

Mansfield Public Schools

GN MMS SE VN

Grade _____

Name of Child: _____
First Name Middle Name Last Name

Sex: Male Female Place of Birth: _____ Date of Birth: _____
Certificate must be shown MM / DD / YYYY

CURRENT INFORMATION

Residence: _____
Street # and Name Town State Zip Code

Mailing Address (if different): _____
P.O. Box Town State Zip

Parent/Guardian: _____
First Name Last Name Relationship Lives with Child? Yes No

Home Ph # _____ Cell Ph # _____ Work Ph # _____

Email: _____ Employer: _____

Parent/Guardian: _____
First Name Last Name Relationship Lives with Child? Yes No

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

Email: _____ Employer: _____

If a parent/guardian does not live with child, please provide their name and address: _____ (parent/guardian name)

_____ Street # and Name Town State Zip Code

Child's Physician: _____ Address: _____

Child has health insurance? Yes No Health Insurance Provider: _____

Other children living in the household: Name: _____ D.O.B. _____ Name: _____ D.O.B. _____
 Name: _____ D.O.B. _____ Name: _____ D.O.B. _____

HISTORY

Former Residence: _____
Street # and Name Town State Zip Code

Last School Attended: _____ Grade: _____
School Name School Address

Has your child has ever been identified/placed in any of the following: No Yes, as indicated below

Special Education Program Speech/Language
 Title I: (circle one) Math Reading Counseling
 Enrichment Other (Academic Interventions) _____

Either parent/guardian Active Military? No Yes

EMERGENCY CONTACT INFORMATION/RELEASE: Individuals responsible for child if parents/guardians are unavailable:

Name	Relationship to Child	Telephone Numbers	Lives with child?
1. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please sign the following statement indicating your consent to use the local hospital facilities:
 In case of accident or serious illness, if the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the school may make arrangements with the Windham Community Memorial Hospital for necessary treatment.

Signed _____ Date _____
Parent or Legal Guardian

MANSFIELD PUBLIC SCHOOLS

Home Language/Ethnic Survey

Welcome To Our School!

We have a few questions about languages spoken at home. We are required by the US Department of Education to ask for this information because it will help us know how we can best support your child. The language information also helps us know how we can best communicate with you. Please share with us about the language(s) spoken by your family and in your home.

Student information:

Student Name (first and last):	
Date of Birth:	

1. What is the primary language used in the home, regardless of the language spoken by the student?
2. What is the language most often spoken by the student?
3. What is the language the student first acquired?
4. What language do you prefer for written communication from the school?
5. Will you require interpretation/translation at Parent Teacher meetings?

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Thank you for answering the questions. We look forward to working with your child.

(Please complete other side of this form)

1. Was your child born in the United States Yes No
 If yes, in which state? _____
 If no, what other country? _____

2. Has your child attended any school in the United States? Yes No
 If yes please provide the following:
 Name of School _____ State _____ Dates _____
 Name of School _____ State _____ Dates _____
 Name of School _____ State _____ Dates _____

3. Annually, we are also required to report students by racial category. Please answer the following questions about your child in the table below:

Is this child Hispanic or Latino?	
YES	NO

What is the child's race? (Check one or more, even if you answered "yes" to the Hispanic/Latino questions)				
American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White

Parent/Guardian Signature: _____ Date _____

Print Parent/Guardian Name: _____

DEFINITIONS

Category	Definition
Hispanic/Latino	A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.
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.
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 Philippine Islands, Thailand, and Vietnam.
Black/African American	A person having origins in any of the black racial groups 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.

To the Parents/Guardians of _____ Grade _____

Connecticut and federal statutes governing the education of English Learners (ELs) **require** the assessment and identification of all students who enter the Mansfield Public Schools.

ESL Services

The Mansfield Public Schools offer an **ESL (English as a Second Language) Program to students who qualify as English Learners**. ELs receive individual or small group instruction focusing on the linguistic competencies of listening, speaking, reading, and writing. Within the classroom setting, ELs have access to content academic instruction with modification and supports as necessary to promote academic success, grade promotion, and high school graduation.

Any EL with a disability, who is eligible for an Individualized Education Program (IEP), has the right to receive a free and appropriate public education, designed to meet the child’s language needs as outlined in the IEP.

ESL Exit Criteria

While the rate of English language development varies widely from student to student, many students exit the ESL program in 3-7 years. To exit the ESL Program, children in grades K-12 must meet 2 standards:

LAS Links(Language Assessment Scales) – **Overall Score** of Level 4 (proficient) or 5 (above proficient), and

LAS Links(Language Assessment Scales) – **Reading & Writing Subtest Score** of Level 4 (proficient) or 5 (above proficient)

Identification

To identify students, Mansfield Public Schools use the LAS Links, Language Interviews and Observations.

Parental permission for ESL services is mandatory.

Your child will be tested within 30 days to determine his/her eligibility for ESL services. You will be notified of your child’s scores when the testing is completed. **As a parent/guardian, you have the right to refuse or remove your child from placement in the ESL Program if they qualify for services.** .

If you have any questions, please contact Kevin Ballestrini at ballestrinik@mansfieldct.org or 860-429-9341 x7114

PLEASE RETURN THIS FORM TO: Nancy Banfield at Southeast School Office.

<p>_____ YES, I want my child to receive English as a Second Language services.</p> <p>_____ NO, I do <u>not</u> want my child to receive English as a Second Language services.</p> <p>Parent/Guardian Signature _____ Date: _____</p>

TRANSPORTATION/DROP-OFF/PICK-UP SCHEDULE

I would like to request the following schedule for my child:

Child's Name _____ Date _____

Address _____

School SOUTHEAST Grade _____ Teacher _____

MORNING:

If Parent is transporting to school, please write "Parent Drop-Off"

Monday Address _____	Bus # _____
Tuesday Address _____	Bus # _____
Wednesday Address _____	Bus # _____
Thursday Address _____	Bus # _____
Friday Address _____	Bus # _____

AFTERNOON:

If Parent is transporting child home, please write "Parent Pick-Up" or name of person picking up your child.

WE WILL NOT RELEASE YOUR CHILD TO ANYONE OTHER THAN THE PERSON ON THIS SCHEDULE WITHOUT WRITTEN PERMISSION FROM PARENT.

Monday Address _____	Bus # _____
Tuesday Address _____	Bus # _____
Wednesday Address _____	Bus # _____
Thursday Address _____	Bus # _____
Friday Address _____	Bus # _____

Is this a daycare? Please give us contact information (name & phone#).

I am requesting that this schedule begin on:

the first day of school

date: _____ (If only for a period of time, send in new form at end of time period)

Home phone: _____ Work or cell phone: _____

Parent/Guardian Signature: _____ Date: _____

Mansfield Public Schools
4 South Eagleville Rd.
Storrs, CT 06268
Phone: (860) 429-3350

Release/Request for Records

To From Southeast Elementary School
134 Warrenville Rd.
Mansfield Center, CT 06250
Ph. 860-423-1611 Fax. 860-423-0610

To From _____

Phone: _____
Fax: _____

Student's Name: _____ D.O.B.: _____

*SASID#: _____

- Basic Identification
- Achievement
- Ability
- Attendance
- Health
- Guidance
- Child Development
- Speech and Hearing
- Special Education
- Psychological Assessments
- Report for individuals and agencies outside the school system
- Other: _____

Signature Relationship Date

* Note: SASID number is required.

MANSFIELD PUBLIC SCHOOLS
School Health Services
Student Health Information

Student Name _____ DOB: _____ Grade _____

CIRCLE ONE		Health History	Details/Additional Information
Yes	No	Asthma	
Yes	No	Diabetes	
Yes	No	Cardiac Condition	
Yes	No	Seizure Disorder Date of last seizure:	
Yes	No	ADD/ADHD	
Yes	No	Hospitalizations/Surgeries (PLEASE LIST – INCLUDE DATE)	
Yes	No	Concussion PLEASE LIST DATE(S)	
Yes	No	Vision Deficit Glasses: Distance <input type="checkbox"/> Reading <input type="checkbox"/> Contact Lenses <input type="checkbox"/>	
Yes	No	Hearing Deficit Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both Ears <input type="checkbox"/> Hearing Aid(s) Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both Ears <input type="checkbox"/>	
		ALLERGIES	
Yes	No	Bees/Stings	
Yes	No	Foods (PLEASE LIST)	
Yes	No	Allergy to Medications (PLEASE LIST)	
Yes	No	Additional Allergies (PLEASE LIST)	
		Current Medications: (PLEASE LIST)	
		Additional Information or Health Concerns	

This information may be shared with appropriate MPS staff, bus drivers and food service as needed.

Parent/Guardian Signature: _____ Date _____

New Student Tuberculosis Risk Assessment

Student Name: _____ Grade: _____ Date: _____
First Middle Last

Tuberculosis (also known as TB) is a bacterial infection that can cause pneumonia, fever, and weight loss as well as involve other systems of the body. Some people who acquire the disease are very ill. Others have few or no symptoms. It is transmitted through the air from person to person. Control of the diseases is based on early detection as well as treatment of exposed people with antibiotics. Skin tests such as a PPD (Purified Protein Derivation) test may aid in the early diagnosis of exposure to TB.

Is your child entering Mansfield Public Schools from outside the United States? Yes No

➤ If yes, from where? _____

Any student entering Mansfield Public Schools from high risk countries* (see reverse side of this form for complete listing), must have a PPD or Mantoux test done and read prior to entry.

Also, **any student returning** from travel to these countries who stayed at least one week and interacted with the local population, including local family and friends, requires a TB risk assessment skin test; such testing can take place 8-10 weeks after returning to the United States.

Any student entering Mansfield Public Schools from within the United States must complete the following TB Risk Assessment questionnaire. Please check the appropriate box for each question below.

1. Was your child born outside of the United States? Yes No
2. Has your child traveled outside the United States? Yes No
 Where? _____ For how long? _____
3. Has your child been exposed to anyone with TB disease or a positive TB test? Yes No
4. Does your child spend time with anyone who has been in jail (or prison) or a shelter, uses illegal drugs, or has HIV? Yes No
5. Does your child have a household member who was born outside the United States? Yes No
6. Does your child have a household member who has traveled outside the United States? Yes No

Comments: _____

Parent Signature: _____ Date: _____

For Office Use Only

Risk Factors: _____ Yes No

PPD Required: _____ Yes No

Physician's Statement Required: _____ Yes No

Interviewer Signature: _____

Revised November 22, 2011

Appendix B: List of High Risk¹ Tuberculosis Countries

Afghanistan	Georgia	Papua New Guinea
Algeria	Ghana	Paraguay
Angola	Guam	Peru
Anguilla	Guatemala	Philippines
Argentina	Guinea	Poland
Armenia	Guinea-Bissau	Portugal
Azerbaijan	Guyana	Qatar
Bahrain	Haiti	Republic of Korea
Bangladesh	Honduras	Republic of Moldova
Belarus	India	Romania
Belize	Indonesia	Russian Federation
Benin	Iraq	Rwanda
Bhutan	Japan	Saint Vincent and the Grenadines
Bolivia (Plurinational State of)	Kazakhstan	Sao Tome and Principe
Bosnia and Herzegovina	Kenya	Senegal
Botswana	Kiribati	Serbia
Brazil	Kuwait	Seychelles
Brunei Darussalam	Kyrgyzstan	Sierra Leone
Bulgaria	Lao People's Democratic Republic	Singapore
Burkina Faso	Latvia	Solomon Islands
Burundi	Lesotho	Somalia
Cambodia	Liberia	South Africa
Cameroon	Libyan Arab Jamahiriya	Sri Lanka
Cape Verde	Lithuania	Sudan
Central African Republic	Madagascar	Suriname
Chad	Malawi	Swaziland
China	Malaysia	Syrian Arab Republic
China, Hong Kong Special Administrative Region	Maldives	Tajikistan
China, Macao Special Administrative Region	Mali	Thailand
Colombia	Marshall Islands	The former Yugoslav Republic of Macedonia
Comoros	Mauritania	Timor-Leste
Congo	Mauritius	Togo
Cook Islands	Micronesia (Federated States of)	Tonga
Côte d'Ivoire	Mongolia	Trinidad and Tobago
Croatia	Montenegro	Tunisia
Democratic People's Republic of Korea	Morocco	Turkey
Democratic Republic of the Congo	Mozambique	Turkmenistan
Djibouti	Myanmar	Turvalu
Dominican Republic	Namibia	Uganda
Ecuador	Nepal	Ukraine
El Salvador	New Caledonia	United Republic of Tanzania
Equatorial Guinea	Nicaragua	Uruguay
Eritrea	Niger	Uzbekistan
Estonia	Nigeria	Vanuatu
Ethiopia	Northern Mariana Islands	Venezuela (Bolivarian Republic of)
French Polynesia	Pakistan	Viet Nam
Gabon	Palau	Yemen
Gambia	Panama	Zambia
		Zimbabwe

¹ Greater than 20/100,000 population
 Estimates can be found at <http://apps.who.int/ghodata/?vid=500>

MANSFIELD PUBLIC SCHOOLS
MANSFIELD, CONNECTICUT

Verification of Residence

NEW ENROLLEE / STUDENT TRANSFER / CHANGE OF ADDRESS (within Mansfield)

Parent/Legal Guardian Statement

I (print name) _____ the parent or legal guardian of
(name) _____ (address) _____

certify that the above named student actually resides full time (typically 7 days per week) at the above
address. The telephone number at the same address is _____ and the
telephone number in an emergency is _____. Grade _____

This information and the documents provided are accurate. I authorize representatives of the Mansfield
Public Schools to verify this information, and I understand falsification of any information or documents
required for this verification will result in revocation of registration for the student, and may lead to liability
for tuition and to criminal penalties for fraud.

Parent/Guardian Signature: _____ Date: _____

For Transfers only

Current School (*send records*) _____ New School _____

FOR OFFICE USE ONLY

In order to verify district residence, the child over 18, parents or guardians, or an emancipated minor must
sign above and provide documents from any of the items listed below.

- __ 1. Copy of one of the following at address within the district in the parent's or guardian's name:
 - __ a. Deed to home or dated rental agreement showing parents; and/or student(s)' names
 - __ b. evidence of mortgage payment or rental payment
 - __ c. Notarized letter from landlord or owner acknowledging parent/guardian's and student's
Residence and proof of parents' or students' receipt of formal correspondence at that address
- __ 2. Certificate of Residence and affidavits to be filled out by person with whom family and student
reside. Verification visit by Residency Confirmation staff may follow; child may attend school.
- __ 3. *The school district may require a verification visit by staff or agent of the district (for situations not
covered by 1 and 2); in such cases, the child may not attend school until the verification visit is
complete.

Documents seen by: _____ on _____