

Bridgeport Public School

"Expect Great Things"

2017 – 2018 Registration Packet

45 Lyon Terrace
Bridgeport, Connecticut 06606
www.bridgeportedu.com





BRIDGEPORT PUBLIC SCHOOLS

45 Lyon Terrace
Bridgeport, Connecticut 06606
www.bridgeportedu.com

REGISTRATION PROCEDURES

- I. School assignment will be determined by the Bridgeport Public Schools Directory and Street Guide.
- II. All of the following are necessary to register a student new to Bridgeport Public School System:
 1. A birth certificate and/or passport.
 2. Current medical records including a recent physical and updated immunizations.
 3. Transfer papers and/or school records from previous school should be presented.
 4. Legal court document of guardianship is required, in the event a guardian or designee register a child/children.
- III. Proof of residence is required of all students register in or transferring to any Bridgeport Public School.
- IV. Proof of residency is required of students changing district schools within the Bridgeport Public School System.
- V. The following is the definition of residency for the purposes of this document. "The student(s) live(s) full time with at least one parent or legal guardian in a home in Bridgeport."
- VI. In order to prove residency, the parent must provide at least two (2) of the following:
 1. Current bills from two (2) different utility companies; or a letter from the utility company confirming hook-up or future hook-up of the registrant at that address.
(A telephone bill is not acceptable as a proof of the residency of the parent or guardian.)
 2. Canceled checks to prove payment of rent for two (2) months.
 3. A copy of the parent/guardian driver's license or Connecticut State I.D.
 4. A notarized letter from the homeowner indicating he parent/guardian resides at the stated address if the child(ren) and parent/guardian reside with a non-related adult or family member.
 5. Current mortgage bank statement of homeowner's tax bill indicating that the parent/guardian resides at the stated address if the child(ren) reside with the nonrelated adult or family member.
- VII. In the event that two or more of the above are not available, the child may be registered in school on a conditional basis if the parent/guardian can provide one of the items listed below. After two (2) months, full proof of residency will be required of the parent/guardian:
 1. A contract for the rental of a residency in Bridgeport has been signed and occupancy will take place within approximately two (2) months from the time the student is enrolled. A notarized statement from the landlord will be required in such situations.
 2. A contact to purchase a home in Bridgeport has been signed and the closing is scheduled within approximately two (2) months from time the student is enrolled. A notarized statement from the real estate firm or attorney will be required in such situations.
 3. The Bridgeport Housing Authority Project Manager will supply, in writing, proof, if any, of the registering persons residing in any housing managed by the Bridgeport Housing Authority.

PROCEDIMIENTO PARA MATRÍCULA

Escuelas Públicas de Bridgeport
Bridgeport, Connecticut

- I. La asignación de escuela será determinada de acuerdo con el Directorio y Guía de Direcciones de las Escuelas Públicas de Bridgeport.
- II. Todos los documentos a continuación son requisitos para matricular a nuevos estudiantes en las Escuelas Públicas de Bridgeport:
 1. Certificado de nacimiento y/o pasaporte
 2. récord médico actualizado incluyendo un examen físico reciente y tener las vacunas al día
 3. documentación de traslado y/o récord escolar de la escuela de procedencia
 4. se requiere documentación legal del tribunal cuando el guardián legal o persona designada tiene tutela del estudiante y necesita hacer matrícula.
- III. Se requiere prueba de residencia para todos los estudiantes que hacen matrícula o traslado a cualquier de las Escuelas Públicas de Bridgeport.
- IV. Se requiere prueba de residencia de todo estudiante que se traslada de una escuela a otra dentro del distrito de Escuelas Públicas de Bridgeport.
- V. La siguiente es la definición de residencia para el propósito de este proceso. “Él / La estudiante vive a tiempo completo por lo menos con uno de sus padres o guardián legal en una vivienda en Bridgeport.”
- VI. Debe presentar por lo menos dos de los siguientes documentos para probar residencia:
 1. recibos actualizados de dos diferentes compañías de servicios públicos (gas, luz etc.) o una carta confirmando la conexión o la futura conexión en esa dirección (no se acepta cuenta o recibo de teléfono como prueba de residencia del padre o guardián)
 2. cheques cancelados para comprobar el pago de renta por dos (2) meses
 3. copia de la licencia de conducir o identificación del estado de Connecticut del padre o guardián
 4. una carta notariada por el dueño (landlord) de la vivienda donde indica que el padre o guardián vive en esa dirección si el (los) niño(s) y el padre o guardián viven con un miembro de la familia o con otro adulto que no es de la familia; y un recibo hipotecario actualizado del banco o una carta sobre impuestos a la propiedad indicando propiedad de la residencia de la persona (familiar o no) con quien vive el niño/a.
- VII. En el evento que dos o más de los requisitos antes mencionados no estén disponibles el estudiante podrá ser matriculado en la escuela de manera condicional si el padre o guardián puede proveer uno de los requisitos a continuación. Después de dos meses será necesario mostrar prueba detallada de residencia.
 1. Un contrato de renta firmado de una residencia en Bridgeport el cual indica que la persona ocupará dicha residencia dentro de dos meses a partir de la fecha que el estudiante es matriculado. En estos casos se necesita una declaración notariada del dueño de la vivienda.
 2. Un contrato para comprar una vivienda en Bridgeport que ha sido firmado y el cierre se ha establecido dentro de dos meses a partir de la fecha que el estudiante es matriculado. En estos casos será necesario presentar una carta notariada de la oficina de bienes raíces o del abogado.
 3. El Administrador de la Oficina de Viviendas (Housing Authority) puede verificar por escrito la residencia de cualquier inquilino que reside en viviendas públicas (Bridgeport Housing Authority.)



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REGISTRATION MATRÍCULA

Student Information/Información del Estudiante

Has this student ever attended Bridgeport Public School? ¿Ha asistido el estudiante las Escuelas Públicas de Bridgeport previamente? <input type="checkbox"/> No <input type="checkbox"/> Yes/Si	If yes, in what school & year did the student last attend? Si la respuesta es sí, indique nombre de la escuela y el año que el estudiante asistió.
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Please use the legal name that appears on the birth certificate or other official document.

Favor de usar el nombre legal que aparece en el certificado de nacimiento y/ú otros documentos oficiales

Legal Last Name Student /Apellido del Estudiante	Legal First Name Student/Primer Nombre del Estudiante	Legal Middle Name Student / Inicial del Estudiante
Generation/Suffix / Generación/Sufijo <input type="checkbox"/> Jr. <input type="checkbox"/> IV <input type="checkbox"/> III <input type="checkbox"/> Other/Otro _____	Gender: Género: <input type="checkbox"/> Male/Masculino <input type="checkbox"/> Female/Femenino	Birth Date : / Fecha de Nacimiento: (mm/dd/yyyy) / /
Primary Contact Phone Number (Home Phone) Número de Teléfono Primario Hogar		

Entering Grade Level Nivel de Grado	<input type="checkbox"/> PK3 <input type="checkbox"/> PK4 <input type="checkbox"/> KF <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
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Does this student have any brothers and/or sisters that are currently enrolled in a Bridgeport Public School? (If so, please list their name)
¿Tiene el estudiante actualmente hermanos y ó hermanas asistiendo a las Escuelas Públicas de Bridgeport? (De ser así, indique los nombres)

Home Address Dirección	Unit / Apt Unidad/Apt.	City/Ciudad	State/Estado	Zip/Código Postal
Mailing Address Dirección Postal <input type="checkbox"/> Same as Above La misma del Estudiante	Unit / Apt Unidad/Apt.	City/Ciudad	State/Estado	Zip/Código Postal

Has your child attended pre-school? Ha asistido su niño(a) a escuela pre- escolar <input type="checkbox"/> Yes/Si <input type="checkbox"/> No	Name of pre-school attended/Nombre de la Escuela pre-escolar
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Birth City Ciudad de nacimiento	Birth State (If Born in U.S.) Estado de Nacimiento (Si Nació en EE.UU.)	Birth Country País de Nacimiento
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Fill Out This Section if Birth Country is not in the United States Favor de llenar esta sección si nació fuera de los Estados Unidos	Has the Student completed three (3) years of schooling in the U.S. ¿Ha completado el estudiante tres años en las escuelas de EE.UU.? <input type="checkbox"/> Yes/Si <input type="checkbox"/> No	First year of schooling in the U.S. (YYYY) Primer año escolar en los EE.UU.	Entry Date in US (mm/dd/yyyy) Fecha de Entrada a los EE.UU. / /
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Office Use Only	School Number	Enter Code	Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	District of Res
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Ethnicity and Race Information/Información de Etnicidad y Raza

The federal government requires that both these questions be answered and provides only the following categories for ethnic group and race.
If both questions are not answered, school personnel are required to make selections for both.
El gobierno federal requiere que ambas preguntas sean contestadas y solo proporciona las siguientes categorías de grupo étnico y raza. Si ambas preguntas no son contestadas, se requiere que el personal de la escuela tome la decisión de seleccionar ambas preguntas.

Is this student Hispanic or Latino? (choose only one) ¿ Es el estudiante Hispano o Latino? (Elegir solo uno)

No, not Hispanic or Latino (No, no Hispano ó Latino) Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race).
Si, Hispano ó Latino (Cuba, Mexico, Puerto Rico, America de Sur, ó cultura u origen Español, sin distinción de raza).

What is the student's race? (choose yes or no to each question) ¿Cual es la raza del estudiante? (Escoja si ó no a cada pregunta)

Yes/Si	No	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.) (una persona que tiene orígenes en cualquiera de los pueblos originarios de América del Norte y del Sur, incluyendo América Central, y que mantiene afiliación tribal ó comunidad).
<input type="checkbox"/>	<input type="checkbox"/>	Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.)(una persona que tiene orígenes en cualquiera de los pueblos originarios del Lejano Oriente, el Sudeste de Asia ó el Subcontinente Indio, incluyendo, por ejemplo, Camboya, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam).
<input type="checkbox"/>	<input type="checkbox"/>	Black or African American (a person having origins in any of the black racial groups of Africa.) (Una persona con orígenes en cualquiera de los grupos de raza negra de África).
<input type="checkbox"/>	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) Una persona con orígenes en cualquiera de los pueblos originarios de Hawaii, Guam, Samoa u otras islas del Pacifico).
<input type="checkbox"/>	<input type="checkbox"/>	White (a person having origins in any of the original peoples of Europe.) (una persona que tiene orígenes en cualquiera de los pueblos originarios de Europa).

Parent/Guardian Information (Información del Padre/Encargado)**Father/Padre**

Legal Last Name/Apellido		Legal First Name / Primer Nombre		Legal Middle Name / Segundo Nombre	
Address/Dirección <input type="checkbox"/> Same As Student La misma del Estudiante		City/Ciudad		State/Estado	Zip/Código Postal
Birth Place of Father/Lugar de Nacimiento del Padre		Father's Occupation/Ocupación del Padre		Father's Employer/Lugar de Empleo Padre	
Work Address Dirección de Empleo		City/Ciudad		State/Estado	Zip/Código Postal
Work Telephone Number/Número de Teléfono de Empleo		Cellular Telephone Number/Número del Celular		Other Emergency Number / Número de Teléfono de Emergencia	
Email Address/Dirección Correo Electrónico					

Mother/Madre

Legal Last Name / Apellido		Legal First Name / Primer Nombre		Legal Middle Name / Inicial	
Address/Dirección <input type="checkbox"/> Same As Student La misma del Estudiante		City / Ciudad		State/Estado	Zip / Código Postal
Birth Place of Mother/Lugar de Nacimiento		Mother's Occupation /Ocupación		Mother's Employer/Lugar de Trabajo Madre	
Work Address Dirección de Empleo		City / Ciudad		State / Estado	Zip / Código Postal
Work Telephone Number / Número de Teléfono de Empleo		Cellular Telephone Number / Número del Celular		Other Emergency Number / Número de Teléfono de Emergencia	
Email Address / Dirección Correo Electrónico					

Guardian (If other than Mother and/or Father) Encargado (Si no es el Padre ó la Madre)

Legal Last Name /Apellido		Legal First Name /Primer Nombre		Legal Middle Name / Inicial	
Address/Dirección <input type="checkbox"/> Same As Student La misma del Estudiante		City / Ciudad		State / Estado	Zip / Código Postal
Birth Place of Guardian / Lugar de Nacimiento del Encargado		Guardian's Occupation / Ocupación		Guardian's Employer / Lugar de Trabajo del Encargado	
Work Address Dirección de Empleo		City / Ciudad		State / Estado	Zip / Código Postal
Work Telephone Number / Número de Teléfono del Empleo		Cellular Telephone Number/ Número del Celular		Other Emergency Number / Número de Teléfono de Emergencia	
Email Address / Dirección Correo Electrónico		Relationship to student? / Relación con el Estudiante			

Emergency Contacts Information / Información de Contactos de Emergencia

In the event your child is sick or we need to contact you and we are unable to reach either parent/guardian, you are able to list up to five additional contacts for us to contact.

En el caso de que su hijo se enferme ó necesitemos comunicarnos con usted y no podemos localizarlos usted puede añadir hasta cinco contactos de emergencia.

Emergency Contact 1 / 1er Contacto de Emergencia

Last Name / Apellido		First Name / Primer Nombre		Relationship to Student? / Relación con el Estudiante	
Home Phone / Número de Teléfono del Hogar			Work Phone / Número de Teléfono de Empleo		
Cellular Phone / Número del Celular			eMail/ Correo Electrónico		
Address/Dirección		City/Ciudad	State/Estado	Zip / Código Postal	

Emergency Contact 2 / 2nd Contacto de Emergencia

Last Name / Apellido		First Name / Primer Nombre		Relationship to Student? / Relación con el Estudiante	
Home Phone / Número de Teléfono del Hogar			Work Phone / Número de Teléfono de Empleo		
Cellular Phone / Número del Celular			eMail/ Correo Electrónico		
Address/Dirección		City/Ciudad	State/Estado	Zip / Código Postal	

Emergency Contact 3 / 3^{er} Contacto de Emergencia

Last Name / Apellido		First Name / Primer Nombre		Relationship to Student? / Relación con el Estudiante	
Home Phone / Número de Teléfono del Hogar			Work Phone / Número de Teléfono de Empleo		
Cellular Phone / Número del Celular			eMail/ Correo Electrónico		
Address/Dirección		City/Ciudad	State/Estado	Zip / Código Postal	

Emergency Contact / 4to Contacto de Emergencia

Last Name / Apellido		First Name / Primer Nombre		Relationship to Student? / Relación con el Estudiante	
Home Phone / Número de Teléfono del Hogar			Work Phone / Número de Teléfono de Empleo		
Cellular Phone / Número del Celular			eMail/ Correo Electrónico		
Address/Dirección		City/Ciudad	State/Estado	Zip / Código Postal	

Emergency Contact 5 / 5to Contacto de Emergencia

Last Name / Apellido		First Name / Primer Nombre		Relationship to Student? / Relación con el Estudiante	
Home Phone / Número de Teléfono del Hogar			Work Phone / Número de Teléfono de Empleo		
Cellular Phone / Número del Celular			eMail/ Correo Electrónico		
Address/Dirección		City/Ciudad	State/Estado	Zip / Código Postal	

Your Child's Needs / Información Adicional del Niño(a)

Has your child previously been identified as requiring Bilingual Services? ¿Has sido su niño(a) identificado anteriormente en necesidad de Servicios Bilingüe?	<input type="checkbox"/> Yes /Si <input type="checkbox"/> No	if Yes, please indicate the type of services provided. De ser así, indique los servicios proporcionados.
Has your child previously been identified as requiring Special Education Services? ¿Ha sido su niño(a) identificado anteriormente en necesidad de Servicios Educación Especial?	<input type="checkbox"/> Yes/Si <input type="checkbox"/> No	

What is your child's sleeping habits – bedtime? / ¿Cuáles son los hábitos de dormir de su niño(a)?	Average Number of Hours of Sleep? ¿Promedio número de horas de dormir?
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What is your child's eating habits? / ¿Cuáles son los hábitos de alimentación de su niño (a)?

Has your child had any behavior difficulties, if yes please describe. /¿Tiene su niño(a) problemas de comportamiento?

What diseases, if any, has your child had? / ¿Qué enfermedades ha tenido su niño(a)?

Does your child have any chronic health conditions? ¿Tiene su niño(a) alguna condición de salud crónica?

Does your child have any allergies? (Food, Seasonal) ¿Tiene su niño(a) alergias? (Alimentos, Temporada)

Date of last physical examination Fecha de último examen físico / /	Updated Shols Records? / ¿Constancia de Vacunación Actualizada? <input type="checkbox"/> Yes/Si <input type="checkbox"/> No
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Does your child have health insurance? Tiene su hijo/a un plan de seguro de salud?	<input type="checkbox"/> Yes/Si <input type="checkbox"/> No	Does your child have dental insurance? Tiene su hijo/a un plan de seguro dental?	<input type="checkbox"/> Yes/Si <input type="checkbox"/> No
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If your child does not have health insurance, call **1-877-CT-HUSKY**.
Si su hijo/a no tiene un plan de seguro de salud, llame al **1-877-CT-HUSKY**.

Proof of Residence

For Office Use Only →	Two of the following are needed if the registrant has established residency in Bridgeport:	
	Utility Bills: Gas: <input type="checkbox"/> Electric: <input type="checkbox"/> Water: <input type="checkbox"/> Cable: <input type="checkbox"/> Oil: <input type="checkbox"/>	
	Two (2) Rental Checks: <input type="checkbox"/>	
	Photo ID: Driver's License: <input type="checkbox"/> Connecticut State ID Card: <input type="checkbox"/>	
	Both needed if the child and parent/guardian reside with a non-related adult or a family member:	
	Homeowner's Notarized Setter: <input type="checkbox"/>	Tax Bill/Mortgage Statement: <input type="checkbox"/>
	One needed if the registrant has not established residency in Bridgeport:	
	Notarized Rental Leaser: <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Letter from Bridgeport Housing Authority Project Manager: <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Notarized letter from real estate firm or attorney with date of home closing: <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Verification of address required after two (2) months?		

(*Please make photo copies of proof and place in student's permanent file.)



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**PERMISSION FOR EMERGENCY MEDICAL
 ASSISTANCE
 PERMISO PARA ASISTENCIA MEDICA DE
 EMERGENCIA**

**Permission for Emergency Medical Assistance
 Permiso para Asistencia Médica de Emergencia**

School/Escuela

Name of Pupil (Last, First, Middle) (Nombre del Estudiante (Apellido, Primer Nombre, Inicial)

Address (Street, City, State, Zip) (Dirección(Calle, Ciudad, Estado, Código Postal)

English

During school hours, should my child be subject to an accident or sudden illness which would require more than basic first-aid treatment, and I cannot be reached by phone, permission is granted to the school principal, or designee, to summon medical care or arrange for transportation to the same. I further agree that the principal, or his designee, may authorize such emergency treatment which the attending physician believes necessary.

Spanish

Si durante el horario escolar, mi hijo(a) tiene un accidente ó una enfermedad repentina que requiere mas que un tratamiento de primeros auxilios, y no se pueden comunicar conmigo por teléfono, le concedo permiso al principal de la escuela, ó la persona designada, para asegurar atención médica ó hacer arreglos para el transporte a la misma. También estoy de acuerdo que el principal ó su designado, autorice el tratamiento de emergencia que el medico considere necesario.

Parent/Guardian's Signature / Firma del Padre/Encargado

Date (mm/dd/yyyy) / Fecha (mes,día,año)

/ /

My Child's doctor or clinic is (El nombre del médico/clinica de mi hijo es)

Address (Dirección)

Telephone (Teléfono)



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RELEASE OF RECORDS

Official Release of Records Request

I hereby authorize my child's former school :

(Name of Former School)

(Address of Former School)

(City, State, Zip)

(Phone Number of Former School) *(Fax Number of Former School)*

To release the following information on my child/children:

- Academic / Scholastic Records (cumulative record folder)
- Medical Records
- Confidential Records
Special Education Information, Psychoeducational and/or language evaluation, IEP minuets, and any other specialized information

			/ /	
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Birth Date (mm/dd/yyyy)</i>	<i>Grade</i>

			/ /	
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Birth Date (mm/dd/yyyy)</i>	<i>Grade</i>

			/ /	
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Birth Date (mm/dd/yyyy)</i>	<i>Grade</i>

***If the child was previously attending another Connecticut Public School, please attach the CT State ID to this request.**

Parent/ Guardian Name (Last, First, Middle)

Address (Street, City, State, Zip)

	Date (mm/dd/yyyy)
	/ /

Please forward academic records to:

Place School Address Sticker Here



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MILITARY OPT-OUT
OPTAR NO AL SERVICIO MILITAR

English

Federal law requires the Bridgeport Public Schools System to provide names, addresses, and telephone numbers of high schools students to military recruiters that request information, except where the parent opts out by notifying the school in writing that he/she does not consent to release this information.

While we are committed to protecting the confidentiality of our students, we must comply with the law. Parents/guardians who do not want contact information disclosed to military recruiters and must fill out this form and return it to the school's guidance counselor by the second Friday of October. We are required to release contact information to military recruiters for students unless the parent/guardian returns this form.

Please be aware that you can change your options at any time. If you do not submit the form now, you may still opt out at any time. Please advise the principal in writing if you change your decision at a later date.

I _____ do not want any personal information provided to any military recruiters for the following
 (Parent/Guardian's Printed Name)
 student:

Spanish

La ley federal requiere que el Sistema de Escuelas Públicas de Bridgeport proporcione los nombres, direcciones y números de teléfono de los estudiantes de escuelas secundarias a los reclutadores militares que solicitan esta información, excepto cuando los padres optan por notificar a la escuela por escrito que él / ella no está de acuerdo con divulgar esta información

Aunque estamos comprometidos a proteger la confidencialidad de nuestros estudiantes, debemos cumplir con la ley. Los padres / tutores que no estén de acuerdo que se provea información de contacto a los reclutadores militares, **deben llenar** el formulario abajo y devolverlo al consejero de la escuela el segundo **viernes del mes de octubre**. Estamos obligados a proveer información de contacto a los reclutadores militares para los estudiantes, al menos que el padre / tutor haya devuelto el formulario de exclusión.

Por favor, tenga en cuenta que puede cambiar sus opciones en cualquier momento. Si usted no presenta la forma ahora, todavía puede optar en cualquier momento. Favor de notificar al principal por escrito si cambia su decisión en un momento posterior.

Yo _____ no acepto que ninguna información personal sea proporcionada a los reclutadores militares para el siguiente estudiante:

Student's Last Name Apellido del Estudiante	Student's First Name Primer Nombre del Estudiante	Student's Middle Name Inicial del Estudiante	Birth Date (mm/dd/yyyy) Fecha de Nacimiento / /
Address / Dirección Postal		City / Ciudad	State/Estado
		Zip/Código	Telephone/ Teléfono
Parent/Guardian Printed Name Nombre del Padre/Encargado		Parent/Guardian Signature Firma del Padre/Encargado	Date/ Fecha / /
<i>*For Office Use Only*</i>			
Date Received / /	Received By		Date Entered / /



Home Language Survey

Bridgeport Public Schools
Bridgeport, Connecticut 06604



English	Haitian Creole
<p>Dear Parent/Guardian: Connecticut State law requires that each school district conduct a preliminary assessment to be made in order to ascertain the need to provide an appropriate instruction program for student who are limited English Proficient . Please answer the three questions listed in this letter and return the form to the school at once. Thank You for your cooperation and help.</p>	<p>Oumenm ki se Paran oubyen Gadyen: Leta Konèktikèt mande aske chak lekòl ki nan eta a mennen yon ankèt preliminè pou yo kab bay èlèv ki poko fin konn anglè, jan yo te dwe konnen li, anseyman espesyal. Kidonk pou ede non nan ankèt la, nou mande w reponn twa kesyon yo ki vinn ak lèt sa a. Tanpri reponn yo; epi retounen papye a bay le</p>
Spanish	Vietnamese
<p>Estimados Padres/Tutores: La ley del Estado de Connecticut requiere que cada distrito escolar haga una evaluación preliminar del idioma dominante de cada estudiante en las escuelas publicas. Esta evaluación se hace para poder establecer un programa de instrucción apropiado para los estudiantes que no dominan el inglés. Por favor conteste las tres preguntas y devuelva el formulario a la escuela enseguida. Gracias por su cooperación y ayuda.</p>	<p>Kính thưa phụ huynh hoặc người giám hộ: Luật của tiểu bang Connecticut yêu cầu mỗi trường học phi làm một sự so sánh phỏng đính, ở trường học biết được những điều cần thiết hầu có thể cung cấp cho các em thông thạo anh văn trong trình giảng dạy hợp lý</p>
Portuguese	Arabic
<p>Estimados Padres/Tutores: A Lei do Estado de Connecticut require que cada distrito escolar faça uma avaliação é feita para melhor estabelecer um programa de instrução apropriado para os estudantes que não falam ingles. Por favor responda as tres perguntas nesta carta e mande para escola o mais rapido possivel. Muito obrigado pela vossa ajuda.</p>	<p>كونكتيكت اليموزين قنا حسب لمنطقه قنا في مدرسه كل سي عي يجب بمور ال اولياء اعزاني واقسي تعليمي امجبرن العطاء الكاذو ويمل لملما الحاجات من كذا لتساها ولي اتخمين اجراء فعال في المحذور هوبسك الال نوات الطالب بز تكمل الال لمدرسه كل فوراً هاتوا عتاد المدرس في المدرج الثالثه سنا بال بالباجر جي</p>
French	
<p>Chers Parent/Tuteurs: L'état de Connecticut oblige le district d'enseignement de la ville de Bridgeport a se renseigner sur la langue dominante de ses élèves dans le but de savoir s'il y en a ceux qui ne sont pas forts en anglais. Pour nous aider dans nos efforts nous sollicitons une réponse aux trois questions ci-dessous. Dans l'attente de recevoir votre réponse aussitot que possible, nous vous remercions a l'avance.</p>	



Home Language Survey
 Bridgeport Public Schools
 Bridgeport, Connecticut 06604

Bridgeport Public Schools

Date (mm/dd/yyyy) / /	Student Number	School	Grade
Student's Last Name	Student's First Name		
Birth Date (mm/dd/yyyy)	Student's Birth Country	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Entry Date in US (mm/dd/yyyy) / /	First year of Schooling in the US (yyyy)	Where?	
Has the student completed three (3) years of schooling in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home Address		City/Zip Code	
Name of Parent:			

ENGLISH

Please answer the following questions:

1. What is the primary language used in the home, regardless of the language spoken by the student? _____
2. What is the language most spoken by the student? _____
3. What is the language the student first acquired? _____

SPANISH

Favor de contestar las siguientes preguntas:

1. ¿Cuál es el idioma principal que se habla en el hogar, sin tomar en cuenta el idioma que habla el estudiante? _____
2. ¿Cuál es el idioma más usado por el estudiante? _____
3. ¿En qué idioma comenzó hablar su hijo(a)? _____

Parent Signature: _____

PORTUGUESE

Por Favor Responda as seguintes perguntas:

1. Qual é o idioma principal usado em casa, independentemente do idioma falado pelo aluno? _____
2. Qual é o idioma que o aluno fala mais? _____
3. Qual é o idioma que o aluno aprendeu primeiro? _____

FRENCH

Reponde aux questions suivantes:

1. Quelle est la principale langue utilisée à quelle que soit la langue parlée par les enfants? _____
2. Quelle est la langue la plus parlée par l'élève? _____
3. Quelle est la langue que l'étudiant a parlé en premier? _____

Haitian Creole

Men Kesyon yo:

1. Ki sa ki se lang la prensipal yo itilize nan kay la, kèlkeswa lang yo pale pa timounyo? _____
2. Ki sa ki lang ki pi pale nan bouch elèv la? _____
3. Ki sa ki se lang la elèv la te pale an premye? _____

VIETNAMESE

Xin vui lòng trả lời những câu sau đây:

1. Ngôn ngữ chính được sử dụng trong nhà là gì, bất kể ngôn ngữ nó của trẻ em? _____
2. Những gì được ngôn ngữ nói nhất của học sinh? _____
3. Ngôn ngữ học sinh nói chuyện đầu tiên là gì? _____

ARABIC

1. ما هي اللغة الأساسية المستخدمة في المنزل .
يعمل النظم عن اللغة التي يتحدث بها الأطفال ؟1.
2. ما هي اللغة الأكثر استعمالاً من قبل الطالب ؟2.
3. ما هي اللغة وتحدث الطالب أولاً؟3.



State of Connecticut Department of Education

Health Assessment Record



To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physi-

cian assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

Please print

Student Name (Last, First, Middle)	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity	<input type="checkbox"/> Black, not of Hispanic origin
Primary Care Provider	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> White, not of Hispanic origin
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander
		<input type="checkbox"/> Other
Health Insurance Company/Number* or Medicaid/Number*		
Does your child have health insurance? Y N		
Does your child have dental insurance? Y N		

If your child does not have health insurance, call **1-877-CT-HUSKY**

* If applicable

Part I — To be completed by parent/guardian.

Please answer these health history questions about your child before the physical examination.

Please circle **Y** if "yes" or **N** if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y	N	Hospitalization or Emergency Room visit	Y	N	Concussion	Y	N
Allergies to food or bee stings	Y	N	Any broken bones or dislocations	Y	N	Fainting or blacking out	Y	N
Allergies to medication	Y	N	Any muscle or joint injuries	Y	N	Chest pain	Y	N
Any other allergies	Y	N	Any neck or back injuries	Y	N	Heart problems	Y	N
Any daily medications	Y	N	Problems running	Y	N	High blood pressure	Y	N
Any problems with vision	Y	N	"Mono" (past 1 year)	Y	N	Bleeding more than expected	Y	N
Uses contacts or glasses	Y	N	Has only 1 kidney or testicle	Y	N	Problems breathing or coughing	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N	Any smoking	Y	N
Any problems with speech	Y	N	Dental braces, caps, or bridges	Y	N	Asthma treatment (past 3 years)	Y	N
Family History						Seizure treatment (past 2 years)	Y	N
Any relative ever have a sudden unexplained death (less than 50 years old)				Y	N	Diabetes	Y	N
Any immediate family members have high cholesterol				Y	N	ADHD/ADD	Y	N

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

Please list any **medications** your child will need to take in school:

All medications taken in school require a separate Medication Authorization Form signed by a health care provider and parent/guardian.

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian

Date

Part II — Medical Evaluation

HAR-3 REV. 4/2012

Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name _____ Birth Date _____ Date of Exam _____

I have reviewed the health history information provided in Part I of this form

Physical Exam

Note: *Mandated Screening/Test to be completed by provider under Connecticut State Law

*Height _____ in. / _____% *Weight _____ lbs. / _____% BMI _____ / _____% Pulse _____ *Blood Pressure _____ / _____

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen			*Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Genitalia/ hernia					
Skin					

Screenings

*Vision Screening	*Auditory Screening	History of Lead level ≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes	Date
Type: Right Left	Type: Right Left		
With glasses 20/ 20/	<input type="checkbox"/> Pass <input type="checkbox"/> Pass		
Without glasses 20/ 20/	<input type="checkbox"/> Fail <input type="checkbox"/> Fail	*HCT/HGB:	
<input type="checkbox"/> Referral made	<input type="checkbox"/> Referral made	*Speech (school entry only)	
		Other:	

TB: High-risk group? No Yes PPD date read: _____ Results: _____ Treatment: _____

*IMMUNIZATIONS

Up to Date or Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

*Chronic Disease Assessment:

Asthma No Yes: Intermittent Mild Persistent Moderate Persistent Severe Persistent Exercise induced
If yes, please provide a copy of the Asthma Action Plan to School

Anaphylaxis No Yes: Food Insects Latex Unknown source

Allergies *If yes, please provide a copy of the Emergency Allergy Plan to School*

History of Anaphylaxis No Yes Epi Pen required No Yes

Diabetes No Yes: Type I Type II

Other Chronic Disease: _____

Seizures No Yes, type: _____

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.

Explain: _____

Daily Medications (*specify*): _____

This student may: **participate fully in the school program**

participate in the school program with the following restriction/adaptation: _____

This student may: **participate fully in athletic activities and competitive sports**

participate in athletic activities and competitive sports with the following restriction/adaptation: _____

Yes No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.
 Is this the student's medical home? Yes No I would like to discuss information in this report with the school nurse.

Signature of health care provider MD / DO / APRN / PA

Date Signed

Printed/Stamped **Provider** Name and Phone Number

Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) Note: *Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap	*				Required for 7th grade entry	
IPV/OPV	*	*	*			
MMR	*	*			Required K-12th grade	
Measles	*	*			Required K-12th grade	
Mumps	*	*			Required K-12th grade	
Rubella	*	*			Required K-12th grade	
HIB	*				PK and K (Students under age 5)	
Hep A	*	*			PK and K (born 1/1/2007 or later)	
Hep B	*	*	*		Required PK-12th grade	
Varicella	*	*			2 doses required for K & 7th grade as of 8/1/2011	
PCV	*				PK and K (born 1/1/2007 or later)	
Meningococcal	*				Required for 7th grade entry	
HPV						
Flu	*				PK students 24-59 months old – given annually	
Other						

Disease Hx _____
of above (Specify) _____ (Date) _____ (Confirmed by) _____

Exemption

Religious _____ Medical: Permanent _____ Temporary _____ Date _____
Recertify Date _____ Recertify Date _____ Recertify Date _____

Immunization Requirements for Newly Enrolled Students at Connecticut Schools

KINDERGARTEN

- DTaP: At least 4 doses. The last dose must be given on or after 4th birthday.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 day apart – 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after 1st birthday (Children 5 years and older do not need proof of Hib vaccination).
- Pneumococcal: 1 dose on or after 1st birthday (born 1/1/2007 or later and less than 5 years old).
- Hep A: 2 doses given six months apart-1st dose on or after 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: For students enrolled before August 1, 2011, 1 dose given on or after 1st birthday; for students enrolled on or after August 1, 2011 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease*.

GRADES 1-6

- DTaP /Td/Tdap: At least 4 doses. The last dose must be given on or after 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.

- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart- 1st dose on or after the 1st birthday.
- Hep B: 3 doses – the last dose on or after 24 weeks of age.
- Varicella: 1 dose on or after the 1st birthday or verification of disease*.

GRADE 7

- Tdap/Td: 1 dose of Tdap for students 11 yrs. or older enrolled in 7th grade who completed their primary DTaP series; For those students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are needed, one of which must be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart – 1st dose on or after the 1st birthday.
- Meningococcal: one dose for students enrolled in 7th grade.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease*.

GRADES 8-12

- Td: At least 3 doses. Students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine one of which should be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart- 1st dose on or after the 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: For students <13 years of age, 1 dose given on or after the 1st birthday. For students 13 years of age or older, 2 doses given at least 4 weeks apart or verification of disease*.

* **Verification of disease:** Confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

Note: The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nation-wide shortage of supply for such vaccine.