



Waterford Street School

62 Waterford St. Gardner, MA 01440

Telephone (978) 632-1605

FAX (978) 630-4037

F. Daniel Hill, Principal

Charles Anderson, Asst. Principal

Dear Prospective Kindergarten Parent:

Welcome to the Gardner Public Schools.

We hope that this first step in your son/daughter's educational process is the start of a strong working relationship among students, parents, and teachers.

In order to be officially enrolled and assigned a classroom teacher the following data must be received:

- Master File Information
- Completed Developmental History
- Immunization record with Kindergarten appropriate immunization dates
- Laboratory Lead Test with results
- A current physical exam (within the past 12 months), which includes hearing & vision screening by your physician.
- Copy of a legal birth certificate – student must be 5 years of age on or before August 31, 2010.
- Proof of residency in Gardner – e.g. electric bill, tax bill, current lease, etc.

Once all application materials are in place, class lists will be made. In late August, each family will receive an individual letter stating the teacher's name, the bus number and time of the class.

Sincerely,

F. Daniel Hill
Principal



Student Registration Form
 Waterford Street School
 Gardner Public Schools

70 Waterford St.
 Gardner, MA 01440
 Phone: (978) 632 1000
 Fax: (978) 632 1164

Demographics				
Student Name: (Full Legal Name as shown on birth certificate) Please Print _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Last Name </div>				
First Name	_____	Middle Name	_____	Nickname
Residence Address: Street/Apartment: _____ P.O. Box not acceptable City: _____ State: _____ Zip: _____				
Mailing Address: Street/Apt/P.O. Box: _____ If different from above City: _____ State: _____ Zip: _____				
Residence Telephone:	(____) - _____	Is this a cell phone?	Yes	No
Gender:	Male	Female	Date of Birth:	_____ <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>
Place of Birth: City: _____ State: _____ Country: _____				
If not born in a U.S. State or Territory*, has the student completed 3 years of U.S. Schooling Yes No				
Ethnicity – check only one: Not Hispanic or Latino Hispanic or Latino				
Race – check ALL that apply White Black or African American Asian American Indian or Alaskan Native Native Hawaiian or other Pacific Islander				
<i>Ethnicity and Race – Federal and State laws require this information</i>				
Citizenship:	US	Other	If Other, alien registration number: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Permanent Visa Temporary Visa </div>	
First Native Language: English Other: _____				
Foreign Exchange Student? Yes No Country: _____				
Medical Concerns and/or Allergies: _____ _____				
Enrollment Information				
What grade will the student be enrolled in? ____		Expected Enrollment Date:		
		____ Month	____ Day	____ Year
Student previously attended Gardner Public Schools: Yes No If Yes, last year attended: ____				
Student previously attended another Massachusetts Public School: Yes No				
If Yes School: _____ City: _____				
Is the student enrolling as “School Choice” from another district? Yes No				
If Yes, School District’s name: _____				

*Territory - the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the Virgin Islands, the Northern Mariana Islands, or the Trust territory of the Pacific Islands.

Parent/Guardian/Emergency Contact Information

Student lives with:
Please check ALL that apply **Mother** **Father** **Stepmother** **Stepfather** **Other:** _____

Custody of Student:
Please check ALL that apply **Mother** **Father** **Stepmother** **Stepfather** **Other:** _____

Receive Mailings:
Please check ONLY one **Mother** **Father** **Stepmother** **Stepfather** **Other:** _____

	Parent/Guardian 1	Parent/Guardian 2
Name (Last, First)		
Street Address		
City/State/Zip		
Home Phone	(_____) - _____	(_____) - _____
Cell/pager #	(_____) - _____	(_____) - _____
Email address		
Employer		
Work Telephone #	(_____) - _____	(_____) - _____
Relationship to student <small>(i.e. Mother, Father, Grandmother, Guardian...)</small>		

	Parent/Guardian 3	Parent/Guardian 4
Name: Last, First		
Street Address		
City/State/Zip		
Home Phone	(_____) - _____	(_____) - _____
Cell/pager #	(_____) - _____	(_____) - _____
Email address		
Employer		
Work Telephone #	(_____) - _____	(_____) - _____
Relationship to student <small>(i.e. Mother, Father, Grandmother, Guardian...)</small>		

	Emergency Contact 1	Emergency Contact 2
Name		
Relationship to student <small>(i.e. Mother, Father, Grandmother, Guardian...)</small>		
Telephone #	(_____) - _____	(_____) - _____

Siblings in Gardner Public Schools		
Name	Grade	School
Special Education		
Student currently has an IEP (Individualized Education Plan) If Yes, submit a copy of the IEP to the school or Special Education office.	Yes	No
Student previously received special education services? If Yes, grade and year of IEP termination: _____	Yes	No
Special education services received in previous school district? Speech/Language Occupational Therapy Physical Therapy Academic Other: _____		
Special Considerations (Documentation for verification may be required and you may be contacted)		
List restraining order(s) in effect		
Documentation provided:	Yes	No
Student is State Ward:		
Documentation provided:	Yes	No
List any Legal Alerts:		
Documentation provided:	Yes	No

Kindergarten ONLY		
Student will come to school from babysitter's residence	Yes	No
Student will leave school for babysitter's residence	Yes	No
Babysitter Information:		
Name:		
Address:		
Phone Number:		

I hereby certify that, under the penalties of perjury, the facts and representations set forth in this Student Registration Form are, to the best of my knowledge, true and complete. I also understand the Gardner Public Schools reserves the right to make additional inquiries into the student's residency status and prior school records.

Parent/Guardian

Date

NOTE: If any of the above information changes before school or throughout the school year, please notify the school immediately.

Waterford Street School Kindergarten Program

Developmental History

Child's Name _____ Nickname _____
(first, middle, last)

Today's Date: ____/____/____

Child's Date of Birth: ____/____/____ Place of Birth: _____

Home Phone: _____ - _____ Local Emergency Phone: (_____) _____ - _____

Mother home #:(_____) _____ - _____ Name and relationship of the emergency #: _____

Father home #:(_____) _____ - _____ _____

Child lives with (circle appropriate choice): Both parents *or* Mother *or* Father

Please list any other person(s) living in this home _____

Child's legal guardian(s), if other than both parents: _____

Please note any legal* restraining issues currently active regarding this child: _____

_____ (***attach** a copy of the legal documentation of this restraint order).

Who is filling out this form? _____ Relationship to child: _____

Child's Father:

Child's Mother:

Name: _____
first last

Name: _____
first (maiden) last

Address: _____

Address: _____

Date of Birth: ____/____/____

Date of Birth: ____/____/____

Place of Birth: _____

Place of Birth: _____

Last grade completed: _____

Last grade completed: _____

Occupation: _____

Occupation: _____

Place of Employment: _____

Place of Employment: _____

Employment ph. #: (_____) _____ - _____
(if not provided above)

Employment ph. #: (_____) _____ - _____
(if not provided above)

Name of child's daycare provider (if applicable): _____ Tele: _____

Has your child previously attended a preschool program? Yes _____ No _____

If yes, name of school: _____ Tele: (_____) _____ - _____

Dates of Attendance: ____/____/____ to ____/____/____ Days per week: _____ Hours per day: _____
mo yr mo yr

• I, the parent/legal guardian of _____, give permission for the Gardner
Child's name

Public Schools to review my child's previous written school records and/or talk to his/her former teacher(s).

Parent Signature: _____ Date: ____/____/____

Please check any services your child receives:

IEP _____ 504 _____ Speech _____ DCF _____ Early Intervention _____

Family History

Is there any family history that may affect this child's adjustment to school? (circle and comment for applicable family event)

Event

Comment

Adoption: _____

Foster placement: _____

Parent-child separation: _____

Other: _____

Child's siblings:

<u>Sibling's Name</u>	<u>Sex (M/F)</u>	<u>Date of Birth</u>	<u>Health</u>	<u>Lives in home Yes or No</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has an older sibling demonstrated difficulty in school? *Yes _____ No _____

*If yes, please describe the nature of this difficulty: _____

Has this sibling ever received special services for any of the following? Please comment on all applicable areas.

	<u>Yes</u>	<u>No</u>	<u>Comment</u>
speech	_____	_____	_____

	<u>Yes</u>	<u>No</u>	<u>Comment</u>
emotional	_____	_____	_____
physical disability	_____	_____	_____
developmental delays	_____	_____	_____

Developmental Milestones

At what age did your child first:

sit _____ walk _____
 toilet trained: day _____ night _____
 use:
 single words _____ sentences _____
 sleep through the night _____

Has your child eaten any non-food products such as paint, dirt, pencils/paper etc. If yes, explain.

Has your child exhibited any unsafe behavior such as:

_____ ingestion of pills/medication
 _____ darting into road
 _____ fire setting
 _____ wandering off
 _____ other, please explain _____

Social Development

Please indicate this child's preferences regarding play and social interaction. (check all that would apply)

solitary play	_____	with older children	_____
in groups	_____	with younger children	_____
own age group	_____	no particular preferences	_____

Describe child's relationship with his/her:

Father: _____

Mother: _____

Siblings: _____

Other family members: _____

Does this child relate easily to non-family children and adults? Yes _____ No _____ Comment: _____

Does your child have any serious fears or phobias? Yes _____ No _____ Comment: _____

Does your child have any difficulty sleeping? _____ Is your child a restless sleeper? _____ Does your child snore, grind teeth, sleepwalk or experience night terrors? _____

Is there anyone in your family who has experienced seizures or other neurological problems? _____

Is there anyone in your family who has had attention difficulties? _____

Is there any significant medical or mental health issue with any member of your family? _____

Do you have any behavioral concerns for your child? _____

Has your child ever engaged in counseling or therapy? _____

Child's Medical History

Prenatal (check all that occurred during the pregnancy for this child)

- | | |
|---|------------------------------------|
| _____ excessive weight gain (greater than 25 lbs) | _____ bleeding or spotting |
| _____ poor weight gain (less than 10 lbs) | _____ toxemia/ high blood pressure |
| _____ gestational diabetes | _____ induced labor |
| _____ spontaneous labor (labor began on its own) | |
| _____ exposure of mother to measles, mumps, chickenpox while pregnant | |

Delivery (check all that applied to the delivery of this child)

- | | |
|-------------------------------------|--------------------------|
| _____ vaginal (head first) delivery | _____ forceps delivery |
| _____ vaginal (feet first) delivery | _____ cesarean delivery* |

*If cesarean, was it due to fetal distress (the baby was having trouble)? Yes _____ No _____

Neonatal (check all that apply - as related to this child's newborn experience)

- | | |
|------------------------------------|---|
| _____ supplemental oxygen required | _____ premature delivery (_____ weeks early) |
|------------------------------------|---|

severe yellow jaundice, blue spells newborn convulsions/seizures
 born with medical problem (i.e. cerebral palsy, cystic fibrosis, etc.), explain: _____
 Child's due date was ____/____/____. Child's birth weight was ____ lbs ____ ounces.
 As a newborn, this child spent _____ day(s) in the hospital.

Summary of Child's Applicable Medical Status (check all that apply & comment)

<u>Condition</u>	<u>Comment/explanation/medications to treat</u>
<input type="checkbox"/> respiratory condition (i.e. asthma, bronchitis)	_____
<input type="checkbox"/> chronic skin condition (i.e. eczema)	_____
<input type="checkbox"/> neurological condition (i.e. seizures, ADHD)	_____
<input type="checkbox"/> medications taken regularly	_____
<input type="checkbox"/> hay-fever/pollen/seasonal type allergies	_____
<input type="checkbox"/> allergy* (food, bee sting, touch, medication)	specific allergy: _____
*specify type of reaction/treatment required	_____
<input type="checkbox"/> hearing difficulties; are hearing aides used	_____
<input type="checkbox"/> frequent or recurrent ear infections	_____
<input type="checkbox"/> vision difficulties; appearance of crossed eyes	_____
<input type="checkbox"/> are glasses or a patch worn	_____
<input type="checkbox"/> dental/swallowing/chewing difficulties	_____
<input type="checkbox"/> muscular/skeletal condition	_____
<input type="checkbox"/> brace _____ corrective shoes	_____

Basic Activities of Growing and Developing (use reverse side to comment if needed):

		<u>Yes</u>	<u>No</u>	<u>Unsure</u>
1.	Can this child:			
	A. use a spoon and fork to eat without spilling a lot	_____	_____	_____
	B. wash and dry his/her own hands	_____	_____	_____
	C. dress him/herself	_____	_____	_____
	D. do buttons	_____	_____	_____
	E. be left at daycare or babysitter without a big fuss	_____	_____	_____
2.	Does your child have:			
	A. any eating difficulties	_____	_____	_____
	B. any problems sleeping	_____	_____	_____
	C. problems with nightmares or night terrors	_____	_____	_____
	D. frequent nosebleeds	_____	_____	_____

		<u>Yes</u>	<u>No</u>	<u>Unsure</u>
3.	Is your child dependably toilet-trained, with only rare accidents?	___	___	___
4.	Does your child enjoy:			
	A. playing active group games (i.e. tag, hide & seek)	___	___	___
	B. playing quiet group games (i.e. checkers, chutes & ladders)	___	___	___
	C. playing independently and alone	___	___	___
5.	Does your child play alone without direct adult supervision?	___	___	___
6.	Does your child:			
	A. play successfully with puzzles, blocks, and other construction toys without help	___	___	___
	B. write and draw rather than scribble	___	___	___
	C. hold a pencil properly	___	___	___
	D. prefer right hand (), left hand (), or both ()	___	___	___
7.	Can your child:			
	A. ride a tricycle	___	___	___
	B. throw and catch a ball	___	___	___
8.	Does your child:			
	A. trip and fall easily	___	___	___
	B. run into things	___	___	___
	C. have difficulty climbing or descending stairs	___	___	___
9.	Do you consider your child to be:			
	A. highly active	___	___	___
	B. very quiet or shy	___	___	___
	C. generally happy	___	___	___
	D. generally sad	___	___	___
10.	Does your child:			
	A. cry easily	___	___	___
	B. demonstrate frequent temper tantrums	___	___	___
	C. usually follows directions	___	___	___
	D. have a very short attention span	___	___	___
	E. frighten or startle easily	___	___	___
11.	Is your child:			
	A. able to speak most sounds correctly	___	___	___
	B. afraid or too shy to speak up	___	___	___
	C. understandable to others unfamiliar with his/her speech	___	___	___
12.	Did your child start to speak significantly later than other children of the same age?	___	___	___
13.	Does your child:			
	A. turn up the TV volume excessively loud	___	___	___
	B. say, "what, what?" all the time	___	___	___
	C. sit extremely close to the TV screen	___	___	___
	D. hold pictures or drawings close to face to see them	___	___	___
	E. often repeats sounds or words (stutter or stammer)	___	___	___



Gardner Public Schools

70 Waterford Street

Gardner, MA 01440

Telephone (978) 632-1000

FAX (978) 632-1164

Home Language Survey

Encuesta sobre Casera La Lengua

Spanish

Exame Da Língua De Casa

Portuguese

Student Name: _____ Grade: _____

In order to help your child succeed in school, we ask that you please answer the following questions for each child in your family.

Para ayudar a su niño a tener éxito en escuela, preguntamos que usted contesta por favor a las preguntas siguientes para cada niño en su familia.

A fim ajudar a sua criança suceder na escola, nós perguntamos que você responde por favor às seguintes perguntas para cada criança em sua família.

1. What language did your child first understand or speak? _____
¿Qué lengua su niño primero entendía o habló? _____
Que língua sua criança primeiramente compreendeu ou falou? _____
2. What language do you use? _____
¿Qué lengua usted utiliza? _____
Que língua você usa? _____
3. What language does your child use most often when speaking with you at home?

¿Qué lengua su niño utiliza lo más a menudo posible al hablar con usted en el país? _____

Que língua sua criança usa o mais frequentemente ao falar com você no residencia?

4. What language does your child use most often when speaking with other family members? _____

Qué lengua su niño utiliza lo más a menudo posible al hablar con otros miembros de la familia? _____

Que língua sua criança usa o mais frequentemente ao falar com outros membros da família? _____

5. What language does your child use most often when speaking with friends?

¿Qué lengua su niño utiliza lo más a menudo posible al hablar con los amigos? _____

Que língua sua criança usa o mais frequentemente ao falar com os amigos?

6. What language(s) does your child read? _____

¿Qué language(s) does que su niño leyó? _____

Que language(s) sua criança lê? _____

7. What language(s) does your child write? _____

¿Qué language(s) does que su niño escribe? _____

Que language(s) sua criança escreve? _____

8. At what age did your child start attending school in the United States? _____

¿En qué edad su niño comenzó a atender a la escuela en los Estados Unidos? _____

Em que idade sua criança começou a atender à escola nos Estados Unidos?

9. Has your child attended school every year in the United States since that age?

____ Yes ____ No

If no, please explain: _____

¿Su niño ha atendido para enseñar cada año en los Estados Unidos desde entonces que envejecen? ____ Si ____ No

Si no, explica por favor: _____

Sua criança atendeu para educar desde cada ano nos Estados Unidos que envelhecem?

____ ____ sim nenhum se o No., explicar por favor:

10. Would you prefer oral and written communication from the school in English or in your home language? _____

¿Usted preferiría la comunicación oral y escrita de la escuela en lengua inglesa o en su casera? _____

Você preferiria uma comunicação oral e escrita da escola em língua inglesa ou sua home? _____

Signature of Parent/Guardian

Printed Name

Date



Gardner Public Schools
 70 Waterford Street
 Gardner, MA 01440
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Race-Ethnicity Identification

Name: _____ Date: _____

School: _____

Please circle only one Race-Ethnicity category

	Not Hispanic or Latino	Hispanic or Latino
One race		
White	01	33
Black or African American	02	34
Asian	03	35
American Indian or Alaska Native	04	36
Native Hawaiian or Other Pacific Islander	05	37
Combination of Two Races		
White & Black or African American	06	38
White & Asian	07	39
White & American Indian or Alaska Native	08	40
White & Native Hawaiian or Other Pacific Islander	09	41
Black or African American & Asian	10	42
Black or African American & American Indian or Alaska Native	11	43
Black or African American & Native Hawaiian or Other Pacific Islander	12	44
Asian & American Indian or Alaska Native	13	45
Asian & Native Hawaiian or Other Pacific Islander	14	46
American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	15	47

--continued--

Combination of Three Races		
White & Black or African American & Asian	16	48
White & Black or African American & American Indian or Alaska Native	17	49
White & Black or African American & Native Hawaiian or Other Pacific Islander	18	50
White & Asian & American Indian or Alaska Native	19	51
White & Asian & Native Hawaiian or Other Pacific Islander	20	52
White & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	21	53
Black or African American & Asian & Native Hawaiian or Other Pacific Islander	22	54
Black or African American & Asian & American Indian or Alaska Native	23	55
Black or African American & Native Hawaiian or Other Pacific Islander & American Indian or Alaska Native	24	56
Asian & Native Hawaiian or Other Pacific Islander & American Indian or Alaska Native	25	57
Combination of Four Races		
White & Black or African American & Asian & American Indian or Alaska Native	26	58
White & Black or African American & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	27	59
White & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	28	60
White & Black or African American & Asian & Native Hawaiian or Other Pacific Islander	29	61
Black or African American & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	30	62
Combination of Five Races		
White & Black or African American & Asian & American Indian or Alaska Native & Native Hawaiian or Other Pacific Islander	31	63

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70 Waterford Street
Gardner, MA 01440
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FAX (978) 632-1164

Proof of Residency

All children who attend school must be residents of the City of Gardner. The Gardner Public Schools require that all new students from preschool through grade twelve provide evidence of residency before admittance. The district's attendance officer investigates cases where attending children may not be living in the city.

Student's name	Date of Birth	Entering Grade
----------------	---------------	----------------

Parent/Guardian Name	Gardner address
----------------------	-----------------

Proof of Residency (Attach copies to this form)

- Utility Bill with Gardner Address
- Signed Lease Agreement
- Notarized Lease from Builder or Realtor
- Settlement Document on New Home
- Property Tax Bill
- Property Deed
- Other

Verified by School Official	Date
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Waterford Street School

62 Waterford St. Gardner, MA 01440

Telephone (978) 632-1605

FAX (978) 630-4037

Dan Hill, Principal

Charles Anderson, Asst. Principal

Dear Parents/Guardians:

Kindergarten is an exciting time for both parents and children and with it comes what seems like a great deal of paperwork! There are certain health requirements for kindergarten that are needed for your child's health record. Immunizations are a must and the law. (*Massachusetts's law (105CMR 220.60) requires immunizations for continued school attendance. Massachusetts's law (105 CMR 460.050, and .060) requires lead testing on all preschool and kindergarten children.*) Your child is required to have: **5 DTP shots; 4 Polio shots; 3 Hepatitis B shots; 2 MMR shots; 1 Varicella shot, and 1 lead screening test.** The lead screening test needs to be anytime after your child's first birthday. There are times, special circumstances when for religious or medical reasons, children cannot receive all the required immunizations. If your child falls under these circumstances, there is a form your doctor must sign.

PHYSICIANS WILL NOT FAX THE SCHOOL IMMUNIZATIONS, IF YOUR CHILD IS MISSING IMMUNIZATIONS, YOUR CHILD WILL NOT BE ABLE TO COME TO SCHOOL UNTIL IMMUNIZATIONS ARE COMPLETE.

The other requirement by law is **a current physical exam** (within one year) and must be updated yearly while in Kindergarten (*MGL chapter 76, section 15*). Another requirement that is new for entrance into Kindergarten will be that your child has **a vision and hearing test** performed at your health care providers office during your child's physical. Your child must also have a copy of a legal birth certificate. The hospital birth certificate is not a legal document. You must obtain one from the city hall and copy it or bring in the original.

Parents of children who require medications while in school will need to obtain consent forms, available at the Nurse's Office, and a physician's order is needed prior to any medications being administered at school. An adult must bring in the medication to the school at all times.

It is recommended and appreciated that children **have a spare set of clothes** at school so that they may change if they have the occasional accident, if they get wet on the playground, or spilled juice or milk. In addition, Kindergarten children should be toilet trained at this time. If your child has a medical or psychological condition that has interfered with their ability to toilet themselves, please let us know. Please provide a current phone number in case of emergency. If your phone number should change during the course of the school year, please inform the school so we can contact you in case your child is sick, or in any emergency situation.

Should you have any questions regarding these requirements, please feel free to give me a call. I look forward to meeting you and caring for your child.

Sincerely,

Rebecca Boutwell RN, BSN
School Nurse
978-632-4158



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MEDICAL INFORMATION

PLEASE FILL OUT

Date _____

Name of Student: _____

Home # _____ Work # _____

Cell# _____ Mom Dad (please circle)

Please answer and explain any conditions listed:

- Allergies to any medications, foods, or latex? _____

- Allergic reactions to: _____
 - Describe reaction _____
 - Does child have an epi. pen? Yes No
- Asthma _____ Triggers _____
Treatment _____
- Diabeties _____
- Heart Problems: _____
- Seizure Disorder _____
- Medication (name) _____
- Times of Medication given _____
- Physical limitations or restrictions _____
- Other:

WATERFORD STREET SCHOOL

School Health Services

Social/Medical History

Gardner, Ma

Date: _____

Grade _____

Name of child _____
(First) (Middle) (Last)

Address _____ Phone _____

Date of Birth _____ Place of Birth _____

Name of Father _____ Occupation _____

Place of Employment _____ Work # _____

Name of Mother _____ Occupation _____

Place of Employment _____ Work # _____

Person child lives with Both Parents Divorced Separated Other

Physician: _____

Dentist: _____

Other person and phone number to contact if unable to reach parents and relationship:

Other Members of Household:

Name	Relationship	Date of Birth

Medical History (Give Dates if known)

Accidents	Heart Disease
Allergy	Kidney Disease
Scarlet Fever	Convulsions
Rubella	Whooping Cough
Congenital Anomaly	Rheumatic Fever
Vision Problem	Hearing Problem
Ear Infections	Tonsillitis
Strep Throat	Operations
Other	

Hospitalization (what for) _____

Any physical problem or restrictions _____

Medical Insurance: *Please Circle:*

BCBS Harvard Pilgrim Fallon Tufts Neighborhood Cigna Medicaid
 Network Health Mass Health Uninsured



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**AUTHORIZATION FOR THE EXCHANGE
OF INFORMATION BETWEEN
THE GARDNER PUBLIC SCHOOL SYSTEM
AND STUDENTS HEALTH CARE PROVIDER**

NAME OF STUDENT: _____

ADDRESS: _____

CITY: _____

SCHOOL: _____

GRADE: _____ DATE OF BIRTH: _____

I, the parent or legal guardian of the above-named student, hereby permits all health records and other medical information on this student to be exchanged between school health personnel in the Gardner School System and the student's health care provider.

Date: _____

Signature of Parent/Guardian: _____