



BOLTON PUBLIC SCHOOLS

Permission to Receive / Send Records

A copy of this form must be sent to Central Office and include a copy of the CREC Open Choice Withdrawal form for all Open Choice student withdrawals.

Student's Name: _____ Current Grade: _____

Registration Only (Receiving Records)

Student will attend: _____ Bolton Center School _____ Bolton High School

Student will attend on a full-time or part-time basis: _____ Full-Time _____ Part-Time

This student's **first day** at Bolton Public schools will be _____

I give permission for Bolton Public Schools to receive all student records, including transcript of courses, grades and standardized test results; health records; psychological and/or educational evaluations; social work records; special education and/or 504 records and any other records that are pertinent.

The above records should be **received from**: _____

Withdrawal Only (Sending Records)

SASID: _____

Teachers must sign-off on reverse side

This student's **last day** at Bolton Public schools will be _____

I give permission for Bolton Public Schools to send all student records, including transcript of courses, grades and standardized test results; health records; psychological and/or educational evaluations; social work records; special education and/or 504 records and any other records that are pertinent.

The above records should be **sent to**: _____

Signature of Parent/Guardian

Date

Bolton Center School
108 Notch Road
(860) 643-2411/(860) 646-4860 fax

Bolton Board of Education
72 Brandy Street
(860) 643-1569/(860) 647-8452 fax

Bolton High School
72 Brandy Street
(860) 643-2768/(860) 645-8374 fax

List all courses for which textbooks and/or materials were issued to student and sign-off that all have been returned.

Course/material: _____	Teacher Initial: _____
Course/material: _____	Teacher Initial: _____
Course/material: _____	Teacher Initial: _____
Course/material: _____	Teacher Initial: _____
Course/material: _____	Teacher Initial: _____
Course/material: _____	Teacher Initial: _____
Course/material: _____	Teacher Initial: _____
Course/material: _____	Teacher Initial: _____
Course/material: _____	Teacher Initial: _____
Course/material: _____	Teacher Initial: _____

Student SASID # _____

BOLTON PUBLIC SCHOOLS
CUMULATIVE RECORD REGISTRATION FORM
PLEASE COMPLETE ALL INFORMATION ON BOTH SIDES AND SIGN REVERSE SIDE

Office Use Only

Date of Registration: _____ Date of Entry _____ Date Records Requested _____ Date Records Received _____

Grade Entering _____ Name and Address of School last attended _____

Is student receiving any Special Education Services ___ Yes ___ No OR 504 Services? ___ Yes ___ No
(If Yes, please provide the latest IEP or 504 Plan)

STUDENT INFORMATION

Student's Name _____ Date of Birth _____
(First) (Middle) (Last)

Address _____
(Street, City, State, Zip Code)

Home Telephone _____ Birthplace _____

Student cell phone _____ Student email _____

Gender: Male ___ Female ___ Non-Binary ___ (does not identify as either male or female)

Is the student a U.S. Citizen? Yes ___ No ___ Is student covered by health insurance? Yes ___ No ___

State and Federal law requires that the questions below pertaining to race, ethnicity, and language be answered. Your participation is appreciated. If you do not provide these answers, the laws allow for appropriate school personnel to determine this information.

Is the student Hispanic or Latino? ___ Yes ___ No

Is the student **one or more** of the following races? (Choose **ALL** that apply)

American Indian or Alaskan Native ___ Black or African American ___ Native Hawaiian or Other Pacific Islander ___ White ___

What was the native language the student learned to speak? _____

What is the primary language spoken by those who live in the student's home? _____

What is the language the student usually speaks at home? _____

Student lives with: Both Parents ___ Parent/Guardian 1 ___ Parent/Guardian 2 ___

Other ___ (Please provide name, address and relationship to student below. Proof of Residency for this person will be required.)

Name: _____ Relationship to student: _____

Address: _____

PARENT/GUARDIAN (P/G) INFORMATION – I understand that this information will be used for contact from the school through email, phone or SMS text.

P/G 1

Name _____ Address _____

(If not same as student)

Employment _____ Work # _____

Email _____ Cell # _____

Legal Custody: Yes _____ No _____ **(If student lives with other than both parents, legal papers supporting custody and/or guardianship must be filed with the school.)*

Please indicate if parent should receive school mailings _____Yes _____No

P/G 2

Name _____ Address _____

(If not same as student)

Employment _____ Work # _____

Email _____ Cell # _____

Legal Custody: Yes _____ No _____ **(If student lives with other than both parents, legal papers supporting custody and/or guardianship must be filed with the school.)*

Please indicate if parent should receive school mailings _____Yes _____No

Military Status: *Is either parent of the student a member of the Armed Forces on active duty or serves on full-time National Guard duty?* _____Yes _____No

Sibling Information:

Male _____ Female _____ Non-binary _____

Name: _____ Date of Birth: _____

School: _____ Grade: _____

Male _____ Female _____ Non-binary _____

Name: _____ Date of Birth: _____

School: _____ Grade: _____

Male _____ Female _____ Non-binary _____

Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Signature

Date

BOLTON PUBLIC SCHOOLS

Home Language 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

First name: _____ Last Name: _____

Date of Birth: _____ Current Grade: _____

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?

Please answer the following additional questions to help us improve communication with you and your family during the school year:

1) What language do you prefer for written communication from the school?

2) Will you require interpretation/translation at Parent-Teacher meetings?

Parent/guardian name (please print) _____

Parent/guardian signature _____

Date _____

Please contact Chris Pallis, ESL Coordinator, at 860-643-2768 or cpallis@boltonct.org, if you need assistance completing or a translated version of this form. Thank you.



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

IMMUNIZATION REQUIREMENTS FOR ENROLLED STUDENTS IN CONNECTICUT SCHOOLS 2022-2023 SCHOOL YEAR



PRESCHOOL

Hep B:	3 doses, last one on or after 24 weeks of age
DTaP:	4 doses (by 18 months for programs with children 18 months of age)
Polio:	3 doses (by 18 months for programs with children 18 months of age)
MMR:	1 dose on or after 1 st birthday
Varicella:	1 dose on or after 1 st birthday or verification of disease
Hepatitis A:	2 doses given six calendar months apart, 1 st dose on or after 1 st birthday
Hib:	1 dose on or after 1 st birthday
Pneumococcal:	1 dose on or after 1 st birthday
Influenza:	1 dose administered each year between August 1 st -December 31 st (2 doses separated by at least 28 days required for those receiving flu for the first time)

KINDERGARTEN

Hep B:	3 doses, last dose on or after 24 weeks of age
DTaP:	At least 4 doses. The last dose must be given on or after 4 th birthday
Polio:	At least 3 doses. The last dose must be given on or after 4 th birthday
MMR:	2 doses separated by at least 28 days, 1 st dose on or after 1 st birthday
Varicella:	2 doses separated by at least 3 months-1 st dose on or after 1 st birthday; or verification of disease. 28 days between doses is acceptable if the doses have already been administered.
Hepatitis A:	2 doses given six calendar months apart, 1 st dose on or after 1 st birthday
Hib:	1 dose on or after 1 st birthday for children less than 5 years old
Pneumococcal:	1 dose on or after 1 st birthday for children less than 5 years old

GRADES 1-6

Hep B:	3 doses, last dose on or after 24 weeks of age
DTaP/Td:	At least 4 doses. The last dose must be given on or after 4 th birthday. Students who start the series at age 7 or older only need a total of 3 doses.
Polio:	At least 3 doses. The last dose must be given on or after 4 th birthday
MMR:	2 doses separated by at least 28 days, 1 st dose on or after 1 st birthday
Varicella:	2 doses separated by at least 3 months-1 st dose on or after 1 st birthday; or verification of disease. 28 days between doses is acceptable if the doses have already been administered.
Hepatitis A:	2 doses given six calendar months apart, 1 st dose on or after 1 st birthday

GRADE 7-10

Hep B:	3 doses, last dose on or after 24 weeks of age
Tdap/Td:	1 dose for students who have completed their primary DTaP series. Students who start the series at age 7 or older only need 3 doses of tetanus-diphtheria containing vaccine, one of which must be Tdap
Polio:	At least 3 doses. The last dose must be given on or after 4 th birthday
MMR:	2 doses separated by at least 28 days, 1 st dose on or after 1 st birthday
Varicella:	2 doses separated by at least 3 months-1 st dose on or after 1 st birthday; or verification of disease. 28 days between doses is acceptable if the doses have already been administered.
Hepatitis A:	2 doses given six calendar months apart, 1 st dose on or after 1 st birthday
Meningococcal:	1 dose

GRADES 11-12

Hep B:	3 doses, last dose on or after 24 weeks of age
Tdap/Td:	1 dose for students who have completed their primary DTaP series. Students who start the series at age 7 or older only need 3 doses of tetanus-diphtheria containing vaccine, one of which must be Tdap
Polio:	At least 3 doses. The last dose must be given on or after 4 th birthday
MMR:	2 doses separated by at least 28 days, 1 st dose on or after 1 st birthday
Varicella:	2 doses separated by at least 3 months-1 st dose on or after 1 st birthday; or verification of disease. 28 days between doses is acceptable if the doses have already been administered.
Meningococcal:	1 dose

- DTaP vaccine is not administered on or after the 7th birthday.
- Tdap can be given in lieu of Td vaccine for children 7 years and older unless contraindicated.
- Hib is required for all Pre-K and K students less than 5 years of age.
- Pneumococcal Conjugate is required for all Pre-K and K students less than 5 years of age.
- Hep A requirement for school year 2022-2023 applies to all Pre-K through 10th graders born 1/1/07 or later.
- Hep B requirement for school year 2022-2023 applies to all students in grades K-12.
Spacing intervals for a valid Hep B series: at least 4 weeks between doses 1 and 2; 8 weeks between doses 2 and 3; at least 16 weeks between doses 1 and 3; dose 3 must be administered at 24 weeks of age or later.
- Second MMR for school year 2022-2023 applies to all students in grades K-12.
- Meningococcal Conjugate requirement for school year 2022-23 applies to all students in grades 7-12
- Tdap requirement for school year 2022-2023 applies to all students in grades 7-12
- If two live virus vaccines (MMR, Varicella, MMRV, Intra-nasal Influenza) are not administered on the same day, they must be separated by at least 28 days (there is no 4 day grace period for live virus vaccines). If they are not separated by at least 28 days, the vaccine administered second must be repeated.
- Lab confirmation of immunity is **only** acceptable for Hep A, Hep B, Measles, Mumps, Rubella, and Varicella.
- **VERIFICATION OF VARICELLA 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.

For the full legal requirements for school entry visit:

<https://portal.ct.gov/DPH/Immunizations/Immunization--Laws-and-Regulations>

If you are unsure if a child is in compliance, please call the Immunization Program at (860) 509-7929.

New Entrant Definition:

*New entrants are any students who are new to the school district, including **all** preschoolers and all students coming in from Connecticut private, parochial and charter schools located in the same or another community. **All pre-schoolers, as well as all students entering kindergarten**, including those repeating kindergarten, and those moving from any public or private pre-school program, even in the same school district, **are considered new entrants**. The one exception is students returning from private approved special education placements—they are not considered new entrants.

Commonly Administered Vaccines:

<u>Vaccine:</u>	<u>Brand Name:</u>	<u>Vaccine:</u>	<u>Brand Name:</u>
DTaP-IPV-Hib	Pentacel	MMRV	ProQuad
DTaP-HIB	TriHibit	PCV7	Pevnar
HIB-Hep B	Comvax	PCV13	Pevnar 13
DTaP-IPV-Hep B	Pediarix	DTaP-IPV	Kinrix, Quadracel
Hepatitis A	Havrix, Vaqta	Influenza	Fluzone, FluMist, Fluviron, Fluairix, FluLaval
DTap-IPV-Hib-Hep B	Vaxelis		Flucelvax, Afluria