

Bridgeport Public School

"Expect Great Things"

Registration Packet

45 Lyon Terrace
Bridgeport, Connecticut 06604

www.bridgeportedu.net





BRIDGEPORT PUBLIC SCHOOLS

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

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.)



BRIDGEPORT PUBLIC SCHOOLS

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

REGISTRATION MATRÍCULA

Student Information/Información del Estudiante

Has this student ever attended school in the U.S.A? ¿Ha asistido alguna vez este estudiante a la escuela en los Estados Unidos?	<input type="checkbox"/> No <input type="checkbox"/> Yes/Si	If yes, where? And what Date (Month/Year)? De ser así, ¿dónde? ¿Y en qué fecha (mes / año)?	_____ / _____ Where / Dónde mm / yy
--	---	---	--

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 <input type="checkbox"/> Non Binary/No Binario	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
--	--

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
--	--

Birth City Ciudad de nacimiento	Birth State (If Born in U.S.) Estado de Nacimiento (Si Nació en EE.UU.)
------------------------------------	---

Office Use Only	School Number	Enter Code	Birth Certificate? Yes No	District of Res
-----------------	---------------	------------	------------------------------	-----------------

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 **require** que **ambas** preguntas sean contestadas y solo proporciona las siguientes categorías de grupo etnico 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*)

<input type="checkbox"/> No, not Hispanic or Latino (No, no Hispano ó Latino)	<input type="checkbox"/> 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	
<input type="checkbox"/>	<input type="checkbox"/>	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 Philippine 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, Japon, 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			

Military Family /Familia en la Fuerzas Armadas

- Parent or guardian is a full-time "active duty" member of the Army, Navy, Air Force, Marine Corps, or Coast Guard Es el padre o Encargado miembro "activo" de tiempo completo de la Fuerza Militar, la Fuerza Naval, la Fuerza Aérea, la Infantería de Marina o la Guardia Costera.

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: ¿Ha 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?
--	---

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 Shots Records? / ¿Constancia de Vacunación Actualizada? <input type="checkbox"/> Yes/Si <input type="checkbox"/> No
---	---

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
---	--	---	--

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"/>		Yes No
Letter from Bridgeport Housing Authority Project Manager: <input type="checkbox"/>		Yes No	
Notarized letter from real estate firm or attorney with date of home closing: <input type="checkbox"/>		Yes No	
Verification of address required after two (2) months?			

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



BRIDGEPORT PUBLIC SCHOOLS

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

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)



BRIDGEPORT PUBLIC SCHOOLS
45 Lyon Terrace
Bridgeport, CT 06606
www.bridgeportedu.net

**RELEASE OF
RECORDS**

Official Release of Records Request

Date: _____

I hereby authorize my child's former school: _____
Name of Former School *Phone Number*

Address of Former School *FAX Number*

City, State, Zip

To Release the following information on my child/children:

- Academic/Scholastic Records (cumulative record folder)
- Medical Records
- Special Education Records

Student Name: _____ DOB: _____ School: _____ Grade: _____

Student Name: _____ DOB: _____ School: _____ Grade: _____

Student Name: _____ DOB: _____ School: _____ Grade: _____

**If the child/children were previously attending another Connecticut Public School, please attach the CT State ID to this request*

Parent/Guardian Name

Address (Street, City, State, Zip Code)

Parent/Guardian Signature

Date

Please forward Records to:

Place School Address Sticker Here



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 elèv ki poko fin konn anglè, jan yo te dwe konnen l, ansèyman 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 públicas. 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 đăng phỏng địn, ở trường học biết được những điều can thiết hầu có thể cung cấp cho các em thông thạo anh văn trong trình giảng dạy hợp lý</p>

Portuguese	Arabic
<p>"Prezados Pais/Responsaveis: A Lei do Estado de Connecticut requer que cada distrito escolar faça uma avaliacao para melhor estabelecer um programa de instrucao apropriado para os estudantes. Por favor responda as tres perguntas neste formulario e mande para a escola o mais rapido possivel. Agradecemos a sua ajuda."</p>	<p>تان بيم خ؛ اراج تانكشونوك هي لاونون اق بسح هوقظملا بفسر دم لك نلع ببح: روم لا اابلوا يوازا عا هدودحما هي نكالم لالاتا و ذبل اطلابفاو يم هبايع جمانرب ااطعل اكل ذو ببول ظملا تاجاحلا نم نك اطر هي لوا هغللا بف بزيك لالا بجري هباح اطلاب لالا هلالا هجر دم لاف هلاس رلا اهتدا عابو ارون هسر دم ل</p>

French
<p>Chers Parent/Tuteurs: L'etat de Connecticut oblige le district d'enseignement de la ville de Bridgeport a se renseigner sur la langue dominante de ses elèves 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 reponse aux trois questions cidessous. Dans l'attente de recevoir votre reponse aussitot que possible. Nou vous remercions a l'avance.</p>



Home Language Survey

Bridgeport Public Schools

Bridgeport, Connecticut 06604

Date (mm/dd/yyyy) / /	Student Number	School	Grade
Student's Last Name		Student's First Name	
Birth Date (mm/dd/yyyy) / /		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	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

Favor Responder as seguintes perguntas:

1. Qual é o idioma principal usado em casa, independente do idioma usado pelo estudante? _____
2. Qual é o idioma mais usado pelo estudante? _____
3. Qual é o idioma que o estudante 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

في تمديتسملا قيساسلا تغللا يه ما لزنملا ،

؟ لافطلا بها تدحتي تلا تغللا عن رظنلا ابغض 1.

؟ بلاطلا قبل من لامعتسا رثالا تغللا يه ما 2.

يه ما لاوا بلاطلا تدحتو تغللا 3.

HOME LANGUAGE SURVEY

Notice of Language Assistance: If you have difficulty understanding or reading English, you may 1. request that school information, notices, and your student's records be translated into your primary language used in the home and 2. request an interpreter.

Spanish: Aviso de asistencia con el idioma: Si tiene dificultad para entender o leer inglés, puede; 1. Solicitar que la información de la escuela, avisos y documentos de su estudiante se traduzcan en el idioma que más se habla en su hogar y 2. Solicitar un intérprete.

Portuguese: Aviso de Assistência com o seu Idioma: Se você tiver dificuldade em entender ou ler inglês, você pode 1. solicitar que as informações da escola, os avisos e os registros do seu aluno sejam traduzidos para o seu idioma principal e 2. solicitar um intérprete.

Haitian Creole: Avi pou Asistans Lang: Si ou gen difikilte pou konpreyansyon oswa pou li lekti angle, ou ka 1. mande pou enfòmasyon lekòl, avi ak dosye elèv ou yo tradwi nan lang prensipal ou epi 2. mande yon entèprèt.

Vietnamese: hông báo về Hỗ trợ Ngôn ngữ: Nếu bạn gặp khó khăn trong việc hiểu hoặc đọc tiếng Anh, bạn có thể 1. yêu cầu thông tin trường học, thông báo và hồ sơ của học sinh được dịch sang ngôn ngữ chính của bạn và 2. yêu cầu thông dịch viên.

1. Would you like to receive school information (such as notices and fliers) and school records (such as report cards, evaluations and other documents) in the primary language used in the home? Yes No

Spanish: ¿Le gustaría recibir información o documentos de la escuela, (por ejemplo: avisos, boletines, tarjeta de notas, evaluaciones y otros documentos) en el idioma que más se habla en su hogar? Sí No

Portuguese: Você gostaria de receber informações escolares (como avisos) e comunicação escolares (como boletins, avaliações e outros documentos) no seu idioma de origem usado em casa? Sim não

Haitian Creole: Èske ou ta renmen resevwa enfòmasyon lekòl la (tankou avètisman ak bwochi) ak dosye lekòl la (tankou kanè, evalyasyon ak lòt dokiman) nan lang prensipal yo itilize nan kay la? Wi Non

Vietnamese: Bạn có muốn nhận thông tin trường học (chẳng hạn như thông báo và tờ rơi) và hồ sơ nhà trường (như thẻ báo cáo, đánh giá và các tài liệu khác) bằng ngôn ngữ chính được sử dụng trong nhà không? Có không

2. Would you like the service of an interpreter in the primary language used in the home?(such as parent teacher conferences or other school meetings) Yes No

Spanish: ¿Le gustaría recibir servicios de un intérprete en el idioma que más se habla en su hogar (por ejemplo: para conferencias de padres y maestros u otras reuniones de la escuela)? Sí No

Portuguese: Você gostaria do serviço de um intérprete no seu idioma de origem? Sim não

Haitian Creole: Èske ou ta renmen sèvis yon entèprèt nan lang prensipal la ki itilize nan kay la? Wi Non

Vietnamese: Bạn có muốn dịch vụ thông dịch viên bằng ngôn ngữ chính được sử dụng trong nhà không? Có không



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 1) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part 2) and the oral assessment (Part 3).

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	If your child does not have health insurance, call 1-877-CT-HUSKY
Does your child have dental insurance?		Y N	

* If applicable

Part 1 — 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
---	------------------------------	------

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 1 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	Date
Type:	<u>Right</u>	<u>Left</u>	Type:	<u>Right</u>	<u>Left</u>	≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes	
With glasses	20/	20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass		*HCT/HGB:	
Without glasses	20/	20/	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail		*Speech (school entry only)	
<input type="checkbox"/> Referral made			<input type="checkbox"/> Referral made			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
-----------------------------------	---------------------	-------------	--

Part 3 — Oral Health Assessment/Screening
Health Care Provider must complete and sign the oral health assessment.

To Parent(s) or Guardian(s):

State law requires that each local board of education request that an oral health assessment be conducted prior to public school enrollment, in either grade six or grade seven, and in either grade nine or grade ten (Public Act No. 18-168). The specific grade levels will be determined by the local board of education. The oral health assessment shall include a dental examination by a dentist or a visual screening and risk assessment for oral health conditions by a dental hygienist, or by a legally qualified practitioner of medicine, physician assistant or advanced practice registered nurse who has been trained in conducting an oral health assessment as part of a training program approved by the Commissioner of Public Health.

Form with fields: Student Name (Last, First, Middle), Birth Date, Date of Exam, School, Grade, Male/Female checkboxes, Home Address, Parent/Guardian Name (Last, First, Middle), Home Phone, Cell Phone.

Form with sections: Dental Examination (Completed by: Dentist checkbox), Visual Screening (Completed by: MD/DO, APRN, PA, Dental Hygienist checkboxes), Normal (Yes/Abnormal checkboxes with description lines), Referral Made (Yes/No checkboxes), Risk Assessment (Low/Moderate/High checkboxes), Describe Risk Factors (Dental or orthodontic appliance, Saliva, Gingival condition, Visible plaque, Tooth demineralization, Other checkboxes; Carious lesions, Restorations, Pain, Swelling, Trauma, Other checkboxes).

Recommendation(s) by health care provider: _____

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 _____

Signature of health care provider, DMD / DDS / MD / DO / APRN / PA / RDH, 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 7th-12th grade	
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	*	*			See below for specific grade requirement	
Hep B	*	*	*		Required PK-12th grade	
Varicella	*	*			Required K-12th grade	
PCV	*				PK and K (Students under age 5)	
Meningococcal	*				Required 7th-12th grade	
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: _____
Renew Date: _____

Religious exemption documentation is required upon school enrollment and then renewed at 7th grade entry.
Medical exemptions that are temporary in nature must be renewed annually.

Immunization Requirements for Newly Enrolled Students at Connecticut Schools (as of 8/1/17)

KINDERGARTEN THROUGH GRADE 6

- DTaP: At least 4 doses, with the final dose on or after the 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, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Pneumococcal: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See “HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES” column at the right for more specific information on grade level and year required.
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.**

GRADES 7 THROUGH 12

- Tdap/Td: 1 dose of Tdap required for students who completed their primary DTaP series; for students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are required, one of which must be Tdap.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Meningococcal: 1 dose
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.**
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See “HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES” column at the right for more specific information on grade level and year required.

HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES

- August 1, 2017: Pre-K through 5th grade
- August 1, 2018: Pre-K through 6th grade
- August 1, 2019: Pre-K through 7th grade
- August 1, 2020: Pre-K through 8th grade
- August 1, 2021: Pre-K through 9th grade
- August 1, 2022: Pre-K through 10th grade
- August 1, 2023: Pre-K through 11th grade
- August 1, 2024: Pre-K through 12th grade

** Verification of disease: Confirmation in writing by an 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 nationwide shortage of supply for such vaccine.

Initial/Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped <i>Provider</i> Name and Phone Number
---	-------------	---

BRIDGEPORT PUBLIC SCHOOLS NETWORK INTERNET AND EMAIL POLICY

The purpose of Bridgeport Public School District's Network (LAN and WAN) is to promote the exchange of information that supports learning and encourages research. This goal will be accomplished by providing users access to the software located on the District's file server, the Internet and the ability to send e-mail. This is consistent with the mission of the Bridgeport Public School District. Note: Interpretation, application, and modification of this Bridgeport Network Policy is within the sole discretion of Bridgeport Public School District. Any questions or issues regarding this Policy should be directed to Bridgeport Public School District Administration.

RULES

1. Each student requesting access to the Bridgeport Internet link must complete the Student Account Agreement Form and have it signed by a parent or guardian. Any use of the network without authorization is prohibited.
2. Neither Bridgeport's instructional network nor Internet access is to be used for commercial business use, political, religious advocacy or illegal purposes.
3. Users may not use the system in any way that is insulting, disruptive, offensive, objectionable or contrary to the educational goals of the District.
4. Use of Bridgeport's Internet to access or send obscene, pornographic, or sexually explicit messages, cartoons or jokes; unwelcome propositions or love letters, messages advocating violence or threats of any kind; racial, ethnic or religious slurs, or any other message that can be construed to be harassment or disparagement of others based upon their sex, race, sexual orientation, age, national origin, or religious or political beliefs is prohibited.
5. Sending material critical of school administration, teachers, staff, students, or anyone associated with the school district is prohibited.
6. Harassing network users, infiltrating computing systems, and/or damaging of software components is prohibited.
7. Subscriptions to list serves, news groups, bulletin boards and any other on-line promotional services will be subject to review and approval by district staff.
8. Deliberate misuse of the network and its equipment will be considered an act of vandalism and subject the user to disciplinary action. The District will hold the user financially responsible for any damage incurred.
9. No individual shall make any unauthorized entry or alteration of any document, either paper or electronic, not created by such individual(s).
10. E-mail messages should be deleted regularly by each user to conserve storage space.
11. The installation of software on District computers must be pre-approved by the Director of Educational Technology and only performed by technical support staff.
12. Profanity or obscenity will not be tolerated. All community members shall use language which is appropriate for school situations as indicated by the Bridgeport Schools' Code of Discipline.
13. Impersonation, anonymity, or pseudonyms are not permitted. Individuals shall be held responsible for their actions and words.
14. No individual shall use the District Network for the purpose of on-line shopping.

SECURITY

The District assumes no responsibility or liability if documents stored on District equipment are lost or damaged, nor will the District be responsible for security violations beyond the proper punishment of those persons involved in such violations. The District employs Filtering Software in an effort to block objectionable content, however, no software is 100% foolproof. The District assumes no liability for the access of such material.

1. Users will respect the rights and property of others and will not improperly access, misappropriate or misuse the files, data, or information of others.
2. Users will not share their account with anyone or leave the account open or unattended.
3. Users will keep all accounts and passwords confidential to other users, however all system passwords and/or encryption keys must be available to the District Administration.
4. Users are responsible for content and maintenance and backing up of their own files.
5. Users will be liable for violations occurring under their accounts.
6. If a user suspects his/her account has been violated or accessed, it is his/her responsibility to report it to District personnel.

BRIDGEPORT PUBLIC SCHOOLS NETWORK INTERNET AND EMAIL POLICY

PROPERTY RIGHTS

The District has the right to specify who uses its equipment and the information contained therein, under what circumstances, and to what purpose. Use of District equipment and software for private or personal business is strictly prohibited and will subject the violator to disciplinary action.

1. The District reserves the right to limit the amount of time a file may be stored on the network system.
2. All electronic material stored on/or sent from the Bridgeport Public Schools network is the property of the district and subject to review at any time.
3. Use of the system is subject to periodic unannounced inspection and may be accessed and copied by the District for monitoring and disciplinary purposes without user's permission. Accordingly, one should not use the system to transmit personal information about oneself or others that one would not want a third party to read.

PENALTIES FOR INAPPROPRIATE USE

1. Any user violating these rules, applicable state and federal laws or posted classroom and district rules, is subject to loss of network privileges and any other District disciplinary options provided by State Statute, Board Policy, or Bridgeport Public Schools' Code of Discipline, including, but not limited to loss of network/Internet privileges, suspension and/or expulsion.
2. Users, who intentionally damage equipment, attempt to load or download unauthorized software, access another user's account or school accounts, or show disregard for these regulations, shall be subject to disciplinary action.
3. Damage caused to other networks accessed, will subject the user to the same disciplinary action as damage to the Bridgeport Network/Internet as well as any possible criminal charges.

WEB GUIDELINES

1. Web pages must comply with school rules, local, state and federal laws and regulations.
2. Building-based, instructional or informational web sites must be approved by the building principal or designee prior to posting.
3. All content, including links to other websites, must be reviewed by the classroom teacher and/or webmaster prior to posting.
4. Personal information about staff and/or students, including, personal telephone numbers addresses, and student e-mail addresses may not be posted on Web sites.
5. The publication of staff or student work on the Bridgeport Public Schools Internet Web sites will require permission of the student, parent or staff member prior to posting. If photos are used, only the first name and last initial will be included for identification.

COPYRIGHT INFRINGEMENT AND PLAGIARISM

1. Users will not plagiarize works that they find on the Network/Internet. Any information obtained over the network/Internet shall not be used without giving proper credit to the original author and is subject to plagiarism and copyright laws.

BRIDGEPORT PUBLIC SCHOOLS NETWORK INTERNET AND EMAIL POLICY

Bridgeport Public Schools
Internet Account and Web Publishing Permission Form

Student:
Student Number:

School:

Name of Parent _____

1. Student Account Agreement

Student Section

I have read the Bridgeport Public Schools Network and Internet Policy. I agree to follow the rules contained in this policy. I understand that if I violate the rules my account can be terminated and I will face other disciplinary measures. I understand it is my responsibility to report any violation of the policy I see to school officials.

Student Signature _____ wDate _____

Parent or Guardian Section

I have read the Bridgeport Public Schools Network and Internet Policy. I hereby release the district, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the District system, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the Bridgeport Public Schools Network and Internet Policy. I will emphasize to my child the importance of following the policy for personal safety.

I give permission wI do not give permission w(check one)
to issue an account for my child and certify that the information contained in this form is correct.

Parent Signature _____ wDate _____

2. Parent Permission Form for Web Page Publishing of Student Work

I understand that during the school year our daughter or son's photo, art work or writing may be under consideration for publication on the school's web site. This web site is a part of and viewable to all on the Internet. I further understand that the work will appear with a copyright notice prohibiting the copying of such work without express written permission. In the event anyone requests such permission, those requests will be forwarded to us as parents.

Concerning the conditions of this use I also understand

- student photos will only be identified with a first name, last initial
- no home address or telephone number will appear with such work.

I grant permission for the Web Page publishing as described above.

Parent Signature _____ wDate _____

I, the student, also give permission for such publishing

Student Signature _____ wDate _____



BRIDGEPORT PUBLIC SCHOOLS

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

**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 / /