

Griswold High School Registration Packet

Please bring the following to register your student

1. Griswold and Jewett City residence need to bring **2 forms of address**
(Current lease/rental agreement or mortgage statement and a current utility bill)

If you live in Lisbon, Voluntown, Canterbury or Sprague contact your Superintendent's Office for your Permission to Register form along with a registration packet. All registrations packets will be returned to your Superintendent's Office to be processed.

Lisbon – 860-376-5565

Voluntown – 860-376-9167

Canterbury – 860-546-6423

Sprague – 860-822-8264

2. ***Birth Certificate / Physical and Immunization Record – Student WILL NOT be able to attend until this is on file!!***
3. Copy of students transcript from your previous school and copy of students last report card
4. Griswold High School Registration Forms -- ***Completed***
 1. Release of Records Form
 2. Registration Form
 3. Race and Ethnicity Questionnaire
 4. Restrict Directory Information Form
 5. Yearly Health and Emergency Information Forms (2 pgs)
 6. Postural Screening Form (only for Grade 9 – Male Students)
 7. Tuberculosis Exposure Questionnaire
 8. If you qualify for Free or Reduced Lunch please ask for the required forms

**GRISWOLD HIGH SCHOOL
RELEASE OF RECORDS FORM**

Student Name: _____ DOB: _____ GRADE: _____

Address: _____

IF STUDENT IS ENTERING GHS:

Name of Previous School: _____

School Address: _____

Zip: _____

Dates of Attendance: From: _____ To: _____

I give permission for Griswold High School to: ☐ / ☐ / Receive Records ☐ / ☐ / Release Records

☒ Educational Records

☒ Special Education Records

☒ Grades to Date of Withdrawal

☒ Planning & Placement Team Records

☒ Health Records

☒ Psychological Records

☒ Attendance Records

☒ Social Work Records

☒ Students Entering From CT School:

☒ Discipline Records

CT Mastery, CAPT, PSAT Results

☒ SASID: _____

Date

Signature of Parent/Guardian

☐ / ☐ / The Above Records Should Be Sent To:

**Registrar
Griswold High School
267 Slater Avenue
Griswold, CT 06351
860-376-7680/fax: 860-376-7684**

☐ / ☐ The Above Records Should Be Released to:

This authorization is requested in compliance with Public Law 93-380 Family Educational Right and Privacy Act of 1974, which requires that parents permit the release of records, and know that such student information is being forwarded to another institution.

New Student Enrollment Checklist:

Student Name: _____

Grade entering: _____

Coming from: _____

Date: _____

Secretary:

- _____ Registration Paperwork given to family.
- _____ Appointment with counselor for transcript review & final registration _____
- _____ Parent/Teacher/Student Handbook given to parent/student.
- _____ Residency Verified:
 - _____ Confirm with Superintendent's Office of tuition town
 - _____ Make copies of 2 forms of Griswold residence documentation for file
- _____ Release of Records & other paperwork complete & returned
 - _____ 504/Special Education Records?
 - _____ Standardized test scores?
 - _____ Transcript/most recent report card?
 - _____ Free/reduced lunch application and release?
- _____ Immunizations/Physical verified with Nurse's Office

School Counselor:

- _____ Transcript Review & Credit Inventory Completed
- _____ Record Review: Call previous school to discuss discrepancies, questions or concerns
- _____ Orientation through Academic Academy:
 - _____ Tour of building
 - _____ Locker, Agenda, Plus Portals etc.
 - _____ Academy evaluation to determine class level
- _____ Schedule Completed
- _____ E-mail to teachers with transfer grades to date for student

Proof Of Residency -	Birth Certificate -	Entered -	Homeroom -
CANTERBURY	LISBON	SPRAGUE	VOLUNTOWN

Griswold Public Schools Registration Form

Grade Entering _____ Date _____
 Name of Student _____ Male _____ Female _____
 Home Address _____
 Primary Phone _____ Alternative Phone for Alerts _____
 Date of Birth _____ Place of Birth (city/state) _____

If not born in USA; when did student first attend School in USA? _____

Is student in any type of special education program or does the child receive any special support of any kind?

Yes _____ No _____ If yes, what type? _____

Student lives with ☐ Both Parents ☐ Mother ☐ Father ☐ Other please specify _____

PLEASE place an X in the box next to cell phone if you would like to receive School Alerts to cell phone.

Father (Guardian) _____ Home Phone _____
 Address if Non-Custodial _____
 Employer _____ Work Phone _____
☐ Cell Phone _____ Email _____

Mother (Guardian) _____ Home Phone _____
 Address if Non-Custodial _____
 Employer _____ Work Phone _____
☐ Cell Phone _____ Email _____

May both parents pick up student? ☐ Yes ☐ No If NO, who may not? _____

Court Documents on File? _____

Other Children Living in Household:

Name _____ DOB _____ Name _____ DOB _____
 Name _____ DOB _____ Name _____ DOB _____

Ethnicity/Race:

Is this child Hispanic/Latino? ☐ Yes ☐ No

What is the child's race? (Please check one or more, even if you answered "Yes" to the above question.)

☐ American Indian or Alaskan Native ☐ Asian ☐ African American
☐ Native Hawaiian or Other Pacific Islander ☐ White

What is the primary language spoken in the home, regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language the student first acquired? _____

Name of last school _____ Grade last attended _____

Address of school _____

Does the student have a pending or existing disciplinary consequence, such as a suspension or expulsion? Yes ☐ No ☐

Is this student covered by health insurance? Yes ☐ No ☐

Physician's name _____

Address _____ Phone _____

In case of accident or other serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

Signature of parent /guardian _____ Date _____

Individuals who will be available to pick up student (other than parent) in case of illness/emergency
MUST BE 16 YEARS OLD (List in calling order)

1.	_____	_____	_____	Relationship	_____
	Name	Address	Phone		
2.	_____	_____	_____	Relationship	_____
	Name	Address	Phone		

The State Department of Education has now advised us that, due to "privacy laws", the Griswold School System should seek parental/guardian permission to photograph/videotape children.

Photograph/Video Release: The Griswold Board of Education retains the absolute right and permission to copyright and use, reuse and publish portraits, pictures or videotapes of my child or in which my child may be included, in whole or part, without restrictions as to changes or alterations in composite of photograph/video.

The Griswold School System will use these photographs/videotapes and no fees will be collected or profits made from these photographs/videotapes.

Signature of Parent/Guardian for permission to photograph _____

My student has permission to watch age appropriate movies at school.

☐ G (GES) ☐ PG (GMS) ☐ PG13 (GMS) ☐ R (GHS)

If you are a Parent or Guardian of a child enrolled in Griswold Public Schools and are a member of the Armed Forces*

Please check Yes, if not, Please Check No YES ☐ NO ☐

**Armed Forces: defined as the "Army, Navy, Air Force, Marine Corps and Coast Guard. "Active Duty" means full-time-in the active military Services of the United States, including full-time training duty, annual training duty, and attendance, while in the active military service, of a school designated as a services school by law or by the Secretary of the military department considered active military service.*

Signature of Parent/Guardian _____ Date _____

Student Race and Ethnicity Questionnaire

Please answer the following questions about your child/children in the table below: 1) Is your child Hispanic/Latino, yes or no? and 2) What is your child's race? Check all that apply. Please note that you may refuse to answer these questions, but in this event a school district staff member will need to make the identification for you.

[illegible]

Parent or Guardian Signature:

Definitions: Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand and Vietnam. Black or African American: A person having origins in any of the black racial groups of Africa. Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands. White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.



Does Your Child Have Health Insurance?

Connecticut's HUSKY Health offers low-cost or free coverage

Dear Parent/Guardian,

Is your child protected by health insurance? If not, your school and the State of Connecticut want to help. Please fill out this form and return it to your child's teacher, school nurse or school office. The school will then contact Connecticut's HUSKY Health program to help connect your student with health insurance coverage.

Healthy kids do well in school! HUSKY pays for doctor visits (including physical exams), prescriptions, emergency care, vision and dental care, mental health care, special health care needs and more. It's for children under age 19 in families of all incomes. Over 275,000 children now have their health care covered by the HUSKY Health program.

If your child is uninsured and you would like to participate in Connecticut's HUSKY Health program, please fill out and return this form to your child's teacher, school nurse, or school office. Your signature means that the school can provide your contact information to the Connecticut Department of Social Services (administering agency of HUSKY Health) or its contractor so that a HUSKY customer service representative may call you, send you an information kit, and begin the application process to insure your child's health.

Parent/guardian's name (please print): _____

Parent/guardian's signature: _____

Street address: _____

City or town: _____, CT Zip code: _____

Name(s) and age(s) of uninsured child(ren): _____

Best phone number for the HUSKY representative to call you at? (area code first): () _____

If you want an information & application kit sent to you, please check here: ☐

OR: If you want to find out more information on HUSKY right away,
call the HUSKY information hotline: **1-877-CT-HUSKY (1-877-284-8759)**
8:30 a.m. to 6 p.m. Monday-Friday

You can apply by phone or request an information kit.

OR: Visit HUSKY at www.huskyhealth.com. Check out our website & download the application.

Please note: If you are a parent, relative caregiver or pregnant woman,
the application can also be used to apply for adult health coverage.

This partnership of Connecticut schools and HUSKY Health is in accordance with Section 119 of Public Act 07-02, June Special Session. Special thanks to the Connecticut Department of Education, Connecticut Department of Social Services, Regional Education Service Centers, and all caring school personnel throughout the state as we join with parents to bring health coverage to Connecticut children.
[fall 2012]

RESTRICT DIRECTORY INFORMATION FORM

Dear Parent/Guardian:

Pursuant to the federal "No Child Left Behind Act," P.L. 107-110 (Title IX, Sec. 9528) and Section 10-221 (b) of the Connecticut General Statute, the Griswold School District must disclose to military recruiters, non-military recruiters and other commercial enterprises, upon request, directory information which may include the names, addresses and telephone numbers of high school students.

School personnel are guarded in disclosing personal information and follow federal laws governing release of information. During the course of the school year however, it is common to receive this request from military recruiters, Jostens Yearbook and Class Rings, LifeTouch School Photos, and local driving academies.

Griswold Public Schools must also notify parents/guardians of their right to request that the district *not* release such information without prior written consent.

Parents/guardians wishing to exercise their option to withhold their consent to the release of directory information must sign this form below and return to the Guidance Office by September 15th. This request must be renewed EACH YEAR your child attends the high school.

RESTRICT DIRECTORY INFORMATION FORM

Please do NOT release ANY directory information for:

Name of Student

Grade

I understand that by signing and submitting this form, NO directory information will be released to the following (check all that apply):

____ Military Recruiters (M)

____ Commercial Enterprises (C)

Parent/Guardian Signature

Date

**GRISWOLD HIGH SCHOOL
YEARLY HEALTH AND EMERGENCY INFORMATION**

PARENTS: Please complete the following form making changes directly on this page as necessary. The information listed is currently entered on our files and will be updated using this form. If any of the information should change during the school year, please contact us so we may update our files. This form should be returned to school as soon as possible.

Student's Name:
Parent/Guardian:
Address:

Homeroom:
Grade:
Phone:
Bus #:

Email Address:

Mother's Name:
Work Address:
Work Phone:

Father's Name:
Work Address:
Work Phone:

Name of person(s) we may contact in case of emergency if we are unable to reach a parent:

#1 Name:
Address:
Phone:

#2 Name:
Address:
Phone:

Physician's Name:
Address/Phone:

Parents or guardians are asked to contact Griswold High School (376-7640) immediately if a student is moving out of the town of Griswold. Written approval for tuition must be obtained through the superintendent of schools in the towns of Canterbury, Lisbon, Voluntown or Sprague for a student to continue attending Griswold High School from their new residence.

*****PLEASE CONTINUE ON OTHER SIDE*****

Important!!!!

Does/Has your child receive(d):

- Special Education Services (IEP)? ☐ Yes ☐ No
- 504 Plan? ☐ Yes ☐ No
- Academic Intervention Support? ☐ Yes ☐ No

Please provide additional information if you checked YES for any of the above.

Signature of parent/guardian: _____

Printed name: _____

Date: _____

Yearly Health Update
Griswold Public Schools

Information provided will be shared with appropriate staff as stated in the Family Education Right and Privacy Act (FERPA)

Name: _____ Grade: _____ Teacher: _____

Please answer (Y) yes or (N) no, my child.....

- | | |
|--|-----|
| 1. Has been diagnosed with ASTHMA | Y N |
| 2. Has had SEIZURE activity in the past 12 months. | Y N |
| Specify: _____ | |
| Medication: _____ | |
| 3. Please list any medication/s your child will need to: | |
| TAKE IN SCHOOL _____ | |
| TAKE AT HOME _____ | |
| 4. Was seriously ill/sustained injury or had surgery in previous 12 months. | Y N |
| Specify: _____ | |
| 5. Is allergic to Bees/Wasps | Y N |
| Specify: _____ | |
| Medication: _____ | |
| 6. Is allergic to Medication/Latex/Other | Y N |
| Specify: _____ | |
| 7. Allergic to Foods | |
| Food(s): _____ | Y N |
| Reaction(s): _____ | |
| Medication: _____ | |
| 8. Is DIABETIC: TYPE I _____ TYPE II _____ | Y N |
| 9. Wears glasses/Contacts | Y N |
| 10. Has a hearing aid and/or hearing problems | Y N |
| 11. Has specialized equipment: | |
| (i.e., wheelchair, leg braces, assistive feeding devices, crutches, walker, catheterization, ostomy supplies, diabetic meters, etc.) | |
| Specify: _____ | Y N |
| 12. Has a diagnosis of ADD/ADHD | Y N |
| 13. Has a diagnosis of Depression | Y N |
| 14. Has a diagnosis of Anxiety | Y N |
| 15. Has a diagnosis of Manic Depression or Bipolar | Y N |
| 16. Has Headaches/Migraines | Y N |
| 17. Is there anything you would like to speak to the Nurse about that is not on this list? | Y N |
| 18. If necessary, may the school nurse have your permission to contact your child's physician in regards to their health? | Y N |
| 19. Does your child have health insurance? | Y N |

Parent Signature: _____ Date: _____

**Griswold High School
267 Slater Avenue
Griswold CT, 06351**

Dear Parents:

As of July 1, Public Act 15-215 requires **female** students in the 5th and 7th grades, and **male** students in the 9th grade to have a postural examination to determine the possibility of any spinal problems. In areas where screening is already being done, spinal variations have been detected in about four percent of the adolescent population and two percent have required active treatment or continued observation. The purpose of this program is to recognize the problem at its earliest stages so that the need for treatment can be determined and progressive spine deformity can be prevented.

The procedure for screening is a simple one. The school nurse inspects the child's spine as he/she stands and bends forward. If a spinal problem is suspected, the child will be rechecked at a second screening. If further consultation is recommended, parents of students who are found to have signs of a possible spinal abnormality will be notified and will be asked to see their own physicians for further evaluation.

This examination is being offered free to all **female** Griswold students in grades 5, and 7, and all **male** Griswold students in grade 9 and will be done before the end of each school year. When you return this slip it will give us permission to perform this screening from fifth through ninth grade. If at any time you wish to cancel this, you must contact the school nurse.

Sincerely,
School Nurse

DO NOT DETACH

1. _____ Please include my child in the postural screening being offered each year while my student is in grade 5, 7, (**female**) and grade 9 (**male**) in the Griswold School System.
2. _____ Do not include my child in the postural screening as we plan to have this done at a private physician's office and will send the results to the school before June of each school year.
3. _____ My child is currently under active treatment for a spinal problem.

Signature of Parent/Guardian

Date

Students Name _____ Grade _____

Risk Assessment Questionnaire for Tuberculosis Exposure

1. What country was your child born in? _____

If born in any of the countries in the attached list, a TST or IGRA should be performed (Note: IGRAs are not recommended for children <5 years old).

2. Has your child traveled outside the U.S.? Yes No

If the child traveled to any of the listed countries, stayed for >1 week and interacted with the local population, including local family or friends, then a TST or IGRA should be performed. For most children, testing, after evaluation for possible signs and symptoms of TB disease or exposure to a person with contagious pulmonary TB, can take place 8–10 weeks after return to the United States.

3. Has your child been exposed to anyone with TB disease? Yes No

If yes, determine whether the person had TB disease or latent TB infection, when the exposure occurred and what the nature of the contact was. If it is confirmed that the person had known or suspected TB disease, a TST or IGRA should be performed.

4. Does your child have close contact with someone with a positive TST or IGRA? Yes No

If yes, see previous question for follow-up information needed.

5. Does your child live with anyone who has been in jail or prison, a shelter, who injects illegal drugs or has HIV?
Yes No

If yes, then a TST or IGRA should be performed.

6. Has your child eaten unpasteurized cheese from Mexico or Central America since their last TST or IGRA? Yes No

If yes, a TST or IGRA should be performed.

Parent Signature _____ Date _____

To be completed by school personnel

Risk Factors _____ Yes _____ No _____

PPD Required _____ Yes _____ No _____

Physician's Statement Required _____ Yes _____ No _____

School Nurse/Interviewer _____ Date _____

Appendix B: List of High Risk Tuberculosis Countries

Afghanistan	Georgia	Papua New Guinea
Algeria	Ghana	Paraguay
Angola	Guam	Peru
Anguilla	Guatemala	Philippines
Argentina	Guinea	Poland
Armenia	Guinea-Bissau	Portugal
Azerbaijan	Guyana	Qatar
Bahrain	Haïti	Republic of Korea
Bangladesh	Honduras	Republic of Moldova
Belarus	India	Romania
Belize	Indonesia	Russian Federation
Benin	Iraq	Rwanda
Bhutan	Japan	Saint Vincent and the Grenadines
Bolivia (Plurinational State of)	Kazakhstan	Sao Tome and Principe
Bosnia and Herzegovina	Kenya	Senegal
Botswana	Kiribati	Serbia
Brazil	Kuwait	Seychelles
Brunei Darussalam	Kyrgyzstan	Sierra Leone
Bulgaria	Lao People's Democratic Republic	Singapore
Burkina Faso	Latvia	Solomon Islands
Burundi	Lesotho	Somalia
Cambodia	Liberia	South Africa
Cameroon	Libyan Arab Jamahiriya	Sri Lanka
Cape Verde	Lithuania	Sudan
Central African Republic	Madagascar	Suriname
Chad	Malawi	Swaziland
China	Malaysia	Syrian Arab Republic
China, Hong Kong Special Administrative Region	Maldives	Tajikistan
China, Macao Special Administrative Region	Mali	Thailand
Colombia	Marshall Islands	The former Yugoslav Republic of Macedonia
Comoros	Mauritania	Timor-Leste
Congo	Mauritius	Togo
Cook Islands	Micronesia (Federated States of)	Tonga
Côte d'Ivoire	Mongolia	Trinidad and Tobago
Croatia	Montenegro	Tunisia
Democratic People's Republic of Korea	Morocco	Turkey
Democratic Republic of the Congo	Mozambique	Turkmenistan
Djibouti	Myanmar	Tuvalu
Dominican Republic	Namibia	Uganda
Ecuador	Nepal	Ukraine
El Salvador	New Caledonia	United Republic of Tanzania
Equatorial Guinea	Nicaragua	Uruguay
Eritrea	Niger	Uzbekistan
Estonia	Nigeria	Vanuatu
Ethiopia	Northern Mariana Islands	Venezuela (Bolivarian Republic of)
French Polynesia	Pakistan	Viet Nam
Gabon	Palau	Yemen
Gambia	Panama	Zambia
		Zimbabwe