



# Ipswich Public Schools

1 Lord Square, Ipswich MA 01938 Phone: 978-356-2935 Fax: 978-356-0445

## MIDDLE/HIGH SCHOOL Student Enrollment Checklist

Middle School  High School

### Residency Validation Documentation

(You must provide ONE from each list)

#### 1. Evidence of Residency (check one)

- Mortgage Payment or Property Tax  Lease or Rental Payment Receipt  
 Landlord Affidavit and Rental Payment Receipt  Section 8 Housing Agreement

#### 2. Evidence of Occupancy (check one)

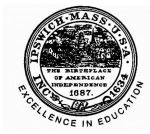
- Gas or Oil Bill  Electric Bill  
 Cable Bill  Excise Tax Bill  
 Home Phone or Cell Phone Bill

#### 3. Evidence of Identification (check one)

- Valid Driver's License  Valid MA Photo ID Card  
 Passport

### Enrollment Forms (Please check off once completed)

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Military Status Form
<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Web Publishing Guidelines
<input type="checkbox"/> Most Recent Physical (within 1 year)	<input type="checkbox"/> Technology Acceptable Use Agreement
<input type="checkbox"/> Authorization for Release of Records	<input type="checkbox"/> Release of Student Info to Military Recruiter: <b>HS ONLY</b>
<input type="checkbox"/> Student Enrollment Form	<input type="checkbox"/> Athletic Student Eligibility Transfer: <b>HS ONLY</b>
<input type="checkbox"/> Contact Information Update Form	<input type="checkbox"/> Health History
<input type="checkbox"/> Home Language Survey	<input type="checkbox"/> Health Update/Authorization for Medical Treatment
<input type="checkbox"/> Ethnicity Form	<input type="checkbox"/> Current Report Card: <b>HS ONLY</b>



# Ipswich Public Schools

1 Lord Square, Ipswich MA 01938 Phone: 978-356-2935 Fax: 978-356-0445

## Residency Validation Requirement

Please be advised that, according to Massachusetts General Laws Chapter 75, Section 5, the Ipswich Public District is not required to enroll a student who does not reside in our community. The only exception is those students legally enrolled through the State's school choice program.

Under Massachusetts General Laws Chapter 76, Section 5, only students who actually reside in Ipswich may enroll in the Ipswich School District. In order to verify residency within the Town, a student enrolling in the Ipswich School District must provide documentation of actual residence. In addition to providing such documentation at the time of initial enrollment, the school administration may request verification at any later time if there is doubt of actual residence. The School District reserves the right to require additional information to establish residence.

All applicants for enrollment must submit at least one document each from Column A, B, and C and any other documents that may be requested, including but not limited to those from Column A, B, or C (noted below). A parent, guardian, or student who is unable to produce the required documents should contact the Superintendent of Schools.

<b>Column A</b>	<b>Column B</b>	<b>Column C</b>
<u>Evidence of Residency</u>	<u>Evidence of Occupancy</u>	<u>Evidence of Identification</u> (Photo ID)
Record of recent mortgage payment and/or property tax bill	Recent bill dated within the past 60 days showing Ipswich address	Valid Driver's License Valid MA Photo ID Card Passport
Copy of Lease and record of recent rental payment	Gas Bill Oil Bill Electric Bill	
Landlord Affidavit and recent rental payment	Home Phone Bill Cable Bill Excise Tax Bill	
Section 8 Housing Agreement		



# Ipswich Public Schools

1 Lord Square, Ipswich MA 01938 Phone: 978-356-2935 Fax: 978-356-0445

## Authorization for Release of Student Records

### Grades 1-12

Paul F. Doyon Memorial School  
216 Linebrook Road  
Ipswich, MA 01938 (fax) 978-356-8574

Winthrop School  
65 Central Street  
Ipswich, MA 01938 (fax) 978-356-8739

Ipswich Middle School  
130 High Street  
Ipswich, MA 01938 (fax) 978-412-8169

Ipswich High School  
134 High Street  
Ipswich, MA 01938 (fax) 978-356-3720

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

New Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Former Address: \_\_\_\_\_

\*\*\*\*\*

From Former School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

To New School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ Fax: \_\_\_\_\_

\*\*\*\*\*

### Records:

Student records are requested upon transfer, outside evaluation, admission to further education or employment. I hereby request that the records indicated below be forwarded to/from the Ipswich Public Schools (as indicated above):

All contents of cumulative record, including those listed below

Grade Record

Test Scores (Standardized)

Attendance Records

Discipline Records

Health Records

School Activities

Special Education Records,  
Education Plans, Evaluations

Other  
\_\_\_\_\_

\*\*\*\*\*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student:  Parent  Legal Guardian  Student



# Ipswich Public Schools

1 Lord Square, Ipswich MA 01938 Phone: 978-356-2935 Fax: 978-356-0445

## Student Enrollment Form

### 1. Student Information:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name Student Goes By: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Primary Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_ Nationality: \_\_\_\_\_

Student Lives With: Both Parents: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian: \_\_\_\_\_

Other Children in Household: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Please specify if student have a sibling at either DOYON or WINTHROP(**Elementary Enrollment ONLY**) \_\_\_\_\_

Does the student have an Individual Education Plan (IEP)? \_\_\_\_\_

### 2. Emergency Contact:

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Second Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

### 3. Parent or Guardian Information:

Parent/Guardian  
1: \_\_\_\_\_

Parent/Guardian  
2: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Second Phone: \_\_\_\_\_

Second Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work  
Address \_\_\_\_\_

Work  
Address \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### **For Office Use Only:**

ID # \_\_\_\_\_ Homeroom: \_\_\_\_\_ Locker # \_\_\_\_\_ Grade: \_\_\_\_\_



# Ipswich Public Schools

1 Lord Square, Ipswich MA 01938 Phone: 978-356-2935 Fax: 978-356-0445

## Contact Information Update

The Blackboard Connect system allows for two types of messages to be sent, an outreach message or an emergency message. An outreach message will be sent only to the Primary phone contact and the Primary email addresses. An emergency message will be sent out to all contact numbers and email addresses.

Please list below your contact information in the order of which you wish to be contacted. Please indicate all phone numbers as a home, cell, or work number.

### Phone Numbers

#### Used for the Blackboard Connect Outreach/Emergency system

##### Primary Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please circle one: Cell Home Work

##### Second Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please circle one: Cell Home Work

##### Third Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please circle one: Cell Home Work

### Email Address

#### (Used for the Blackboard Connect Outreach/Emergency system)

##### Primary Contact:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

##### Second Contact:

Name: \_\_\_\_\_ Email: \_\_\_\_\_



# Ipswich Public Schools

1 Lord Square, Ipswich MA 01938 Phone: 978-356-2935 Fax: 978-356-0445

## 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	
First Name	Middle Name
Gender F <input type="checkbox"/> M <input type="checkbox"/>	
Last Name	
Country of Birth	Date of Birth (mm/dd/yyyy) <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u>
	Date first enrolled in ANY U.S. school (mm/dd/yyyy) <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u>
School Information	
Start Date in New School (mm/dd/yyyy) <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> /20 <u>  </u>	Name of Former School and Town
	Current Grade
Questions for Parents/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
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
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	Today's Date: <u>  </u> / <u>  </u> / <u>  </u> /20 <u>  </u> (mm/dd/yyyy)



# Ipswich Public Schools

1 Lord Square, Ipswich MA 01938 Phone: 978-356-2935 Fax: 978-356-0445

## Student Ethnicity Form

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please answer BOTH questions 1 and 2:**

**1. Is this student Hispanic or Latino? (please choose only one)**

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

**2. What is the student's race? (please choose one or more)**

- American Indian or 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)
- Asia (a person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)
- Black or African American (a person having origins in any of the original people 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)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Ipswich Public Schools

1 Lord Square, Ipswich MA 01938 Phone: 978-356-2935 Fax: 978-356-0445

## Military Status Survey

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Do your children have a family member who is or has been in the military that makes them eligible for assistance under the compact? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Please circle yes if any of the following applies:

YES NO Active duty members of the uniformed services, National Guard and Reserve on active duty orders

YES NO Members or veterans who are medically discharged or retired within the past year

YES NO Members who have died not covered above

YES NO Department of Defense personnel, federal agency civilians, and contract employees not defined as active duty.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Ipswich Public Schools

1 Lord Square, Ipswich MA 01938 Phone: 978-356-2935 Fax: 978-356-0445

## WEB PUBLISHING GUIDELINES

The Ipswich Public Schools' website is designed to provide an electronic environment to improve communication among teachers, students, staff, administration and the community. The sharing of ideas between students and the global community will enhance the learning process. Student material posted on the World Wide Web must reflect the high educational standards of the Ipswich Public Schools.

To ensure the safety of our students and the accuracy and security of district information, the guidelines and procedures listed below must be followed:

- No student's personal information, such as last name, home address, and telephone number may be posted on the web site.
- Requests to post material on the Ipswich Public School Website must have prior approval of the Principal or Superintendent. After approval, the material must be submitted in HTML on disk to the District Technology Coordinator or the designated school Web Master.
- All copyrighted material used must have the express written permission of the person or organization that owns the copyright.
- Logos or Trademarks used must have written permission from the person or organization that owns the trademark.
- All official home pages must have at least one link back to the District home page.
- Student directory information may not be published.
- Students will not have access to the District server to either upload or edit information.
- The creator of the home page is responsible for ensuring that the information contained therein is of the highest editorial standards (spelling, punctuation, grammar, style, etc.). The information should be factually accurate and current. If errors are observed, the District Technology Coordinator or designated school Web Master should be contacted to make the necessary corrections.
- Photo images, names, and student work are sometimes displayed on the web pages as a means of communicating and sharing student achievements with the community and other schools. Examples of such displays include sports teams and captains, play casts, art work/show winners, writing contests, etc. I understand that other persons accessing the World Wide Web who are not part of the educational community may view these images. I give my permission to Ipswich Public Schools to display on the school web pages pictures of my child, his/her work, and name (first name only), as they relate to activities, projects, and programs at the school.
- Parent's signature is valid for the entire time of the student's attendance in an Ipswich School building.

**Parent/Guardian Signature:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# Ipswich Public Schools

1 Lord Square, Ipswich MA 01938 Phone: 978-356-2935 Fax: 978-356-0445

## TECHNOLOGY ACCEPTABLE USE AGREEMENT

Computers and the Internet are available to students and staff to enhance the curriculum and promote educational excellence. Use of all computers owned by the Ipswich Public Schools and the Internet is a privilege, not a right, and access will be provided to those who agree to act in a considerate and responsible manner. Information sent or received by email, the Internet or other means over the computers available to students and staff is the property of the Ipswich Public Schools and may be accessed at any time by the Ipswich Public Schools for its review. In the event that a review reveals that this policy has been violated in any way, or that the privilege of using the computer and the Internet is being abused in any way, appropriate action will be taken against the individual or individuals involved. Violations will be referred to a school administrator for disciplinary or legal action. Building administrators, or in certain circumstances the Superintendent of Schools, will determine the consequence for inappropriate use that includes, but is not limited to, loss of computer/Internet use. Some consequences may be based on policies established in the Student Handbook. Federal and state law may cover other violations.

### Students, administrators, staff and faculty must:

1. **Respect the use of technology and computers for educational purposes:**

- Not intentionally access, transmit, copy, create, send, display or receive material that violates the school's code of conduct (such as messages, pictures or other media that are offensive, pornographic, threatening, rude, discriminatory, defamatory, abusive, obscene, profane, sexually oriented, racially offensive or intended to harass).
- Not use email to transmit spam, chain letters, unsolicited mass mailings, or for any other reason that violates the school's code of conduct.
- Not buy, sell, advertise or otherwise conduct business, unless approved as a school project.
- Not use computers/Internet to play non-educational games or other non-academic activities such as downloading of MP3s and other non-school related materials.
- Not use computers/Internet for political lobbying.
- Not participate in any type of teleconferencing or chat for reasons other than educational purposes.

2. **Respect and protect the privacy of others:**

- Use only your assigned accounts.
- Not view, use, or copy passwords, data or networks to which one is not authorized.
- Not distribute private information about others or oneself.

3. **Respect and protect the integrity, availability and security of all electronic resources:**

- Observe all network security practices.
- Report security risks or violations to a teacher or network administrator.
- Not access, destroy or damage data, networks or other resources that do not belong to oneself, without clear permission of the owner or instructional staff.

- Conserve, protect and not share these resources with other students and Internet users.
- Not change in any way the configuration of a computer or network without permission of instructional staff.
- Not intentionally waste resources, such as paper, ink cartridges, ribbons, storage space, etc.
- Not download files, programs or join listservs or newsgroups without express permission of instructional staff.

4. **Respect and protect the intellectual property of others:**

- Not infringe copyrights (no making illegal copies of music, games or movies).
- Not plagiarize.
- Not use translation software in place of reading or writing foreign language activities.

5. **Respect and practice the principles of network etiquette:**

- Communicate only in ways that are kind and respectful.
- Report threatening or discomfoting materials to instructional staff.
- Not use the resources to further other acts that are criminal or violate the school’s code of conduct.
- Not reveal personal names, addresses or phone numbers of oneself or others over the Internet.

**Students (under the supervision of a teacher), administrators, staff and faculty may, only if in accord with this policy:**

1. Design and post web pages and other material from school resources.
2. Use direct communications such as IRC (Internet Relay Chat), online chat, blogs, wikis, podcasts, YouTube or instant messaging.
3. Install or download software if also in conformity with federal and state laws and licenses.
4. Use the resources for any educational purposes.

**Consequences for Violation.**

Violation of these rules may result in disciplinary action, including the loss of privileges to use the Ipswich Public Schools’ information technology resources.

**Supervision and Monitoring**

School and network administrators and their authorized employees monitor the use of information technology resources to help ensure that uses are secure and in conformity with this policy. Administrators reserve the right to examine, use and disclose any data found on the Ipswich Public Schools’ information networks in order to further the health, safety, discipline or security of any student or other person, or to protect property. They may also use this information in disciplinary actions and will furnish evidence of crime to law enforcement.

**I ACKNOWLEDGE AND UNDERSTAND MY OBLIGATIONS:**

Student’s/Staff’s Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- **PARENTS, PLEASE DISCUSS THESE RULES WITH YOUR STUDENT TO ENSURE HE/SHE UNDERSTANDS THEM.**
- **THESE RULES ALSO PROVIDE A GOOD FRAMEWORK FOR YOUR STUDENT’S USE OF COMPUTERS AT HOME, AT LIBRARIES OR ANYWHERE.**
- **FOR MORE INFORMATION, SEE [www.cybercrime.gov](http://www.cybercrime.gov).**



# Ipswich Public Schools

1 Lord Square, Ipswich MA 01938 Phone: 978-356-2935 Fax: 978-356-0445

## HIGH SCHOOL ONLY

### Ipswich High School Athletic Department Student Eligibility/ Transfer Form

Student Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Student's Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Enrollment in Ipswich High School: \_\_\_\_\_

Name of Previous School: \_\_\_\_\_

Address of Previous School: \_\_\_\_\_

Are you interested in participating in our athletic program? YES\_\_\_ NO\_\_\_

If you answered "YES", please complete the following questions.

1. Which sports do you wish to play?

\_\_\_\_\_

2. Name the sports/levels played at your previous schools?

\_\_\_\_\_  
\_\_\_\_\_

3. Reason to transfer to Ipswich High School?

\_\_\_\_\_

4. Have you ever repeated a grade?

\_\_\_\_\_

5. Have you ever not attended school on a regular basis?

\_\_\_\_\_

***For office only: This form should be forwarded to the Athletic Director***



# Ipswich Public Schools

1 Lord Square, Ipswich MA 01938 Phone: 978-356-2935 Fax: 978-356-0445

## HIGH SCHOOL ONLY

### Release of Student Information to Military Recruiter and/or College/University Recruiters

Under the federal "No Child Left Behind" Act, public high schools must give the names, addresses and telephone numbers of students to the U.S. military and college/university recruiters if the recruiters request the information. Students or their parents have the right to instruct the school in writing that their personal information is NOT to be released.

If you do not consent to the release of this information to military and/or college recruiters, please check the appropriate box below.

Student Name: \_\_\_\_\_

\_\_\_\_\_ DO NOT release student contact information to MILITARY RECRUITERS

\_\_\_\_\_ DO NOT release student contact information to COLLEGE/UNIVERSITY RECRUITERS

Signature of Student of Parent\*\*: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Students have the right to request that their contact information not be released to recruiters. Parents can override a child's decision by notifying the school in writing ONLY if the student is under 18.**

§7908. Armed Forces recruiter access to student recruiting information:

(a) Policy.

(1) Access to student recruiting information. Notwithstanding section 444(a)(5)(B) of the General Education Provisions Act [20 USCS §§ 1232g(a)(5)(B)] and except as provided in paragraph (2), each local educational agency receiving assistance under this Act [20 USCS §§6301 et seq.] shall provide, on a request made by military recruiters or an institution of higher education, access to secondary school students names, addresses, and telephone listings.

(2) Consent. A secondary school student or the parent of the student may request that the student's name, address, and telephone listing described in paragraph (1) not be released without prior written parental consent, and the local educational agency or private school shall notify parents of the option to make a request and shall comply with any request.

(3) Same access to students. Each local educational agency receiving assistance under this Act [20 USCS §§ 6301 et seq.] shall provide military recruiters the same access to secondary school students as is provided generally to post secondary educational institutions or to prospective employers of those students.

(b) Notification. The Secretary, in consultation with the Secretary of Defense, shall, not later than 120 days after the date of enactment of the No Child Left Behind Act of 2001 [enacted Jan. 8, 2002], notify principals, school administrators, and other educators about the requirements of this section.

(c) Exception. The requirements of this section do not apply to a private secondary school that maintains a religious objection to service in the Armed Forces if the objection is verifiable through the corporate or other organizational documents or materials of that school.

(d) Special rule. A local educational agency prohibited by Connecticut State law (either explicitly by statute or through statutory interpretation by the State Supreme Court or State Attorney General) from providing military recruiters with information or access as required by this section shall have until May 31, 2002, to comply with that requirement.



# Ipswich Public Schools

---

Welcome to Ipswich Middle/High School Health Services

Please complete the Annual Health History Update and Authorization for Emergency Treatment forms. In addition, please include the following with your child's enrollment packet:

- Current proof of physical from your child's Primary Care Provider (PCP). Physicals must be dated within 13 months of enrollment date.
- Up to date immunization record; see below for requirements. For vaccine exemption, proper documentation must be on file prior to enrollment as per state law.
- [Parent](#) and [Provider](#) Forms for students who require prescription medications during the school day. Refer to the district's medication administration [policy](#) for details.

**Grade 6:** A current physical and updated immunization documentation.

**Grade 7 and Grade 8:** A current physical plus the following immunizations:

A series of **three Hepatitis B** vaccines, a second dose of **MMR**, updated **TDAP** within the past 5 years, and documentation of having had the chickenpox virus or vaccine.

*\*NEW\*- one dose of **meningococcal conjugate***

**Grades 9-12:** A current physical and immunizations (must be current for the student's age and must meet the State of Massachusetts requirements)

*\*NEW\*- one booster dose of **meningococcal conjugate***

**All Students: NEW Influenza Requirement:** 1 dose; seasonal influenza vaccine for the current flu season must be received annually by December 31st.

For questions or concerns, please contact your child's school specific nurse.

Middle School: Jennifer Reed, BSN, RN (978) 356-3535, ext 2257

High School: Paula Butt, BSN, RN (978) 356-3137, ext 2157

# Ipswich Public Schools

## Health History Form

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**Allergies:** Please list and describe any allergies (food, drug and/or environmental):

Allergy	Reaction Include trigger(s) for food allergies	Treatment

**Food Restrictions** (vegetarian, etc.): \_\_\_\_\_

**Health Conditions** (Check all that apply):

<input type="checkbox"/> ADD/ADHD		<input type="checkbox"/> Mental health condition	
<input type="checkbox"/> Asthma/Respiratory condition	<input type="checkbox"/> Inhaler	<input type="checkbox"/> Neurologic condition	
<input type="checkbox"/> Autism		<input type="checkbox"/> Operation	
<input type="checkbox"/> Blood disorder		<input type="checkbox"/> Scoliosis	
<input type="checkbox"/> Dental injuries, braces		<input type="checkbox"/> Seizure disorder	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Skin condition	
<input type="checkbox"/> Ear infections/impairment	<input type="checkbox"/> Hearing aids <input type="checkbox"/> cochlear implants	<input type="checkbox"/> Speech condition	
<input type="checkbox"/> Frequent sore throats/strep		<input type="checkbox"/> Skin condition	
<input type="checkbox"/> GI conditions (crohn's, reflux)		<input type="checkbox"/> Substance abuse	
<input type="checkbox"/> Headaches/ migraines		<input type="checkbox"/> Urinary condition	
<input type="checkbox"/> Heart condition		<input type="checkbox"/> Vision impairment	<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts
<input type="checkbox"/> Hospitalization		<input type="checkbox"/> Other:	

**Current Medications:** If your child requires specific medication during the school day, please contact your school nurse. Certain forms MUST be completed for medication to be dispensed during school hours.

	Name(s) and Dose(s)
Given at school:	
Taken at home:	

**Is there any condition that would prevent your child from participating in physical education or sports?**

If yes, please describe: \_\_\_\_\_

**Is your child followed by any specialty physicians/providers?**

If yes, please list: \_\_\_\_\_

**Please list any additional concerns or pertinent information:** \_\_\_\_\_

\_\_\_\_\_

*I give permission for the school nurse to share information with the child's teacher(s) as needed for the benefit of my child's health and educational needs. \_\_\_\_\_ YES \_\_\_\_\_ NO*

Parent/Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Ipswich Public Schools

## Annual Health Update/ Authorization for Treatment

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_ Secondary Contact Number : \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Contact Number : \_\_\_\_\_ Secondary Contact Number : \_\_\_\_\_

Local person to contact in case parent/guardian cannot be reached: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Permission to Receive Over the Counter (OTC) Medications

*The School Nurse has my permission to administer the following medications (check all that apply):*

_____ Ibuprofen (Advil, Motrin)	_____ Tums
_____ Tylenol (acetaminophen)	_____ Cough drops/Lozenges
_____ Sudafed (Phenylephrine)	_____ Midol (females only)
_____ Cough syrup (Robitussin)	_____ NO OTC medications to be given
_____ Other: _____	

### Consent for Medical Professional Collaboration

There may be occasions on which the school nurse may need to contact your physician or dentist for health information. If you agree to this communication, please sign below.

***I give permission for the school nurse to contact my child's provider(s) when necessary: \_\_\_ YES \_\_\_ NO***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Physician: \_\_\_\_\_

Other Instructions/Concerns: \_\_\_\_\_

**I HEREBY AUTHORIZE EMERGENCY TREATMENT FOR THE ABOVE NAMED STUDENT.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

If your contact information has changed from last year, please indication by checking here: \_\_\_\_\_  
Middle\_\_\_ High\_\_\_





# 2022-2023 Massachusetts Application for Free and Reduced Price School Meals

If you have received a **Notice of Direct Certification – FREE** from the school district for free meals, **do not** complete this application. If you have received a **Notice of Direct Certification – REDUCED PRICE** from the school district for reduced price meals, this application may be submitted. **DO** let the school know if any children in the household are not listed on the **Notice of Direct Certification – FREE** letter you received.

## 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? Circle Yes or No	Foster	Homeless	Migrant	Runaway
						Check all that apply			
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Y N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

Write the **Agency ID Number**, then go to **STEP 4** (Do not complete STEP 3) **EBT number not accepted; SNAP award letter may be requested** Agency ID Number: \_\_\_\_\_

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Review the charts titled "Sources of Income" for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members section

### A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here:

Child Income	How often?			
	Weekly	Bi-Weekly	2x Month	Monthly
\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 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 gross income (before taxes) for each source in whole dollars (no cents) 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 of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/ Alimony	How often?				Pensions / Retirement / All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Total Household Members (Children and Adults)

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

XXX-XX-  Check if no SSN

## STEP 4 Contact Information and Adult Signature **Mail Completed Form To: CENTRAL OFFICE, 1 LORD SQUARE, IPSWICH MA, 01938**

"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."

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed name of adult signing the form	Signature of adult	Today's date		Error prone <input type="checkbox"/>	

