

Addison Central School

121 VT Route 17 W Addison, Vermont 05491
(802)759-2131 Phone (802)759-2631 Fax

www.anwsu.org/acsw

Student Registration 2018-2019

Must be completed annually

Student's name: _____

Address: _____

Home Telephone: _____

Date Of Birth: _____

Soc. Sec. No: _____

Place of Birth: _____

Gender: (circle one) Male Female

Grade: _____ Race/Ethnicity: _____

Did child attend preschool? NO YES

Name of Preschool _____

Child lives with: Both Parents Mother Father Other (name):

Mother's Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Place of employment: _____

Email address: _____

Father's Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Place of employment: _____

Email address: _____

Siblings:

Name: _____

Name: _____

Name: _____

Date of Birth: _____

Date of Birth: _____

Date of Birth: _____

Others living in the home: (please indicate relationship to student) _____

Visitation Restrictions: (Please note we must have a court order on file in the main office if there is someone forbidden to have contact with your child) _____

In the event of an early dismissal or emergency, who would you like us to contact??

Name: _____

Relationship to student: _____

Phone # _____

Name: _____

Relationship to student: _____

Phone # _____

Please sign and date this registration form _____

ACS Student Health Information

2018-2019

Yearly updates of medical concerns and allergy information help us to better take care of your child. Please fill out the information below. Thank you.

Student name: _____ Date of Birth _____ Grade _____

Child's Doctor is: _____ Phone: _____

Has your child had a physical examination in the past year? YES NO

Child's Dentist is: _____ Phone: _____

Has your child had a dental exam in the past year? YES NO

Does your child have health insurance? YES _____ NO _____

(name of insurance)

*These questions requested by State of Vermont Department of Health:

*Has a doctor, nurse or other health professional EVER said that your child has asthma?

YES NO DON'T KNOW/NOT SURE

*If YES, does your child STILL have asthma? YES NO DON'T KNOW/NOT SURE

List current allergies or health problems? _____

Current Medications: _____

(including those given at home)

name of medication dose time given

name of medication dose time given

Current Health Problems: _____

Permission for Treatment

I hereby authorize the school nurse and/or first aid provider to give my child: (check all that apply)

Tylenol ___ Ibuprofen ___ Benadryl ___ Cough Drops ___ Tums ___ when needed

Above medications will be given according to directions on the bottle unless you indicate otherwise on the line below:

In the event of a serious accident or illness, I hereby authorize ACS to contact my child's physician and/or seek emergency medical care including transportation to a medical facility. I hereby authorize the physician and emergency room staff to administer care that is deemed necessary. I understand every effort will be made to contact family first.

Permission to Exchange Medical Information

I give the Addison Central School Nurse/Health Assistant and my child's doctor permission to exchange information concerning my child's health and safety at school.

(parent or guardian signature)

(date)



ADDISON NORTHWEST SCHOOL DISTRICT

PERMISSION NOTIFICATION

2018-19

PEDESTRIAN FIELD TRIPS PERMISSION:

Occasionally, classes will walk to community locations for field trips that support the curriculum. **Teachers will give notification of each trip at least 24 hours in advance** and all transportation for such trips will be on foot.

VIDEO AND PHOTO PERMISSION:

The school occasionally takes photographic or video images of students that may be submitted to the local media, displayed on the school's website, posted to district or school managed social media accounts or included in school newsletters. In the case of photographs taken of individual or small groups of students, identification will be made using captions with names. With photographs of larger groups, no individual names will be included, only a group caption. Video of student activities will occasionally be posted to the school or district's social media outlets but individual students will not be identified by name.

PERMISSION TO PUBLISH STUDENT WORK ON THE INTERNET:

Information pertaining to school events, class projects and student work is often included on the school's website. We will not use the child's full name and will not give out any information about the student other than that pertaining to the event or the work referenced. The school promotes safe use of the internet at all levels of learning. Please note that this information may be accessible to anyone who has internet access.

STUDENT NAME: _____

GRADE: _____

My signature indicates that I give permission for the items checked below:

- Pedestrian Field Trips
- Video & Photo
- Webpage publication of images and student work

Signature of Parent/Guardian

Date

2018 - 2019 Application for Free and Reduced Price School Meals - VT Agency of Education

App #

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name	MI	Child's Last Name	School Name	Grade	Student?		Foster		Homeless	
					Yes	No	Child	Runaway	Migrant	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: 3SquaresVT or Reach-Up?

If NO > Complete STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: _____ - _____ - _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2 and provided a Case Number)

Please read How to Apply for Free and Reduced Price School Meals for more information. The Sources of Income for Children section will help you with the Child Income question. The Sources of Income for Adults section will help you with the All Adult Household Members section.

A. Child Income Sometimes children in the household earn income. Please include the TOTAL income earned by all Children listed in STEP 1 here, if applicable. See back for more information.

B. All Adult Household Members (including yourself) List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total for source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying promising) that there is no income to report.

Name Adult Household Members (First & Last)	Earnings from Work	Child Income				Public Assistance/ Child Support/ Alimony	Pensions/Retirement/ All Other Income						
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly			
\$													
\$													
\$													
\$													

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wager Earner or Other Adult Household Member X X X X X X X X

Check if no SSN

STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form

Printed name of adult completing the form

Today's date

Cell Phone Number

Street Address (if available)

Apt #

City

State

Zip

Email (optional)

Other Benefits: For information on free or low-cost health insurance contact Green Mountain Care at 1-800-250-8427 or www.GreenMountainCare.org. For information on 3SquaresVT to help with food costs, call 1-800-479-6151 or visit www.vermontfoodhelp.com.

Do Not Fill Out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income

Frequency

Household Size

Categorical Eligibility

Eligibility Free Reduced Denied

Determining Official's Signature Date

Confirming Official's Signature Date

Verifying Official's Signature Date

ADDISON NORTHWEST SCHOOL DISTRICT
Addison Central School ~ Ferrisburgh Central School ~ Vergennes Union Elementary School
Vergennes Union High School

STUDENT REGISTRATION FORM



Student Legal Name (Last, First, Middle)	Enrolling Grade:	Date of Birth: ____/____/____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Physical Address: (street #, street name, apt. #, city, state, zip)		Mailing Address: (if different from Physical)	
Town of Legal Residence: (Please circle one) Addison Ferrisburgh Panton Vergennes Waltham Other: _____		Student Home Phone: Student Home Phone is the primary number to be used by Alert Now for regular notifications (school closings)	

Proof of Residency: Please provide **ONE** of the following:

- Current tax bill
- Current mortgage papers showing name & address
- Formal lease showing name, address and telephone number of landlord and name of lessee
- Notarized letter from landlord stating the address of residence and name(s) of lessee(s), along with landlord's address and telephone number

AND also:

- Valid Vermont drivers license or identification card
- Current utility bill in your name

Migrant Status: In the last three years, have you moved with family/guardian to Addison County in search of temporary or seasonal work in agriculture or logging? Y N

Are you currently living at a shelter, transitional housing or doubled up? Y N

Is English the primary language that is spoken at home? Y N

Does your child(ren) speak any other languages? Y N If yes, what language: _____

Is there internet access from home? Y N

Student Cell Phone: _____

Ethnic Group & Race Categories: The Federal and State government **requires** that **both** these questions be answered and provides only the following categories for ethnic group and race.

1. Is this student Hispanic or Latino? (choose only one)
 - Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rico, or Central American or other Spanish culture or origin, regardless of race)
 - No
2. What is the student's race (select all that apply)
 - American Indian/Alaskan Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliations or community attachment.)
 - Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinents including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.)
 - Black or African American** (A person having origins in any of the black racial groups in Africa.)
 - Native Hawaiian/Pacific Islander** (A person having origins in any of the original peoples to Hawaii, Guam, Samoa, or other Pacific Islands.)
 - White** (A person having origins in any of the original peoples of Europe, North Africa or Middle East.)

Student is in state Care and Custody: Y N (If yes, please complete this section.)

Caseworker Name: _____ Caseworker Phone: _____ Cell: _____

Agency Name and Address (Street #, Street Name, City, State, Zip): _____

**** A copy of any Court Order pertaining to custody, restrictions or visitation of the child you are enrolling must be given to the school; otherwise each parent has equal rights.**

Primary Parent/Guardian 1 Information
(If separated/divorced, we must have a copy of custody papers showing parental/educational rights.) **

Name:	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father	
Address: (if not the same as student's physical address)	Lives with Student: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
<input type="checkbox"/> Provide duplicate mailing to this address	Has custody of Student: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Shared	
Home Phone:	Cell Phone: <input type="checkbox"/> Allow for text messages	Email:
Employer:	Employer Phone:	

Primary Parent/Guardian 2 Information
(If separated/divorced, we must have a copy of custody papers showing parental/educational rights.) **

Name:	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father	
Address: (if not the same as student's physical address)	Lives with Student: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
<input type="checkbox"/> Provide duplicate mailing to this address	Has custody of Student: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Shared	
Home Phone:	Cell Phone: <input type="checkbox"/> Allow for text messages	Email:
Employer:	Employer Phone:	

Parent/Guardian 3 Information

Name:	Relationship: <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Other _____	
Address: (if not the same as student's physical address)	Lives with Student: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
<input type="checkbox"/> Provide duplicate mailing to this address		
Home Phone:	Cell Phone: <input type="checkbox"/> Allow for text messages	Email:
Employer:	Employer Phone:	

Parent/Guardian 4 Information

Name:	Relationship: <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Other _____	
Address: (if not the same as student's physical address)	Lives with Student: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
<input type="checkbox"/> Provide duplicate mailing to this address		
Home Phone:	Cell Phone: <input type="checkbox"/> Allow for text messages	Email:
Employer:	Employer Phone:	

Previous Education Information

Name of Last School Attended:		Telephone:	
City / State of Last School Attended:		Grade Level at last school attended:	Last Date Attended School:
Special Services Information / Education Plan: Please check all that apply. <input type="checkbox"/> IEP <input type="checkbox"/> ESL <input type="checkbox"/> 504 <input type="checkbox"/> 264 <input type="checkbox"/> EST <input type="checkbox"/> Other _____			

Emergency Contacts if Parents/Guardians cannot be reached

Name:	Relationship:	Phone:	Cell Phone:
Name:	Relationship:	Phone:	Cell Phone:
Name:	Relationship:	Phone:	Cell Phone:

Names of Siblings

Name:	DOB: _____/_____/_____	Grade:	School Attending:
Name:	DOB: _____/_____/_____	Grade:	School Attending:
Name:	DOB: _____/_____/_____	Grade:	School Attending:
Name:	DOB: _____/_____/_____	Grade:	School Attending:

I certify that all the information on this student registration form is true and correct to the best of my knowledge and belief.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

For Internal Use Only * Mandatory Forms for Completion	Student ID: _____	State ID Number: _____	Enrollment Date: _____
	<input type="checkbox"/> Completed Student Registration	<input type="checkbox"/> Birth Certificate on file	<input type="checkbox"/> Proof of Residency on file
	<input type="checkbox"/> Immunization/Health Records	<input type="checkbox"/> Received Records from sending school	<input type="checkbox"/> Free/Reduced Lunch form
	<input type="checkbox"/> Authorization for Emergency Care	<input type="checkbox"/> Student Record Transfer request made	<input type="checkbox"/> Permission Forms
<input type="checkbox"/> School Choice Student <input type="checkbox"/> Tuition Student <input type="checkbox"/> Exchange Student <input type="checkbox"/> Home Schooled Student			

Kid Zone - Fall 2018

This year, Kid Zone will be open to all ACS students in grades 1 thru 6. Kid Zone provides a time which includes: a snack, a game or two, sometimes a craft, and a non-denominational Christian lesson, hosted



at the Addison Community Baptist Church. We have kids participating from all sorts of church backgrounds...and some with no connection to a church - all are welcome!

This year, we are again asking parents and grandparents to sign up to help with at least one of our scheduled meetings. This will give all of you a better knowledge of what we are doing...as well as give us additional help keeping order if we end up with our usual large crowd of kids. We will always have two or more adults (I think we have at least 4 committed to helping at this point) present for safety's sake...more can only help!

Dates for the fall "semester," all on Wednesdays:

September 5, 19

October 3, 17, 31

November 14, 28

December 12 - family Christmas celebration

Children will need to be picked up no later than **4:15 PM!**

Questions? Call Pastor Steve @ 349-6811

(keep this portion for your records...return section below to Suzie @ ACS)

I give my permission for _____ to participate in Kid Zone @ the Addison Community Baptist Church for the fall of 2018.

Parent/Guardian _____

Phone number(s) where someone (Parent/Grandparent/Sitter/ Etc.) can be reached at 4 PM:

ADDISON NORTHWEST SCHOOL DISTRICT | 2018-2019 CALENDAR

23-24 Convocation
27-28 Convocation
29 First Day of School

# student days	3
Accumulated days	3

AUGUST '18						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

FEBRUARY '19						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

5 Early Release Day
18-22 Winter Recess

# student days	15
Accumulated days	110

3 Labor Day

# student days	19
Accumulated days	22

SEPTEMBER '18						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

MARCH '19						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						
31						

7 Early Release Day
8 Parent Conferences
29 In-Service Day

# student days	19
Accumulated days	129

2 Early Release Day
19 Recess

# student days	22
Accumulated days	44

OCTOBER '18						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

APRIL '19						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

10 Early Release
22-26 Spring Recess

# student days	17
Accumulated days	146

2 Parent Conferences
7 Early Release Day
19-23 Thanksgiving Recess

# student days	16
Accumulated days	60

NOVEMBER '18						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

MAY '19						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

7 Early Release Day
27 Memorial Day

# student days	22
Accumulated days	168

6 Early Release Day
24-31 Holiday Recess

# student days	15
Accumulated days	75

DECEMBER '18						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

JUNE '19						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

12* Anticipated Last Day
13 In-Service Day
14 VUHS Graduation

*For every unscheduled school closing day, one day will be added to the June calendar

# student days	8
Accumulated days	176

1 Holiday Recess
21 M.L. King Day
22 In-Service Day

# student days	20
Accumulated days	95

JANUARY '19						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

LEGEND	
	In-Service Day (no school)
	Early Release Day
	Holiday/School Recess (no school)
	Parent Conference Day (no school)
	Student First Day
	Anticipated Last Day

Addison Northwest School District
877-3332
www.anwsd.org

DRAFT: 1/24/2018
REVISED: 3/19/2018
FINAL: 3/21/2018