# WELCOME TO TWINFIELD UNION SCHOOL!

We are happy to have your student join us!

All forms in the packet are required and must be returned in order to enroll your student. Please drop off or mail to:

Twinfield Union School Att: Mary Anne Allen 106 Nasmith Brook Road Plainfield, VT 05667

### In Addition, YOU MUST ALSO PROVIDE:

A photocopy of your child's <b>birth certificate</b> .
A copy of your child's <u>current immunization record</u> . You can have your doctor's office fax it to us at 802-426-4085.
Twinfield serves families within the physical boundaries of Marshfield and Plainfield. Families new to Twinfield must provide <b>Proof of Residency</b> (tax bill, lease, utility bill that includes parent name and PHYSICAL address, not just mailing address.)

### Questions?

Mary Anne Allen, Registrar 426-3213 x207 Maryanne.allen@ccsuvt.net

### OFFICE USE ONLY SY 2021-2022 YOG \_ ID#\_\_ Advisor Date of Entry\_

### Educating Children for Our Communities and the World

106 Nasmith Brook Road, Plainfield, VT 05667 Phone: 802-426-3213 Fax: 802-426-4085

### REGISTRATION/ENROLLMENT FORM

PLEASE PRINT			
Student's Legal Name:Last	First	Middle	Date of Birth://Grade:
			Sex: □Male □Female
Race/Ethnicity (check all that apply): □Ar □Caucasian □Hispanic or Latino □Native	nerican Indian/Alaskan Native L Hawaiian/Pacific Islander	Asian DAnican	Sex. Wrate Dremate
Town of Residence: ☐ Marshfield ☐ Plai			☐ School Choice (Act 150) ☐ Tuition e:
Names/birth dates of any siblings:			
Previous School Name and Address:		III	Name of the gr
Does your child have a current education p	lan? □ IEP □ 504 □ other	special needs	
CONTACT INFORMATION: Child res (If parents separated or guardians invo	ides with/in: □Parents □Parents lved, please submit a copy of the	nt 1 □Parent 2 □Guard he court custody docum	dian Temporary or Shared Housing nents)
Name of first contact (s): (where child res	ides)		Relationship to student:
Street Address:			
Mailing Address (if different from above)	Harris Harris		
Best Daytime phone #:	Alternate #:	Alte	rnate#:
Email Address (please print clearly)		10.0074	
Name of second contact:		Relations	hip to student:
Mailing Address:			
Best Daytime phone #:	Alternate #:	Alte	rnate#:
Email Address (please print clearly)			Committee in the interest of t
NON-CUSTODIAL PARENTAL INFO			mmunications to this parent
First	Last		Relationship to student
Mailing Address	Best Daytime #	Alternate	#
Wianning Address	ZIIKTAXST HOTTALS		
BUS INFORMATION:	ano	l dropped off at	
My child will get on at	anc	r dropped on at	
EMERGENCY CONTACTS AND/O	OR THOSE AUTHORIZED	TO PICK UP YOU	R CHILD:
1.		Best pho	ne #
Name	Relationship	Alternate	phone #
2		Best pho	
Nome	Relationship	Alternate	phone #

### **HEALTH INFORMATION**

This information is REQUIRED for the Vermont State Health Department. Please complete all questions.

Child's	Name			Grade	
Please o	circle:				
	My child HAS / DOE (Informat	S NOT have health insurance ion on the availability of Student In	surance Plans is avai	lable in the office.)	
My child HAS / HAS NOT had a well child/adolescent exam by a medical provider in the past year				ovider in the past year	
	My child HAS / HAS	NOT had a dental check up exam	by a dentist in the pas	st year	
9	Has a doctor, nurse or	r other health professional EVER sa	aid that your child has	s asthma? $\Box$ YES $\Box$ NO $\Box$ DON'T KNOW/NOT S	URE
	If YES, does your chi	ild STILL have asthma?	□ NO □ DON'T KN	NOW/NOT SURE	
Name o	of Doctor	Dentist		Eye Doctor	
				Phone #	
	Circle all that apply:	Glasses Contacts New ler	nses in the past year	Date of last eye exam	
Medica	l Issues/Problems	1 17 19 19 14 14 15 1	Dental l	Issues	
Any Al	lergies 🗆 YES 🗆 NO	O If yes, explain			
ALL C	URRENT MEDICAT	IONS:			
				School:	
I give p	ermission for the school	ol nurse to give and receive health	information to/from n	ny child's:	
				Other	
Signatı	are of Parent/Guardia	in		Date	
AUTH	ORIZATION FOR O	VER-THE-COUNTER MEDICA	ATION		
PERM	ISSION TO GIVE: (	please circle)			
#1	TYLENOL	IBUPROFEN BENADRYL	COUGH DROPS	OTHER	
Signatu	ure of Parent/Guardia	an		Date	
AUTI	HORIZATION FO	OR EMERGENCY TRANS	PORTATION/T	REATMENT:	
Name o	of student:				
emerge	of accident or illness, lancy medical care, incluincy treatment is necess	iding transportation to the emergen	If not able to reach macy room. I hereby au	ne, I hereby authorize the school personnel to seek athorize the physician in charge to administer whatever	/er
Signa	ture of Parent/Gu	ardian		Date:	

# Twinfield Union School 106 Nasmith Brook Road

106 Nasmith Brook Road Plainfield, VT 05667 PHONE 802-426-3213 FAX 802-426-4085

# Request for Student Records (if applicable)

School:				
Address:				
Phone:	hone: FAX:			
(Student nam	in grade	_ has enrolled at Twir	nfield Union School.	
Please fax shot re	ecords, birth certificate a	nd report card/schedu	ıle.	
and any other inf	ecords including transcrip formation that may be he our marking system.			
Please also include	de the student's Vermon	t State ID Number (if	applicable)	
I hereby give per Twinfield Union	mission to send all recor School.	ds regarding my child	d named above to	
Parent/Guardian	Signature	Date		
Please mail to: Mary Anne Allen, Re Twinfield Union Scho 106 Nasmith Brook R Plainfield, VT 05667 maryanne.allen@ccsu		ool oad	Date of Fax Date Records Received: Health Academic Special Ed Other:	

### Prescription Medication Order and Permission Form

-To be renewed at the beginning of each school year only for students who must be given prescription medications during the school day-

### -To be filled out by Physician AND Parent-

Student Name:	Grade:	Date:
I hereby give permission for the above-named student to the information to the Twinfield Union School Nurse concern		
Physician's Name	Phone #	
Signature of Parent/Guardian		Date
PHYSICIAN'S ORDER F	OR MEDICATION AT	SCHOOL
MEDICATION NAME:		
DOSAGE:		
DIRECTIONS FOR GIVING:		
BEGINNING DATE:	ENDING DATE:	
REASON FOR GIVING:		<del></del> ;
POSSIBLE SIDE EFFECTS:		
Signature of Physician	D	Oate
Name of Physician, PLEASE PRINT:		
Please Note: No medication will be given at school until t medication in a container labeled by the pharmacy or physoffice during school hours.		
Date Received: Signature	e of School Nurse:	

## Twinfield Union School

### **Media Release Permission**

Do you give your permission for your child to be photographed or videotaped and named during school-sponsored activities and for these photos and/or videos to be shared with media and educational publications?

Do you give your permission to release information regarding academic and extracurricular achievements? (Example: honor roll, sports, recognition lists and event programs?				
	Yes No			
	Field Trips			
	Do you give your permission for your child to attend school-sponsored field trips this year?			
	Yes No			
	Emergency Dismissal			
	In the event of an <u>unscheduled early dismissal due to weather or an immediate emergency situation</u> , a robo-call and an email will be sent to you, and your children will follow their normal dismissal procedure unless alternative bus or pickup arrangements are indicated below. These dismissal plans should not include a phone call to the school or your child at the time of the emergency if at all possible. Please be sure your child(ren) are aware of the arrangements. This info will also be shared with your child's teacher.			
	Instructions for an unscheduled early dismissal due to weather or emergency: (choose one)			
	My child is to go   HOME on the bus   OR   I will pick up my child at school   on the bus   will pick up my child at school			
	Student NameGrade			
	Parent/Guardian Signature Date			

### Vermont Agency of Education

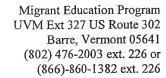
### **Primary/Home Language Survey for All Kindergarten and Incoming Students**

### Instruction for schools in completing the survey:

- 1. Interview the parents/guardians of **ALL** new Kindergarten and incoming students in grades K-12 and record all information requested.
- 2. Provide interpreting services whenever necessary.
- 3. Please check to see that all questions on the form are answered.
- 4. A copy of any survey with a language other than English should be referred to the ESL teacher for further screening to determine if the student is an English Language Learner (ELL).
- 5. Surveys for students identified as ELLs should be faxed (802-479-1829) or mailed to: Jim McCobb, ELL Program Coordinator, Vermont Agency of Education, 219 North Main Street, Suite 402, Barre, VT 05641.
- 6. Place the original survey form in the student's permanent file.
- 7. For questions contact Jim McCobb at (802) 479-1273.

Student Information (Parents/Guard	dians should complete	this section	u)	(A)	(iž	1,12
First Name:	Last Name:	Last Name:		Gender:	S WITH SEC.	1.2 Meter 22
			(Month/Day/Year)	F□	M [	J
Country of Birth:	Date of Entry in U.S. (Month/Day/Year):		Date student first began Kindergarten (or higher grade) in any U.S. school (Month/Day/Year):			
Questions for Parents/Guardians	7 B B B B B	Response				
What is the native language of each p	parent/guardian?	i,		The sections		
What language(s) are spoken in your	home?					
Which language did your child learn fi						
Which language does your child use r home?						
Which language do you most frequen child?						
What other languages does your child know?						
School Information (School Staff sho parent/guardian.)	ould complete this last se	ection based	on information gathered f	rom		
What school will the student attend?						
Beginning date in this school (Month/Day/Year):	What grade will the stud	dent enter?	Person Conducting Surv	ey:		





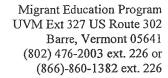


### **VERMONT EMPLOYMENT SURVEY**

Please complete this form and return it to your school's office. All information provided is confidential. The Vermont Migrant Education Program will contact you to determine if your family is eligible. An eligible student can be of any race and/or ethnicity and speak any language. Please call if you have any questions: 866-860-1382 ext. 226

Guardian/Parent Name(s)		Date		
Address		Town		
Cell phone(s)	La	nd-line		
Has your family moved from one to	own or state to another	town or state in the last three years?		
□No, You do not need to complete th	ne rest of this form. Thar	nk you!		
□Yes, If yes from where?		Please complete the rest of this form		
(tow	vn, city, state, country)	A Message		
□Planting, growing, harvesting, pack	ock or work in a slaughte ting, cutting or preparing y (tree/plant/flower) or p naple sugaring, planting			
Please list all children ages 0 to 22 in ye	our household: (list addi	tional names on bottom of form)		
Child:	Grade:	School:		
Child:	Grade:	School:		
Child:	Grade:	School:		
Child:	Grade:	School:		







### MIGRANT EDUCATION ELIGIBILITY CRITERIA

An eligible student can of any race and/or ethnicity and speak any language. Staff from the Vermont Migrant Education Program will help families determine whether a family or student meets the eligibility requirements described below:

### Who qualifies for our program?

A child may qualify if the following apply:

- Child is under age of 22 has not graduated from high school or another accreditation program; and
- Child has moved across school district lines with a farmworker (parents, guardians, etc); and
- Parent/guardian has engaged in qualifying seasonal or temporary agricultural work.

### Examples of Qualifying Work:

- ✓ Dairy;
- ✓ Hemp;
- ✓ Poultry and livestock; Hard and the remaining of the
- ✓ Slaughterhouse, meat processing;
- ✓ Fruit and vegetable production, harvesting, processing;
- ✓ Greenhouse or plant nursery work including trees, plants, flowers;
- ✓ Field crop work for animal feed or human consumption;
- ✓ Working in the woods logging, maple sugaring, planting trees, Christmas treeing, etc.
- ✓ Working in the catching, raising, harvesting or initial processing of fish or shellfish.









### For eligible students enrolled in school, VMEP offers:

- Parent and school communication support. (Includes ensuring interpretation/translation is available to student/family.)
- School supplies and books
- Support for school enrollment including PK
- Referrals to afterschool, summer and health programs and services
- Information on post-secondary opportunities

