

Dear Parents and Guardians:

Welcome to Farmington River Elementary!

Enclosed is the 2021/2022 Registration Packet for your child.

Please -- complete these important forms and return ASAP.

The following forms must be completed only **once per family**:

- Student Emergency Information Card
- School Health Form*
- First Aid and Emergency Medical Care Consent Form*
- Parental Permission to Display Form
- Consent and Release and Indemnification Agreement (only 4-6 students)
- Network Information Resources (only K-6 students)*
- Home language survey*
- Free & Reduced School Meals Application – ***Meals are FREE for all student this school year 2021-22***

Families with multiple children enrolled at Farmington River will find these forms in their
→ ***youngest child's*** ←
registration packet

*Forms that must be completed **one for each student**:



Please return ALL the completed forms **ASAP**



Please submit a copy of the following:

- * Copy of Birth Certificate
- * Copy of Immunizations and Physical
- * Copy of Proof of Residency

If you have any questions please give the Main Office a call at 413-269-4466.

FARMINGTON RIVER REGIONAL SCHOOL DISTRICT

STUDENT EMERGENCY INFORMATION FORM 2021-2022

Dear Parent/Guardian:

Please read and **complete both sides** of this form completely and return it to the office as soon as possible. *You will only need to complete one form per household.* **If at any time your information changes (i.e. emergency contact person, telephone numbers, address, email) contact the office immediately.** This information is extremely important!

Thank you.

Name of Student				Grade	Date of Birth	Town of Birth
Last	First	Middle				
			-			
			-			
			-			
			-			

Home Street Address: _____
(no PO Box)

Mailing Address (if different from street address): _____

Parent/Guardian

Parent/Guardian #1 Name: _____ Relationship to Student: _____

Home #: _____ Work #: _____ Cell #: _____

E-Mail Address: _____

Address if different from above: _____

Parent/Guardian #2 Name: _____ Relationship to Student: _____

Home #: _____ Work #: _____ Cell #: _____

E-Mail Address: _____

Address if different from above: _____

Emergency Contact who will assume temporary care of child/ren if you cannot be reached:

1. Name: _____ Relationship to Student: _____

Home #: _____ Work #: _____ Cell #: _____

2. Name: _____ Relationship to Student: _____

Home #: _____ Work #: _____ Cell #: _____

3. Name: _____ Relationship to Student: _____

Home #: _____ Work #: _____ Cell #: _____

PLEASE COMPLETE & SIGN THE REVERSE SIDE

PHYSICIAN INFORMATION

In case of an accident or 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 below and to follow his/her instructions. If it is impossible to contact this physician, the school may make necessary arrangements for my child. Your child may be transported by ambulance to an emergency care facility if necessary.

Physician's Name: _____ Office Telephone: _____
Address: _____ Cell Phone: _____

HEALTH INSURANCE INFORMATION

Health Insurance Company: _____ Group: _____ Policy #: _____

If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse for more information about these programs. All communication will be confidential.

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs.

Please list all medications that your child takes: _____

I give permission to have the school nurse, or school personnel delegated by the nurse (if applicable), to administer the following: *(Doses determined by age and weight)*

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> ALL of the following: | <input type="checkbox"/> Benadryl | <input type="checkbox"/> Bacitracin Ointment | |
| <input type="checkbox"/> NONE of the following: | <input type="checkbox"/> Antacid | <input type="checkbox"/> Cough Drops | <input type="checkbox"/> Hydrocortisone Cream 1% |
| | <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Ibuprofen (Advil) | <input type="checkbox"/> Sunscreen |

EMERGENCY OR WEATHER CLOSING

We are continuing to use the **School Messenger** system to contact parents in the event of an emergency or weather closing. The School Messenger system can contact up to 3 phone numbers and an e-mail address. Please provide numbers/e-mail address you would like the school to use to contact you. Please remember this is an automated system, if you provide us with a work number that is not a direct number to you, it will leave a message with the person who answers the phone.

1. Name: _____ Phone #: _____
2. Name: _____ Phone #: _____
3. Name: _____ Phone #: _____
4. E-Mail Address: _____

Please discuss your emergency or weather closing plans with your child/ren. If there is an emergency or weather closing my child/ren will be: (please select option)

- Picked-up at school
- Take the bus to his/her home only if parent/guardian is visible to the bus driver. My child will be returned to school if parent/guardian is not visible.
- Take the bus to the following caretaker:
Name: _____
Address: _____

Parent or Guardian Signature:

Date:

SCHOOL HEALTH FORM

School Year: 2021-2022

Name of Child: _____ Date of Birth: _____ Grade: _____

Doctor's Name & Phone: _____

Dentist's Name & Phone: _____

Date of last physical exam: _____ Date of last dental exam: _____

Explain any dental problems that might cause discomfort at school: _____

Accidents (explain): _____

Past Surgeries: _____

Hospitalizations: _____

Known Vision Problems: _____ Glasses: ____ Yes ____ No

Known Hearing Problem: _____ Known Physical Problem: _____

Identify any current health problems:

- | | | | |
|---------------------------------------|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Sickle cell anemia |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Eczema | <input type="checkbox"/> Broken bones | <input type="checkbox"/> Vision |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Kidney/bladder | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Tubes in Ears | <input type="checkbox"/> Bed-wetting | <input type="checkbox"/> Bowels |
| <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Seizures | <input type="checkbox"/> Other _____ | |

Identify any medical or physical condition that would limit child's full participation in gym or school activities:

List allergies to:

Foods: _____

Medicine: _____

Insect Bites: _____

Is Epi-Pen required? _____

List medication taken regularly: _____

Is there anything else about this child's health you think is important for the school nurse to know? Please explain. _____

I give permission to the school nurse to contact my child's physician if medically necessary.

Parent/Guardian Signature

Date

If your child has asthma, complete the asthma record on the back.

SCHOOL ASTHMA RECORD

Name of Child: _____ Date of Birth: _____

Briefly describe what causes your child's asthma symptoms: _____

Does your child use asthma medication? _____

Does your child have asthma medication at school? _____

Should your child participate in gym class or sports during an episode? _____

If your child uses medication at school, please indicate below medication used by inhaler (name of medication, dose, how often)

Medication used by nebulizer (name of medication, dose, how often)

Other asthma medication used at school

Does your child suffer any side effects to these medications? If so, list

Name of doctor prescribing asthma medication: _____

ALL MEDICATION INCLUDING INHALERS MUST BE KEPT IN NURSE'S OFFICE.

FARMINGTON RIVER REGIONAL SCHOOL DISTRICT

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM 2021-2022 Academic Year

Child's Name: _____ Date of Birth: _____

I authorize staff in school who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____ and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (in order to be contacted)

Name: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage: _____ Policy # _____

Parent/Guardian Name: _____

Phone Number: _____ Cell Phone: _____

Parent/Guardian Name: _____

Phone Number: _____ Cell Phone: _____

Parent/Guardian Signature

Date (Valid for one year)

Farmington River Regional Elementary School

Parental Permission to Display

2021-2022 School Year

CHILD'S NAME: _____ GRADE: _____
_____ GRADE: _____
_____ GRADE: _____

Dear FRRES Parent/Guardian:

Our school receives requests from local organizations - such as libraries, town halls and museums - to display student work products (posters, projects, stories, poems, paintings, etc.), as well as photos or videos of our students. This is a wonderful opportunity for our students to receive well-deserved recognition from local communities. It is also a nice way for students to give something back to the communities that support their school district.

We also receive requests from media organizations, like *The Berkshire Eagle*, that wish to feature performances, concerts and programs at our school. These articles include photographs of students participating in events and/or examples of student work products. Again, this is for the purpose of highlighting our talented student body.

We respect everyone's right to privacy. Please indicate your agreement to the following:

PARENTAL PERMISSION TO DISPLAY outside of the school building or on the school's website, with or without the student's name, the following:

- Photographs / images / videos / recordings of student at FRRES;
- Samples of student work and program/ performance information;
- School awards, honors or recognitions.

I give permission to display the above - With / - Without student's name: YES NO

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

Parent/guardian's signature: _____

Date: _____

Farmington River Regional Elementary School District

CONSENT AND RELEASE AND INDEMNIFICATION AGREEMENT

The Undersigned, being the parent(s)/guardian(s) of the following minor(s):

_____, in Grade _____
_____, in Grade _____
_____, in Grade _____

do hereby consent to my/our child's participation in any **voluntary athletic and/or recreation program(s)** of the Farmington River Regional School District ("District").

Further, in consideration of permitting my/our child's participation in any voluntary athletic and recreational program(s) of the District the Undersigned releases and forever discharges the District and those for whom it is legally liable and members of the District's School Committee and the District's employees, agents, volunteers and any and all individuals and organizations assisting or participating in a voluntary athletic or recreation program(s) of the District ("the Releasees") from any and all claims, rights of action and causes of action and damages for personal injury and death and property damage resulting, arising from or occasioned by my/our child's participation in any District voluntary athletic or recreational program(s) regardless of whether or not such claims, rights of action and causes of action and damages were caused in whole or in part by one or more of the Releasees.

Further, each parent/guardian, jointly and severally, agree to indemnify, defend and hold harmless including, but not limited to attorney's fees and expenses, the Releasees against any and all claims, rights of action and causes of action and damages for personal injury and death and property damage, resulting, arising from or occasioned by my/our child's participation in any District voluntary athletic or recreational program(s) regardless of whether or not such claims, rights of action and causes of action and damages for personal injuries, death or property damage was caused in whole or in part by one or more of the Releasees.

The Undersigned further affirms that the Undersigned has/have read this Consent and Release and Indemnification Agreement and understand the contents thereof. The Undersigned understands that my/our child's participation in any voluntary athletic and recreational program(s) is not required by the District's course of instruction and that my/our child need not participate in such program(s) and the Undersigned are free to choose to not have my/our child participate in such program(s). By signing this document, the Undersigned affirm that the Undersigned have decided to allow my/our child to participate in the District's athletic and recreational program(s) with full knowledge that the Releasee will not be liable to anyone for personal injuries, death to my/our child or property damage resulting, arising from or occasioned by my/our child's participation in any voluntary athletic and recreational program(s).

Signed and sealed this _____ day of _____, 20 _____.

Parent / Guardian

Parent / Guardian

FARMINGTON RIVER REGIONAL SCHOOL DISTRICT

STUDENT ACCEPTABLE INTERNET USE POLICY

1. Access to network information resources is to be used only to pursue educational objectives through student or staff conducted communication, research, and other structurally related activities. Students are responsible for good behavior on all school computers just as in the classroom and during other school activities.

2. The use of the school's computers is a privilege afforded to all students and staff. Each student is expected to take this privilege seriously and abide by all the rules. **Parental permission to use network services is required.** Rules to be followed are listed below:
 - a. A student must treat all computer equipment and materials with care and respect.
 - b. While using a computer, students may only use those applications assigned to them and access the Internet with teacher supervision.
 - c. A student may not copy, move, or remove files or programs from a school computer's hard drive or from the school's file server.
 - d. A student may not download or print large files without permission.
 - e. A student may not add programs to a school's computer or file server.
 - f. A student may not use a floppy disk to transfer files to the school's computer without permission from the technology teacher. This is to prevent viruses.
 - g. A student is expected to obey all rules dealing with copyrighted materials.
 - h. A student may not access, upload, download, transmit, display, or distribute obscene or sexually explicit material.
 - i. A student may not use abusive or otherwise objectionable language in messages or represent the Farmington River Elementary School or staff in an unfavorable way.
 - j. A student may not use another person's password or trespass in another person's folder, work, or files.
 - k. A student may not submit another person's work as his or her own (including Internet sources).

3. **CONSEQUENCES FOR UNACCEPTABLE USE OF COMPUTERS AT FARMINGTON RIVER ELEMENTARY SCHOOL:**
Violation of the above rules may be determined at the building or classroom level, and the consequences will be:

First Offense: Student will lose his/her Internet privileges for **one week**, and the teacher will phone the parent or guardian. Any assigned work will be completed with pen and paper using traditional texts and resources.

Second Offense: Student will lose his/her Internet privileges for **one month**, and the teacher will phone the parent or guardian. Any assigned work will be completed with pen and paper using traditional texts and resources.

Third Offense: Internet privileges will be revoked for **1 Trimester**, the teacher will call the parent or guardian, and a written discipline report from will be sent home. To regain privileges, students will need to appeal to the administration.

NETWORK INFORMATION RESOURCES

PERMISSION FORM

Internet access is coordinated through a complex association of government agencies as well as regional and state networks. With access to computers and people all over the world also comes the availability of materials that may not be considered to be of educational value in the context of the school setting. The District has taken available precautions to restrict access to controversial materials. However, on a global network it is impossible to control all materials and an industrious user may discover controversial information. The District firmly believes that the valuable information and interaction available on this worldwide network far outweigh the possibility that users may procure material that is not consistent with the educational goals of the Farmington River Regional School District.

I have read, or have had read to me, and have discussed the Student Acceptable Internet Use Policy and the Network Information Resources Policy and agree to use the District's computers in accordance with those policies.

Student Signature: _____ Date: _____

Student Signature Printed: _____ Date: _____

I have read and have discussed with my child the Student Acceptable Internet Use Policy and the District's Network Information Resources Policy and hereby give the District permission for my child to access Network Information Resources. I hereby agree to pay any and all financial obligations resulting from my child's use of the Network Information Resources whether billed to the District or my child, which have not been authorized by the District.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

I do not give the District permission for my child to access the District's Network Information Resources.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

FARMINGTON RIVER REGIONAL SCHOOL DISTRICT

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 _____/_____/_____ / /	Last Name _____/_____/_____ / /	Gender F <input type="checkbox"/> M <input type="checkbox"/>
Country of Birth _____	Date of Birth (mm/dd/yyyy) ____/____/____	Date first enrolled in ANY U.S. school (mm/dd/yyyy) ____/____/____	
School Information			
Start Date in New School (mm/dd/yyyy) ____/____/20____		Name of Former School and Town _____	Current Grade _____
Questions for Parents/Guardians			
What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian)		Which language(s) are spoken with your child? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always	
What language did your child first understand and speak?		Which language do you use most with your child?	
Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write		Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always	
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/>		Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>	
Parent/Guardian Signature: X		Today's Date: _____ / 20____ (mm/dd/yyyy)	

Farmington River Regional School District
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The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records.

These rights are:

1. The right to inspect and review the student's education records within 45 days of the day the School receives a request for access. Parents or eligible students should submit to the School principal a written request that identifies the record(s) they wish to inspect. The School official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.
2. The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate or misleading. Parents or eligible students may ask the School to amend a record that they believe is inaccurate or misleading. They should write the School principal, clearly identifying the part of the record they want changed, and specify why it is inaccurate or misleading. If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.
3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the School has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.
4. Upon request, the School discloses education records without consent to officials of another school district in which a student seeks or intends to enroll.
[NOTE: FERPA requires a school district to make a reasonable attempt to notify the parent or eligible student of the records request unless it states in its annual notification that it intends to forward records on request.]
5. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:
Family Policy Compliance Office, U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-5901

[NOTE: In addition, an institution may want to include its directory information public notice, as required by § 99.37 of the regulations, with its annual notification of rights under FERPA.]

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that the Farmington River Regional School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records.

However, the Farmington River Regional School District may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow Farmington River to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories - names, addresses and telephone listings - unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent. ⁽¹⁾

If you do not want Farmington River to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing within two (2) weeks of the first day of school. The Farmington River Regional School District has designated the following information as directory information: [Note: an LEA may, but does not have to, include all the information listed below.]

- Student's name
- Participation in officially recognized activities and sports
- Address
- Telephone listing
- Electronic mail address
- Photograph
- Honors, and awards received
- Date and place of birth
- Dates of attendance
- Grade level

Footnotes: 1. These laws are: Section 9528 of the ESEA (20 U.S.C. 7908), as amended by the No Child Left Behind Act of 2001 (P.L. 107-110), the education bill, and 10 U.S.C. 503, as amended by section 544, the National Defense Authorization Act for Fiscal Year 2002 (P.L. 107-107), the legislation that provides funding for the Nation's armed forces.