

Griswold Elementary School

Pre-K Registration Checklist

____ 2 Forms of Proof of Residency – MUST have a current date

1. Mortgage Statement or Lease/Rental Agreement
AND
2. Utility Bill OR Homeowner's Insurance

____ Copy of Parent/Guardian's Valid Driver's License

____ Copy of Child's Birth Certificate

____ Registration Form (Front and Back)

____ Release of Records (If they were at another school)

____ NAEYC Early Childhood Application

____ Nutrition Questionnaire for Children (Front and Back)

____ Placement Preference Form

____ Grant Funded Slots Form

____ Income Verification form

____ Special Education Form

____ Complete Medical Form (Yellow form/Early Childhood - filled out by doctor's office)

____ Tuberculosis Risk Assessment Form

____ Yearly Health Update Form

HEALTH OFFICE CHECKLIST

Students Full Name _____ Date of Birth _____

Grade _____ Date of Entry _____ Parent Phone Number _____

Previous School _____ City/State _____

School Phone Number _____

Has Student Ever Attended Griswold Public Schools Yes ___ No ___ If yes, what year _____

If student is from out of state, has the student ever attended a school in Connecticut? Yes ___ No ___

TO BE COMPLETED BY THE HEALTH OFFICE / OFFICE STAFF

____ COPY OF PHYSICAL – DATED WITHIN THE LAST YEAR _____

____ HGB & LEAD LEVEL

____ IMMUNIZATION RECORD INCLUDING FLU VACCINE

(*If your child has ever received a flu vaccine, make sure it is documented on the form)

____ TUBERCULOSIS RISK ASSESSMENT FORM

____ YEARLY HEALTH UPDATE FORM

CLEARED BY THE HEALTH OFFICE TO ENTER GRISWOLD ELEMENTARY SCHOOL ON _____

Please call the GES Office at (860) 376-7610 if you have any questions

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 _____



GRISWOLD ELEMENTARY SCHOOL

**303 SLATER AVENUE
GRISWOLD, CT 06351**

**Phone: 860-376-7610
Fax: 860-376-7612**

**Joseph Bordeau, Principal
Jacqueline Love, Assistant Principal**

Authorization for Release of Records

To Whom It May Concern:

The student listed below has entered Griswold Elementary School. Please forward the following records:

Scholastic

Health

Special Services

Any Other Pertinent Information

Please forward free/reduced meal or free milk application if applicable.

Within the state of Connecticut, please forward the original health folder as prescribed by law (Section 10-206d, Connecticut General Statutes).

A photocopy of this release will be deemed to be the same as the original and can be used for the same purpose.

Sincerely yours,

Joseph Bordeau
Principal

Name of School last attended: _____

Grade last attended _____

I hereby authorize the release of records for my child, _____
to Griswold Elementary School.

Signature of Parent/Guardian

Date



For official use only

Program:	Teacher:	Session:	Application number:
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Griswold Early Childhood Programs Application

Please complete front & back of all pages

Date: _____

Pending Availability, which preschool programs are you interested in?

Check all that apply

- GES (4 Partial Days)
 GES School Readiness Slot (5 Partial Days)
- Nurturing Kids (flexible Full Year)
 TVCCA Little Learners- Griswold (Full Day, Full Year)
- Little Log Schoolhouse (Partial Day or Full Day/ Full Year)

Personal Information:

Child's Name: _____ Sex: M ___ F ___

First Middle Last

Address: _____

Date of Birth: _____

Home Phone: _____

Work Phone: _____

Family Information:

Parent/Guardian 1 Name: _____ Age: _____ Occupation: _____

Highest Level of Education _____ Place of Occupation _____

Parent/Guardian 1 Name: _____ Age: _____ Occupation: _____

Highest Level of Education _____ Place of Occupation _____

Do both parents/guardians live in the home? Yes No If no, who does child live with? _____

Names of Brothers/Sisters	Living in home Yes or No	Age	Sex	Any speech/language or other learning problems?

Are there any other adults or children living in the home? _____

If yes, relationship to child: _____

Language

What language did the student learn to speak first? _____

What language is spoken by adults in student's home? _____

What language does the student speak at home? _____

Developmental History: There are skills in development that most children can do by a certain age. Please indicate if the skills happened within the expected range or if these skills were later to develop. You may also include the approximate age the skill was developed in the comment box.

Developmental Skill	Expected range	Later to develop	Comments
Sat up independently			
Crawled			
Walked			
Used First words			
Used simple sentences			

Are family members able to understand your child's speech? _____

Do you have any concerns about your child's development? Please check and explain below;

____ vision ____ hearing ____ speech ____ motor skills ____ social skills ____ other

Has your child ever been referred to or evaluated by a Birth to Three Agency? ____yes ____No

If yes, please describe:

Early childhood Experiences:

Has your child attended any programs/activities? Check and/or explain below:

____ My child has NOT participated in any structured early childhood program or activity.

____ classroom program name, #days/hours _____

____ child care, #days/hours _____

____ activities, #days/hours _____

Learning Behaviors

Does your child enjoy having stories read to him/her? _____

Does your child know any colors? _____ Numbers? _____ Letters? _____

Does your child like to sing songs or repeat nursery rhymes? _____

What games/interests does your child enjoy?

Does your child have an opportunity to play with other children his/her own age? _____

Describe how your child interacts with these children:

What are your child's strengths or favorable characteristics?

Please check any of the following which describe your child:

<input type="checkbox"/> Talkative	<input type="checkbox"/> Active	<input type="checkbox"/> Confident	<input type="checkbox"/> Quiet
<input type="checkbox"/> Demanding	<input type="checkbox"/> Shy	<input type="checkbox"/> Clumsy	<input type="checkbox"/> Dependent
<input type="checkbox"/> Very Active	<input type="checkbox"/> Easy going	<input type="checkbox"/> Curious	<input type="checkbox"/> Outgoing
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Calm	<input type="checkbox"/> Coordinated	<input type="checkbox"/> Independent

If there is any other information about your child that you would like us to know, please describe:

Medical Information:

Physician's Name: _____

Address: _____

Dentist's Name: _____

Address: _____

Does your child have health insurance? Yes No Public _____ (name please)

Private _____ (name please)

Are you interested in information about Husky (state assistance health insurance)? _____

Do you have any concerns about your child's general health (i.e., ear infections, asthma, allergies, bronchitis, etc.)?

Has your child had lead testing? yes no

Does your child take any medication daily? _____

If yes, list what medication and it's purpose:

Ethnic group: (circle all that apply)

White

Black or African American

Hispanic/Latino

Asian

American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander

Please share any important cultural and/or family traditions.

Household Income Level: (optional) Check one only.

Less than \$10,000 \$10,001 to \$30,000 \$30,001 to 43,001

\$43,001 to \$65,000 \$65,001 to \$100,000 \$101,000

GRISWOLD ELEMENTARY SCHOOL

303 SLATER AVENUE

GRISWOLD. CT 06351

Student's **Name:** _____ **Teacher:** _____

Nutrition Questionnaire for Children

(Adapted from Bright Futures in Practice: Nutrition, Appendix B, pgs. 232-236, National Center for Education in Maternal and Child Health, 2000)

This nutrition questionnaire is a tool for parents to complete before meeting with child care staff members (e.g., health or education professionals, family day-care providers). The questionnaire provides a useful starting point for identifying areas of nutrition concern and the need for additional screening.

1. How would you describe your child's appetite? (Check one.)

Good Fair Poor Picky

2. How many days per week does your family usually eat meals together? _____

3. How would you describe mealtimes with your child? (Check one.)

Always pleasant Usually pleasant Sometimes pleasant Never pleasant

4. How many meals does your child usually eat per day? _____

5. How many snacks does your child usually eat per day? _____

6. Which of these foods did your child eat or drink last week? (Check all that apply.)

Grains

- Bagels
- Bread
- Cereal/grits
- Crackers
- Muffins
- Noodles/pasta
- Rice
- Rolls
- Tortillas
- Other grains:
-

Vegetables

- Broccoli
- Carrots
- Corn
- French fries
- Green beans
- Green salad
- Greens (collard, spinach)
- Peas
- Potatoes
- Tomatoes
- Other vegetables:
-

Fruits

- Apples/juice
- Bananas
- Berries
- Grapefruit/juice
- Grapes/juice
- Melon
- Oranges/juice
- Peaches
- Pears
- Other fruits/juice:
-

6. Continued (Check all that apply.)

Milk and Other Dairy Products

- Whole Milk
- 2% milk (reduced-fat)
- 1% milk (low-fat)
- Skim milk (nonfat)
- Chocolate milk
- Cheese
- Ice cream
- Yogurt
- Other milk & dairy products:

Meat and Meat Alternates

- Beef hamburger
- Chicken
- Cold cuts/lunchmeat
- Dried beans
- Eggs
- Fish
- Peanut butter/nuts
- Pork
- Sausage/bacon
- Tofu
- Turkey
- Other meat/meat alternates:

Fats and Sweets

- Cake/cupcakes
- Candy
- Chips
- Cookies
- Doughnuts
- Fruit-flavored drinks
- Kool-Aid
- Pie
- Soft drinks
- Other fats and sweets:

7. If your child is 5 years of age or younger, does he or she eat any of these foods? (Check all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Hotdogs | <input type="checkbox"/> Popcorn | <input type="checkbox"/> Raw celery or carrots |
| <input type="checkbox"/> Nuts and seeds | <input type="checkbox"/> Pretzels and chips | <input type="checkbox"/> Round or hard candy |
| <input type="checkbox"/> Peanut Butter | <input type="checkbox"/> Raisins | <input type="checkbox"/> Whole grapes |
| | | <input type="checkbox"/> Marshmallows |

8. How much 100 percent juice (for example, orange juice, apple juice and grape juice) does your child drink per day? _____

9. How much sweetened beverage (for example, Kool-Aid, fruit punch and soft drinks) does your child drink per day? _____

10. Does your child drink water that is fluorinated or take a fluoride supplement?
 Yes No Don't Know

11. Does your child take a bottle to bed at night or carry a bottle or sippy cup around during the day?
 Yes No

12. Do you have a working stove, oven and refrigerator where you live? Yes No

13. Were there any days last month when your family didn't have enough food to eat or enough money to buy food? Yes No

14. Does your child spend more than 2 hours per day watching a screen, example- television, tablets, cellphones, computers? Yes No

15. What concerns or questions do you have about feeding your child? _____

Preschool Sessions offered at Griswold Elementary School 2020- 2021

GES Pre-K partial day classes are provided to families of four-year-old children living in Griswold/Jewett City. Program slots will be filled as completed registration paperwork is received and is then verified by school personnel. Slots will continue to fill until classes are full and once classes are full students will be then be placed on a waiting list. Families will be charged \$10 per half day, however this may be reduced based on family size and gross income. The sliding scale will be made available once it is approved by the state.

A.M. Session: 9:00 - 11:30 am. or P.M. Session: 12:30 - 3:00 pm.

- 4 year old children will receive placement determined by the preschool team.
- School Readiness slots (to attend five days per week) are available through application process (at this time the number of slots is unknown)
- Families are responsible for providing transportation to and from school on the days their child attends. Families will need to follow the transportation hardship procedure to request help with transportation.
- Families must send in a daily healthy snack.

The same curriculum is used in all GES Preschool classrooms.

All teachers receive the same ongoing, high quality professional development training.

Good attendance is expected in ALL classrooms;

Good habits and positive attitudes are forming, even at this young age.

Placement Preference Form

Child's name: _____ Date: _____

Completed by: _____ Relationship to child: _____

**Please remember you are stating a preference only. We will try to accommodate requests but we must balance the am and pm classes.*

<p><u>We prefer:</u></p> <p>____ AM Session -9:00 – 11:30</p> <p>____ PM Session 12:30 – 3:00</p> <p>_____ No preference (AM or PM)</p>	<p><u>Also select below:</u></p> <p>___ Consider my child for 5 day Monday- Friday, School Readiness placement. (At this time, the number of slots is unknown)</p> <p>___ I prefer a four day program Monday – Thursday</p>
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If there anything else the Preschool Team needs to know or to consider when making a placement for your child?

Please provide contact information in case we have follow-up questions:

Best phone number to reach you at: _____

Best email to reach you at: _____

GRISWOLD ELEMENTARY SCHOOL
Grant Funded Slots Form
2021-2022

Child's Name: _____ **DOB:** _____ **Gender:** M F
(Please include middle name if your child has one) (please circle one)

Parent/Guardian Name(s): _____

Home Address: _____

Phone: Home _____ Work _____ Cell _____

Email address: _____

Do you consider your current living arrangement permanent or temporary? _____

Language(s) spoken in your home: _____

Health Insurance:

private Husky A Husky B Physician's name: _____

Dentist's name: _____

Family Ethnicity: (check all that apply)

Asian Black Hispanic White

other (please specify) _____

Household Annual Gross Income: \$ _____ (Please provide copies of pay stubs for 4 week's pay, 2020 W-2s for each working parent/guardian or your 2020 Income Tax Return for verification)

Family size: _____ Please include the total number of adults and children living in the home

The Griswold School Readiness Program is committed to building partnerships with families. We maintain collaborations with outside community agencies to support our families and staff. Please let us know if you would like information on any of the following services or resources: (Please check all that you are interested in learning more about.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Parenting classes | <input type="checkbox"/> Adult education | <input type="checkbox"/> Parent Leadership training |
| <input type="checkbox"/> Parent Advocacy | <input type="checkbox"/> Slater Library | <input type="checkbox"/> Play Groups |
| <input type="checkbox"/> Food Stamps (SNAP) | <input type="checkbox"/> WIC | <input type="checkbox"/> Area Food Banks |
| <input type="checkbox"/> Summer Feeding Sites | <input type="checkbox"/> Fuel Assistance | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> Counseling services | <input type="checkbox"/> Health Services | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Opportunities to volunteer at school or in the community | | |
| <input type="checkbox"/> Other, please specify _____ | | |

How did you learn about the School Readiness and/or Preschool Development Grant (PDG) slots? (Check all that apply) _____ Program Staff _____ Flyers/signs placed around town
_____ Information at Preschool Screening _____ Friends/Relative
_____ Other _____

(Please explain how or where you heard about SR)

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



Griswold Public Schools
211 Slater Avenue
Griswold, Connecticut 06351
Tel: (860) 376-7600 Fax: (860) 376-7607

Sean McKenna, Superintendent
Alisha Stripling, Business Manager

Susan Rourke Director, Curriculum, Instruction and Assessment
Christopher Champlin, Director, Special Education & Pupil Services

Preschool Program Income Verification Form

Child's Name

Child's DOB

Parent/Guardian Name

Decline Income Verification

If you do not wish to submit your income information, please complete only the following section and return it to Griswold Elementary School. Tuition will be \$10.00 per day for a partial day or \$20.00 per day for a full school day.

I do not wish to submit income verification information. I understand that I will be charged full tuition rates.

Parent/Guardian Signature

Printed Name

Date

Parent/Guardian Financial Data

1. Number of Adults in Household _____

2. Total Number in Household or Family _____

3. Verification of Income (one of the following to be returned with this form)

- Your 2018 Federal Income Tax Return(s) showing your total income; OR
- All 2018 W-2 forms for each working family member; OR
- Recent pay stubs for four (4) consecutive weeks of work for each working family member (1 stub if you are paid monthly; 2 stubs if you are paid bi-weekly; 4 stubs if you are paid weekly)

4. Other Income Received

- Self-Employment _____
- Unemployment Compensation _____
- Workmen's Compensation _____
- Other (please specify source and amount) _____
- Other (please specify source and amount) _____

5. Care 4 Kids

- I have not applied for this assistance. Please send me the application.
- I would not qualify for this assistance based on my income level.
- I have applied for this assistance and am awaiting a response from Care 4 Kids.
- I have an active Child Care Certificate and it is attached here.
- I have an active Child Care Certificate but do not have a copy of it. My family ID is _____.

Please take a moment to answer the following questions?

Does/Has your child receive(d):

- Special Education Services (IEP)? ___ Yes ___ No
- 504 Plan? ___ Yes ___ No
- Reading/Math Intervention Support? ___ Yes ___ No

If answered "Yes" to any of the above, provide additional information.



"We, Try Our Best. To Do Our Best. To Be Our Best."





GRISWOLD ELEMENTARY SCHOOL

303 SLATER AVENUE
GRISWOLD, CT 06351

Phone: 860-376-7610
Fax: 860-376-7612

Joseph Bordeau, Principal
Jacqueline Love, Assistant Principal

Dear Parent/Guardian and Physician,

As a parent/guardian and a child's physician, you play an important role in making sure your child's preschool has all the necessary information to best care for them.

1. Please complete the attached pages as completely and accurately as possible. Please be sure handwriting can be read easily by the preschool program staff.
2. Parents please complete the front side of the first page only. Your doctor's office will complete the other 2 pages.
3. After your doctor completes their portion of the form, please review it for accuracy and completeness. If there is missing information or incorrect information, ask the staff of your child's doctor's office for assistance.

The following are State of Connecticut requirements and **MUST** be met before you child **may enter** any preschool program. Please provide this documentation at least 2 weeks prior to the start of school. Thank You.

- **Physical Exam with Hemoglobin/Hematocrit** - Dated within one year of the start of school
- **DTP/DTap**: 4 doses Diphtheria, Tetanus, Pertussis
- **Polio** 3 doses
- **MMR** 1 dose Measles, Mumps, Rubella – 1st dose must be given on or after 1st birthday
- **Hep B** 3 doses in a series, last dose on or after 24 weeks of age
- **Hepatitis A** 2 doses given 6 months apart; 1st dose on or after 1st birthday
- **HIB** 1 dose Haemophilus Influenzae – one dose on or after 1st birthday
- **Varicella** 1 dose, 1st dose given on or after 1st birthday or doctor's documentation of disease
- **Pneumococcal (PCV)** 1 dose on or after 1st birthday
- **Influenza** 2 doses; 1 dose administered each year between August 1st-December 31st (2 doses separated by at least 28 days required for those receiving flu for the first time)
- **Lead screening** with results
- **Tuberculosis Risk Assessment Form** Required (provided by school office)

Remember your child cannot start school unless their health records are up to date and the records are in school.

Thank You,
School Nurse



Connecticut Tuberculosis (TB) Risk Assessment

See the *Connecticut TB Risk Assessment User Guide* for more information about using this tool.

- Use this tool to identify asymptomatic adults and children for latent TB infection (LTBI) testing.
- This tool can be used for school-aged children to determine if a student should have a TB test.
- This risk assessment does not supersede any TB testing mandated by statute, regulation or policy.
- **Do not repeat testing unless there are new risk factors since the last test.**
If initial negative screening test occurred prior to 6 months of age, repeat testing should occur at age 6 months or older.
- Do not treat for LTBI until active TB disease has been excluded:
For persons with TB symptoms or an abnormal chest x-ray, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum acid-fast bacilli (AFB) smears, cultures and nucleic acid amplification testing (NAAT). A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) does not rule out active TB disease.

LTBI testing is recommended if any of the boxes below are checked.

Birth, travel, or residence for at least 1 month in a country with an elevated TB rate

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe
- If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see the Connecticut Tuberculosis Risk Assessment User Guide for this list).
- IGRA is preferred over TST for non-U.S.-born persons ≥ 2 years old

Immunosuppression, current or planned

- HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥ 2 mg/kg/day, or ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication

Close contact to someone with infectious TB disease

- Should test if patient has never been tested for this exposure

Treat for LTBI if TB test result is positive and active TB disease is ruled out.

None of the above: No TB testing is indicated at this time.*

Please complete all information below:

Patient/Student

Name: _____

Date of Birth: ____ / ____ / ____

Provider's Name: _____

Assessment Date: ____ / ____ / ____

*See The Connecticut TB Risk Assessment: User Guide section "Local recommendations, mandated testing and other risk factors."

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 **Food** Y N
Food(s): _____
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: Y N
(I.e. wheelchair, leg braces, assistive feeding devices, crutches, walker,
catheterization supplies ostomy supplies, diabetic meters etc.)
Specify: _____
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 Public Schools Student

Acceptable Use Policy for Computer, Network, Internet and E-Mail Services

Student access to the district computers, Network, Internet and other technology resources is provided to support student learning and research, and facilitate educational communication consistent with Griswold Public School's educational mission and curriculum goals.

I, _____ as a user of the Griswold Public School District's electronic information resources and computer networks, have read and will abide by the Acceptable Use Policy of the Griswold Board of Education and agree to the following conditions:

Rules of Acceptable Use:

1. All electronic information resources shall be used for educational purposes only.
2. Users will act responsibly, ethically, and legally while using computers and network whether the property of Griswold Public Schools or personal equipment on campus.
3. Users will adhere to all copyright laws. Users must give credit to all work accessed via Internet. Permission should be obtained when appropriate.
4. Users will respect the privacy of others and protect password confidentiality.
 - Passwords are not to be shared with others.
 - Using another user's account or password is prohibited.
5. Users will be considerate of other technology users and will use polite and appropriate language at all times when accessing these resources.
6. Users will keep any personal information about themselves or others private while accessing the network or Internet.
7. Users will immediately report any problems or breaches of these responsibilities, or any inappropriate messages received, to the teacher or to the school personnel who are supervising use of these resources.
8. Users will take care of and respect all equipment or network resources at all times.
9. Users will not knowingly degrade or disrupt electronic information resources, services, or equipment, and understand that such activity may be considered to be a crime and includes, for example, tampering with computer hardware and software, vandalizing or modifying data without permission, invoking computer viruses, attempting to gain access to restricted or any unauthorized networks or network services, or violating copyright laws.
10. Users will act responsibly at all times and will avoid all other activities that are considered to be inappropriate in the electronic school environment, including purchasing products, harassing, bullying, discriminatory or threatening communications and behavior.
11. While network files will be respected, users must understand that all information may be accessed by technology staff and administration. Users should not assume that any information in network files is private or confidential.

Unacceptable Use Includes*:

1. Any use involving materials that are obscene, pornographic or otherwise inappropriate.
2. Using the computer to harm other people or their work.
3. Any action that interferes with the operation of the network, including sending chain letters to school users or outside parties.
4. Trespassing in another's folder, work or files.
5. Not obeying the rules of copyright regarding software; changing settings or installing software without permission.
6. Accessing, attempting to access or using another person's password to access any area or site that has been blocked, locked or to which access has been limited by the system administrator.
7. Users will not knowingly degrade or disrupt electronic information resources, services, or equipment, and understand that such activity may be considered to be a crime and includes, for

example, tampering with computer hardware and software; vandalizing or modifying data without permission; invoking computer viruses; and attempting to gain access to restricted or any unauthorized networks or network services, or violating copyright laws.

**This list is not all inclusive*

The use of electronic resources, including the Internet and network, is a privilege, not a right, and unacceptable use will result in withdrawal of these privileges and/or other disciplinary actions. All users are expected to exercise good judgment. The user's parent or guardian may be held financially accountable for any intentional damage to technology resources, equipment or network. The district's Superintendent of schools or his/her designee will determine when disciplinary action is necessary.

I acknowledge that _____ and _____ have
Student Name (please print) Guardian Name
read, understand and will abide by the above policy when using Griswold Public Schools' network and computer systems.

Student Signature _____ Grade _____

School _____

Parental Consent

I give the Griswold Public School District permission to allow my child to access and use electronic information resources for educational and research purposes.

I have read this Acceptable Use Agreement and have explained and discussed its importance with my child.

I understand, and have explained to my child, that he/she may lose his/her privilege to use these resources at school and may face disciplinary action if he/she does not follow this Agreement and the Board's Policy. I understand that I may be held liable for costs incurred by my child's deliberate misuse of electronic information resources or of the District's electronic equipment or software programs.

I understand that the District will employ filtering programs, access controls, and active supervision by staff to protect students from any misuses and abuses as a result of their use of the District's electronic information services. I also understand that these controls, filters, and monitors are not foolproof and that my child may access material which I might consider controversial and offensive. I understand that the Griswold Public Schools District has no control over the content of the information available on the Internet. I will not hold the Griswold Board Of Education Board liable for materials my child obtains or views from these electronic information resources.

Parent or Guardian's Signature _____ Date _____