice program to attend our schools.

Applicants must submit as indicated below. **We will not accept incomplete applications.** We will reschedule your enrollment appointment if documentation is not complete. Call our office with questions - (413) 534-2000.

**The documentation requirements do not apply to students who are homeless.

Column A: Residency <u>Submit ONE Document</u>	Column B: Occupancy <u>Submit ONE Document</u>	Column C: Identification <u>Submit ALL Documents</u>
<ul style="list-style-type: none"> ● Copy of Deed AND/OR record of most recent mortgage payment (less than 60 days) ● Copy of signed lease, rental agreement, section 8 agreement, or purchase and sales agreement ● Legal affidavit from landlord affirming tenancy identifying all occupants, AND record of most recent rent payment ● If living with friends or relatives, a letter from the person who has the lease/mortgage in their name, stating the address, phone, and dates when the student's family is going to be living with them. We will also require a copy of this person's ID and a recent utility bill. 	<p>Utility bill dated within the past 60 days, including:</p> <ul style="list-style-type: none"> ● Gas bill ● Electricity, Oil bill ● Water/Sewer bill ● Home telephone bill (<u>not</u> cell phone bill) ● Cable TV bill ● Letter from an approved government agency (Social Security, WIC, disability payment stubs, etc.) ● Payroll stub (last 30 days) ● Bank or credit card statement 	<ul style="list-style-type: none"> ● Parent/Guardian valid photo ID (driver's license, passport, Massachusetts ID card, military ID, etc.) ● Proof of Student's age (e.g. birth certificate, passport, hospital record, I-94) ● Child's physical health exam within the last 12 months (or proof of upcoming appointment within 30 days) ● Child's current immunization record ● Lead test <p>IF APPLICABLE:</p> <ul style="list-style-type: none"> ● Special Education Documentation (copy of Individual Educational Plan (IEP) or 504 Plan) ● Legal Guardianship Documentation (copy of Mittimus or court/agency papers confirming guardianship) ● Proof that adult is seeking guardianship (copy of petition form for guardianship, stamped and dated by the court with docket number indicated)

MEDICAL DOCUMENTATION REQUIREMENTS

Massachusetts State Law states that ***no child shall be admitted to school*** without a physical examination conducted within one year prior to entrance or within 30 days after school entry. Also, a lead test must be performed prior to entry into either preschool or kindergarten.

REQUIRED TESTS	PRESCHOOL & KINDERGARTEN	GRADES 1 - 12
Physical Examination	Within the last 12 months (or proof of upcoming appointment within 30 days)	Within the last 12 months (or proof of upcoming appointment within 30 days)
Lead Test	Test complete prior to entry	

Massachusetts State Law states that ***no child shall be admitted to school*** without presenting a physician or a clinic's certificate stating that the child has been immunized against the following:

REQUIRED VACCINATIONS	PRESCHOOL	GRADES K-6	GRADES 7-12
Hib	1-4 doses		
DTaP	4 doses	5 doses (4 if 4 th dose is given on or after 4 th birthday)	1 dose (and history of DTaP primary series or catch-up)
Polio	3 doses	4 doses	4 doses
Hepatitis B	3 doses (or evidence of immunity)	3 doses (or evidence of immunity)	3 doses (or evidence of immunity)
MMR	1 dose	2 doses	2 doses
Varicella	1 dose	2 doses	2 doses

Student Enrollment Form

Date: _____

Student name: _____
(as it appears on birth certificate) Last First Middle

Date of Birth: _____ **Current Age:** _____

Gender: Male _____ Female _____ Non-Binary _____ Prefer not to identify _____

School Year: _____ **Student Grade Enrollment:** _____

Race and Ethnicity (optional):

_____ White-Caucasian _____ Hispanic or Latino
_____ Black or African American _____ Asian
_____ American Indian or Alaska Native _____ Native Hawaiian or Other Pacific Islander

City of Birth: _____ **State/Country of Birth:** _____

Previous School (if applicable): _____

Previous School Address (if applicable): _____

Has the student ever attended public school in Holyoke? Yes _____ No _____

If the answer is YES - Name of School: _____ Grade Last Attended: _____

SPECIAL EDUCATION:

Is your child **currently** receiving special education services? Yes _____ No _____
If the answer is YES, **you must provide all documentation (IEP and/or 504)**

Has your child received special education in previous grades? Yes _____ No _____
If the answer is YES, **please provide all documentation** and indicate in which grade(s):

IFSP _____ PreK _____ Kinder _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____
8 _____ 9 _____ 10 _____ 11 _____ 12 _____

ENGLISH LANGUAGE LEARNER:

Is your child **currently** receiving services as an English Language Learner?? Yes _____ No _____
If the answer is YES, **please provide any documentation.**

Has your child received services as an English Language Learner before? Yes _____ No _____
If the answer is YES, **please provide any documentation** and indicate in which grade(s):

PreK _____ Kinder _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____
9 _____ 10 _____ 11 _____ 12 _____

Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information			
_____	_____	_____	F <input type="checkbox"/> M <input type="checkbox"/> Gender
First Name	Middle Name	Last Name	
_____	_____/_____/_____	_____/_____/_____	
Country of Birth	Date of Birth (mm/dd/yy)	Date First Enrolled in ANY U.S. school (mm/dd/yy)	
School Information			

_____	_____	_____	
Start Date in New School (mm/dd/yy)	Name of Former School and Town	Current Grade	
Questions for Parents and Guardians			

What is the primary language used in the home, regardless of the language spoken by the student? _____	Which language(s) are spoken with your child? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
What language did your child first understand and speak? _____	Which language do you use most with your child? _____
How many years has the student been in U.S. Schools? (not including pre-kindergarten) _____	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____
Parent/Guardian Signature: X	_____/_____/20 Today's Date: (mm/dd/yyyy)

RESIDENCY

Residency is defined as the place where a person has his/her permanent home. For minor children, this is assumed to be the legal residence of the parent(s) or legal guardian(s) who has physical custody of the minor child and where the child sleeps every night. The district reserves the right to verify residency through the Attendance Officer or Holyoke Police Department. Contact us if you don't have a Holyoke address and would like information about registering in Holyoke Public Schools through the School Choice program.

By providing the address below I am certifying this is my child's actual residence in Holyoke (except if I have requested admission through the School Choice program). I commit to notifying the school immediately if I change addresses.

Student residential address:

Number Street Apartment number

City State Zip

Home Phone: _____ Cell Phone: _____

Other Phone: _____

Student mailing address:

Number Street Apartment number

City State Zip

Home Phone: _____ Cell Phone: _____

Other Phone: _____

Mark ALL options that apply

The child's legal guardian is:

Mother _____ Father _____ Parents _____ Guardian or Foster Parent _____

Sibling _____ Other relative (specify) _____

The child lives with:

Mother _____ Father _____ Guardian or Foster Parent _____

Authorized Caregiver (based on M.G.L. c.201F) _____ Seeking Guardianship _____

CONTACT INFORMATION

IMPORTANT NOTE: Holyoke Public Schools uses an automated communication system that delivers phone, email and text messages to families on a regular basis and in case of emergencies. Please indicate up to two phone numbers on which you would like to receive these messages. It is essential for you to communicate any phone changes immediately to your child's school so they can locate you in case of an emergency and you can receive notifications about weather-related closures or delays.

Name of Parent/Guardian/Foster Parent 1: _____

Relationship to student: _____

Home phone _____

Use this number for district/school notifications:

Yes _____ No _____

Cell phone _____

Yes _____ No _____

Work phone _____

Other phone _____

Yes _____ No _____

Use this email for district/school notifications:

Email _____

Yes _____ No _____

Occupation _____ Place of Employment _____

Home Address (if different from student) _____

Mailing Address (if different) _____

Name of Parent/Guardian/Foster Parent 2: _____

Relationship to student: _____

Is there any reason this person should not receive school mailings? If yes, please describe and provide relevant documentation (court order, divorce decree, etc.) that supports your position.

Home phone _____

Use this number for district/school notifications:

Yes _____ No _____

Cell phone _____

Yes _____ No _____

Work phone _____

Other phone _____

Yes _____ No _____

Use this email for district/school notifications:

Email _____

Yes _____ No _____

Occupation _____ Place of Employment _____

Home Address (if different from student) _____

Mailing Address (if different) _____

Family Language Preference Survey: Parent/Guardian/Foster Parent 1

It is important that all parents and guardians be able to meaningfully participate in their child’s education. To help with that, we want to communicate with you in a language you best understand. Please answer the questions below so we know what language to use when we send home information about your child, and his or her educational opportunities.

This will allow us to send you all important documents, such as invitations to parent-teacher conferences, report cards, progress reports and evaluations, releases and authorizations, in the language you choose. If you check the box below, requesting an interpreter for scheduled meetings regarding your child, we will provide a competent interpreter for important planned meetings. We will also make every effort to obtain a competent interpreter for impromptu conversations with teachers and staff.

If your child receives special education services, we will give you translated special education documents before meetings at which they are discussed. We will not ask you to sign a document in English that you do not understand. If you have requested it, by checking the box below, we will have a competent interpreter at meetings regarding your child’s special education needs. We will not use your child, other students, siblings, friends or staff members involved in your child’s education, as interpreters for special education meetings.

I, _____, am a parent/guardian of (child’s name) _____ entering grade _____.

Please check here if you **do not need** interpretation or translation services: _____

Please check here if you want **important documents** sent to you in **Spanish**: _____

Please check here if you need a **Spanish interpreter** for scheduled meetings with school staff: _____

Is your child receiving or has your child been identified as needing special education services? _____

If yes, please check here if you want special education documents sent to you in Spanish: _____

Please check here if you need an interpreter at special education meetings: _____

If you need documents translated into a **language other than Spanish or English**, please list that here _____ and check the box on the following page.

- | | |
|---|--|
| <input type="checkbox"/> Unë flas shqip (Albanian) | <input type="checkbox"/> N a po Klào Win. |
| <input type="checkbox"/> አማርኛ (Amharic) | <input type="checkbox"/> ຂ້າພະເຈົ້າເວົ້າ ພາສາລາວ. |
| <input type="checkbox"/> انا اتكلم اللغة العربية. (Arabic) | <input type="checkbox"/> Yie gorngv Mienh waac. (Mien) |
| <input type="checkbox"/> Ես խոսում եմ հայերեն (Armenian) | <input type="checkbox"/> म नेपाली बोल्छु (Nepali) |
| <input type="checkbox"/> বাংলা (Bengali) | <input type="checkbox"/> Mówię po polsku. (Polish) |
| <input type="checkbox"/> Ja govorim bosanski jezik (Bosnian) | <input type="checkbox"/> Eu falo Português. (Portuguese) |
| <input type="checkbox"/> ငါမြန်မာစကားပြောဆို (Burmese) | <input type="checkbox"/> ਮੈਂ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹਾਂ (Punjabi) |
| <input type="checkbox"/> 我说中文 (Chinese Simplified) | <input type="checkbox"/> Cunosc limba Română. (Romanian) |
| <input type="checkbox"/> 我說中文 (Chinese Traditional) | <input type="checkbox"/> Я говорю по-русски. (Russian) |
| <input type="checkbox"/> Ja govorim hrvatski. (Croatian) | <input type="checkbox"/> Ou te tautala faaSamoa. (Samoan) |
| <input type="checkbox"/> اینجانب به زبان فارسی صحبت می کنم (Farsi) | <input type="checkbox"/> Govorim srpski. (Serbian) |
| <input type="checkbox"/> Je parle français. (French) | <input type="checkbox"/> Waxaan ku hadlaa Somali. (Somali) |
| <input type="checkbox"/> Je parle le Français haïtien (French Creole) | <input type="checkbox"/> أتحدث السودانية (لغوي سوداني) (Sudanese) |
| <input type="checkbox"/> Μιλώ ελληνικά. (Greek) | <input type="checkbox"/> Marunong po akong magsalita ng Tagalog. (Tagalog) |
| <input type="checkbox"/> ຂໍ ວາຈາລາ ພາສາ ຊື່ (Gujarati) | <input type="checkbox"/> ข้าพเจ้าพูด ภาษาไทย (Thai) |
| <input type="checkbox"/> Mwen pale Kreyòl. (Haitian Creole) | <input type="checkbox"/> Я розмовляю українською. (Ukrainian) |
| <input type="checkbox"/> मैं हिंदी बोलता हूँ (Hindi) | <input type="checkbox"/> میں اردو بولتا/ بولتی ہوں. (Urdu) |
| <input type="checkbox"/> Kuv hais lus hmoob. (Hmong) | <input type="checkbox"/> Tôi nói tiếng Việt. (Vietnamese) |
| <input type="checkbox"/> Ana m a sụ Igbo (Igbo) | <input type="checkbox"/> יידיש רעד אײך (Yiddish) |
| <input type="checkbox"/> Parlo Italiano (Italian) | <input type="checkbox"/> Mo gbọ Yoruba (Yoruba) |
| <input type="checkbox"/> 私は日本語を話します (Japanese) | |
| <input type="checkbox"/> Mi chat Jamiekan langwjjij (Jamaican Creole) | |
| <input type="checkbox"/> yktikqkfl! | |
| <input type="checkbox"/> ខ្ញុំនិយាយភាសាខ្មែរ (Khmer) | |
| <input type="checkbox"/> 본인의 모국어는 한국어입니다 (Korean) | |
| <input type="checkbox"/> ئە ز زمانێ کوردی ده ناخفم. (Kurdish) | |

Family Language Preference Survey: Parent/Guardian/Foster Parent 2

It is important that all parents and guardians be able to meaningfully participate in their child’s education. To help with that, we want to communicate with you in a language you best understand. Please answer the questions below so we know what language to use when we send home information about your child, and his or her educational opportunities.

This will allow us to send you all important documents, such as invitations to parent-teacher conferences, report cards, progress reports and evaluations, releases and authorizations, in the language you choose. If you check the box below, requesting an interpreter for scheduled meetings regarding your child, we will provide a competent interpreter for important planned meetings. We will also make every effort to obtain a competent interpreter for impromptu conversations with teachers and staff.

If your child receives special education services, we will give you translated special education documents before meetings at which they are discussed. We will not ask you to sign a document in English that you do not understand. If you have requested it, by checking the box below, we will have a competent interpreter at meetings regarding your child’s special education needs. We will not use your child, other students, siblings, friends or staff members involved in your child’s education, as interpreters for special education meetings.

I, _____, am a parent/guardian of (child’s name) _____ entering grade ____.

Please check here if you **do not need** interpretation or translation services: _____

Please check here if you want **important documents** sent to you in **Spanish**: _____

Please check here if you need a **Spanish interpreter** for scheduled meetings with school staff: _____

Is your child receiving or has your child been identified as needing special education services? _____

If yes, please check here if you want special education documents sent to you in Spanish: _____

Please check here if you need an interpreter at special education meetings: _____

If you need documents translated into a **language other than Spanish or English**, please list that here _____

and check the box on the following page.

- | | |
|---|--|
| <input type="checkbox"/> Unë flas shqip (Albanian) | <input type="checkbox"/> N a po Klào Win. |
| <input type="checkbox"/> አማርኛ (Amharic) | <input type="checkbox"/> ຂ້າພະເຈົ້າເວົ້າ ພາສາລາວ. |
| <input type="checkbox"/> انا اتكلم اللغة العربية. | <input type="checkbox"/> Yie gorngv Mienh waac. (Mien) |
| <input type="checkbox"/> Ես խոսում եմ հայերեն (Armenian) | <input type="checkbox"/> म नेपाली बोल्छु (Nepali) |
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| <input type="checkbox"/> 我說中文 (Chinese Traditional) | <input type="checkbox"/> Я г о в о р ю п о - р у с с к и . (Russian) |
| <input type="checkbox"/> Ja govorim hrvatski. (Croatian) | <input type="checkbox"/> Ou te tautala faaSamoa. (Samoan) |
| <input type="checkbox"/> اینجانب به زبان فارسی صحبت می کنم (Farsi) | <input type="checkbox"/> Govorim srpski. (Serbian) |
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| <input type="checkbox"/> Je parle le Français haïtien (French Creole) | <input type="checkbox"/> أتحدث السودانية (لغوي سوداني) (Sudanese) |
| <input type="checkbox"/> Μ ι λ ά ω ε λ λ η ν ι κ ά λ ι . (Greek) | <input type="checkbox"/> Marunong po akong magsalita ng Tagalog. (Tagalog) |
| <input type="checkbox"/> ડું ગુજરાતી બોલુ છું (Gujarati) | <input type="checkbox"/> ข้าพเจ้าพูด ภาษาไทย (Thai) |
| <input type="checkbox"/> Mwen pale Kreyòl. (Haitian Creole) | <input type="checkbox"/> Я р о з м о в л я ю у к р а ї н с ь к о ю . (Ukrainian) |
| <input type="checkbox"/> मैं हिंदी बोलता हूँ (Hindi) | <input type="checkbox"/> میں اردو بولتا/ بولتی ہوں . (Urdu) |
| <input type="checkbox"/> Kuv hais lus hmoob. (Hmong) | <input type="checkbox"/> Tôi nói tiếng Việt. (Vietnamese) |
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| <input type="checkbox"/> Parlo Italiano (Italian) | <input type="checkbox"/> Mo gbọ Yoruba (Yoruba) |
| <input type="checkbox"/> 私は日本語を話します (Japanese) | |
| <input type="checkbox"/> Mi chat Jamiekan langwjjij (Jamaican Creole) | |
| <input type="checkbox"/> yk t i k q k f l i . | |
| <input type="checkbox"/> ខ្ញុំនិយាយភាសាខ្មែរ (Khmer) | |
| <input type="checkbox"/> 본인의 모국어는 한국어입니다 (Korean) | |
| <input type="checkbox"/> ئە ز زمانى كوردى ده ناخفم. (Kurdish) | |

STUDENT EDUCATIONAL HISTORY (if applicable)

If the student has repeated a grade, please include notes for the appropriate grade(s).

<u>NAME of SCHOOL</u>	<u>CITY/STATE</u>	<u>DATES ATTENDED</u>	
		<i>from</i>	<i>to</i>
Grade PreK: _____	_____ / _____	_____ / _____	
Grade K: _____	_____ / _____	_____ / _____	
Grade 1: _____	_____ / _____	_____ / _____	
Grade 2: _____	_____ / _____	_____ / _____	
Grade 3: _____	_____ / _____	_____ / _____	
Grade 4: _____	_____ / _____	_____ / _____	
Grade 5: _____	_____ / _____	_____ / _____	
Grade 6: _____	_____ / _____	_____ / _____	
Grade 7: _____	_____ / _____	_____ / _____	
Grade 8: _____	_____ / _____	_____ / _____	
Grade 9: _____	_____ / _____	_____ / _____	
Grade 10: _____	_____ / _____	_____ / _____	
Grade 11: _____	_____ / _____	_____ / _____	
Grade 12: _____	_____ / _____	_____ / _____	
Other: _____	_____ / _____	_____ / _____	

NOTE: If the student has attended other schools before, please complete release of school records form found in this packet for the last school he/she attended.

SIBLING INFORMATION

Does your child have any siblings in Holyoke who are 0-4 years old: Yes _____ No _____

Does your child have other siblings currently in Holyoke Public schools? Yes _____ No _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

KINDERGARTEN ADMISSIONS SCREENING

Massachusetts' Special Education Law requires that each school district conduct a screening program for all children of age entering Preschool and Kindergarten. The purpose of this screening program is to provide the school and the school district with information about your child that will help his/her education. The screening will check your child's readiness skills, motor development, speech/language development, as well as vision and hearing. Any child with identifiable needs will be monitored. This screening is required by law and will be conducted by the District.

SPECIAL PROGRAM OPTIONS

As part of our vision of *a pathway for every student*, HPS has four middle school options programs for which students and families can apply. If you are interested or think you would qualify, please tell the enrollment staff to explain the options in more detail as well as availability and the relevant application or admission procedures:

1. The Dual Language Program

The goal for the dual language program is for all students to reach high levels of academic achievement, bilingualism, and bi-literacy in a safe and engaging learning environment that values multiculturalism while preparing students for college and career. The dual-language program will grow by a grade each year. Program is by application only, has eligibility requirements and seats are limited. For more details, visit: <https://www.hps.holyoke.ma.us/families/programs/dual-language-program>

2. Summit Learning at Peck (Formerly named Personal Pathway Program, P3)

Summit Learning is a personalized approach to teaching and learning. It is a way for students to unlock the power within themselves to live fulfilling and successful lives. Summit Learning gives every student: support from a caring mentor, life skills that they can apply to real-world situations, and an ability to use self-direction to develop self-confidence, understand their own strengths and weaknesses, and prepare themselves for life after graduation.

3. Veritas Prep Holyoke

Veritas Prep Holyoke is a college prep middle school, where the close-knit community sets high expectations for all students with rigorous curriculum and personalized supports. Veritas Prep Holyoke is located at the Peck-Veritas campus. Veritas will grow by one grade per year to eventually serve students in grades 5th-8th.

4. Holyoke STEM Academy

Holyoke STEM Academy is a Science, Technology, Engineering, and Mathematics school, where students engage in hands-on learning, such as coding and robotics, and develop strong problem solving and communication skills. STEM Academy is a potential pipeline into two of our science-themed linked learning academies at the high school; placement at the high school science academies is not guaranteed after participation in STEM Academy. STEM Academy is located at the Holyoke High School South Dean Campus, yet operates as a separate school.

MEDIA RELEASE

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentations or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use. I further release the Holyoke Public Schools, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material. This release applies for use by Holyoke Public Schools (HPS), HPS’s media outlets, and organizations with which HPS has partnership agreements.

- I/We give permission
- I/We do not give permission

Parent/Guardian Signature: _____ Date: _____

MILITARY FAMILIES

In May 2012, as part of the VALOR Act, Massachusetts joined other states as part of the Interstate Compact on Educational Opportunity for Military Children. The aim is to make the transition easier for mobile children in military families in areas such as enrollment, assessment, and graduation. The Compact provides for the uniform treatment of military children transferring between school districts and states.

Please assist us by marking with an X any of the military status options listed below that apply to your family:

- No, the student is not a member of a military family
- Yes, the student is the child of an active duty member of the U.S. Armed Forces, National Guard, or Reserve
- Yes, the student is the child of a member or veteran of the U.S. Armed Forces, National Guard, or Reserve who has been severely injured and who has been medically discharged or retired within the last year
- Yes, the student is the child of a member of the U.S. Armed Forces, National Guard, or Reserve who died on active duty within the last year

CERTIFICATION

I understand that in order to complete the application process, I must provide all of the required information and documentation and that it should be valid and correct. I also understand that school assignments will be based on the designated school attendance zone where the child resides. I understand I can file a zone appeal to be considered by the Holyoke Public Schools if extraordinary circumstances create a hardship for my child to attend our neighborhood school.

I understand that it is my obligation to inform my child’s school if there is a change in the residency of my family, guardianship of my child, contact phone numbers or emergency contacts.

I hereby give consent for Holyoke Public Schools to receive documents and information from my child’s previous school and/or District.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACTS:

Names of people other than the parents/guardians who will assume responsibility, including transportation, for the child if the parent is unavailable or cannot be reached. These persons have permission to pick up the child in the event of an illness or emergency. We ask to have at least one emergency contact for the student, but please complete for as many emergency contacts as you have for your child.

Emergency Contact 1:

Name: _____ Relationship to Student: _____

Address: _____

Home phone: _____ Cell phone: _____

Work phone: _____

Emergency Contact 2:

Name: _____ Relationship to Student: _____

Address: _____

Home phone: _____ Cell phone: _____

Work phone: _____

Emergency Contact 3:

Name: _____ Relationship to Student: _____

Address: _____

Home phone: _____ Cell phone: _____

Work phone: _____

Emergency Contact 4:

Name: _____ Relationship to Student: _____

Address: _____

Home phone: _____ Cell phone: _____

Work phone: _____

Emergency Contact 5:

Name: _____ Relationship to Student: _____

Address: _____

Home phone: _____ Cell phone: _____

Work phone: _____

**STUDENT HEALTH INFORMATION
HOLYOKE PUBLIC SCHOOLS - SCHOOL HEALTH PROGRAM**

Information on this form is accessible to the school nurse and administrators, office staff, and authorized school personnel. Medications, Procedures, and Treatments at School Require Current Written Orders and Parent/Guardian Signature. If your child needs medication, procedure or treatment during the school day, a current and proper order from a licensed prescriber must be given to the nurse at your child's school before the student enters or re-enters school. Orders will be renewed as needed, including at the beginning of each academic year. Contact your child's school nurse prior to starting school to discuss your child's needs.

Student's Name: _____
Last First Middle

Grade: _____ Date of Birth: _____

Health Care Provider: _____ Phone #: _____

Date of Last Visit: _____

Eye Doctor: _____ Phone #: _____

Date of Last Visit: _____

Dentist: _____ Phone #: _____

Date of Last Visit: _____

List all medications that your child takes: _____

In Case of Medical Emergency, Preferred Hospital: _____

1a. Does your child have a history of any of the follow? If yes, please check all that apply:

- Asthma Seizures Diabetes Heart Murmur Heart Surgery Hernia(s) Bowel Problems
- Eczema Kidney/Bladder Problems Bleeding Problems Frequent Ear Infections Wears Glasses
- Wears Hearing Aids
- Chicken Pox *date* _____ Scarlet Fever *date* _____ Tuberculosis *date* _____
- Rheumatic Fever *date* _____ Pneumonia *date* _____ Other: _____

1b. Please list all specialists your child sees for any of the conditions checked above:

Name of Specialist: _____ Phone: _____

Name of Specialist: _____ Phone: _____

2a. Has your child been diagnosed with any allergies? Yes No If yes, please specify.

Food: _____

Drug: _____

Environmental: _____

2b. Has your child ever had a life-threatening allergic reaction to any of the above? Yes No

If yes, provide the school nurse with a signed prescribers order and an EpiPen for school. Contact the school nurse before your child starts school.

You may, but are not required, to answer the following questions regarding mental health:

3a. Has your child ever received services from a mental health provider? Yes No If yes, please provide:

Name of Agency: _____ Phone: _____

Name of Counselor: _____ Phone: _____

Reason for Services (Diagnosis, if known): _____

3b. Is your child presently in mental health services? Yes No If yes, please provide:

Present diagnosis, if known: _____

3c. Is your child currently on medication for a mental health issue? Yes No If yes, please provide:

Name of medication: _____

3d. Has your child ever been hospitalized for any mental health issues? Yes No If yes, please provide.

Name of Hospital: _____ City: _____ State: _____ Date(s): _____

Reason for Hospitalization: _____

4. Please add any other information you would like to bring to the attention of the school nurse.

5. Health Insurance Information:

Child's Health Insurance Company: _____ Policy #: _____ Subscriber: _____

If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact your child's school nurse for information about these programs.

6. A current physical exam and up-to-date immunizations are required to attend school, vacation academies, and summer programs. Send these documents to the attention of your child's school nurse.

7. I give permission for the school nurse to administer/apply the following medications approved by the School Physician's

Standing Order(s): Saline eyewash, Acetaminophen (Tylenol), Albuterol updraft (under specific conditions),

Diphenhydramine (Benadryl - under specific conditions), Vaseline, Calamine zinc oxide or alternative clear anti-itch formula,

unscented lotion, saltwater gargle, cold packs, and Isopropyl alcohol.

Yes _____ No _____

FOR MIDDLE SCHOOL STUDENTS: In addition to the above, I give permission for the school nurse to administer: cough lozenges (grades 5-12), and ibuprofen under specific conditions (for students age 12 and over).

Yes _____ No _____

Please read and sign below: As the parent/guardian of the named child, I acknowledge that in case of injury or illness, it is my responsibility to provide transportation from school to home or to a medical provider for my child. I understand that I have authorized the persons listed as emergency contacts for my child to pick up my child in the event my child experiences illness or injury. In case of a life-threatening, serious, or potentially disabling injury or illness, I, hereby, grant my permission for emergency transport of my child by ambulance or by school personnel as arranged by the school administration. I further grant permission for the administration of emergency medications by the school nurse to my child within the guidelines of the School Physician's Standing Orders. I accept responsibility for any expenses incurred in handling emergency care. I give permission for the School Nurse to share information relevant to my child's health condition(s) with appropriate school personnel when needed to meet my child's health and safety needs. I further give permission to the School Nurse to exchange/release and receive medical information/medical records (including immunizations, physical exam copies, appointment times, health concerns) with/from my child's health care provider, mental health care provider, and all specialists, to facilitate the care of my child.

Student's Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____



HOLYOKE PUBLIC SCHOOLS

A PATHWAY FOR EVERY STUDENT

PARENT OR GUARDIAN AUTHORIZATION FORM FOR RELEASE OF STUDENT DOCUMENTS

AUTORIZACIÓN DE PADRES O ENCARGADOS PARA COMPARTIR RECORDS DEL ESTUDIANTE

I hereby authorize _____

Por este medio autorizo a

Name of Last School Attended/Nombre de la Escuela Anterior

Last School's Address / Dirección de la Escuela Anterior

City/Ciudad State/Estado Zip Code/Código postal

to release student documents to:

Holyoke Public Schools
57 Suffolk Street
Holyoke, MA 01040
Phone: (413) 534-2000
Fax: (413) 534-2037

of _____ Grade/Grado _____

Student's Name/Nombre del Estudiante

Holyoke Public Schools requests all school records including, but not limited to:

- Student Academic Records
- Results of MCAS/WAPT/WIDA/ACCESS
- Attendance Records
- Discipline Records
- Health Records
- Special Education Records
- 504 Accommodation Plan

Las Escuelas Públicas de Holyoke solicitan todos los documentos escolares incluyendo, pero no limitado a:

- Récords Académicos del Estudiante
- Resultados de MCAS/WAPT/WIDA/ACCESS
- Records de Asistencia
- Records de Disciplina
- Records de Salud
- Records de Educación Especial
- Acomodos del Plan 504

Signature of Parent or Guardian/Firma del Padre o Encargado

Date/Fecha

Print Name / Nombre en letra de molde