

UXBRIDGE PUBLIC SCHOOLS

9 North Main Street - Uxbridge, Massachusetts 01569

Phone 508.278.8648



REGISTRATION PACKET

Welcome to the Uxbridge Public Schools! Our mission at the Uxbridge Public Schools is to provide challenging educational programs and services to meet the diverse needs of all students in a safe, supportive environment and, in partnership with the community, prepare students to become competent, creative, and contributing citizens. We are determined to enhance students' critical thinking skills, collaborative problem-solving skills, and leadership skills that will prepare our children to meet the challenges of their adult lives.

The following packet of documentation contains all the forms necessary to register your child(ren) into the Uxbridge Public Schools system. Please note that students are not enrolled until we receive all documentation. If you choose to submit *individual documentation*, this will hinder the registration process.

A registration appointment must be scheduled and conducted with the Guidance Department and/or Administrative personnel prior to the student's placement into our schools. All academic records must be in hand prior to the scheduling of this registration appointment.

Any records coming from another district must be sent by the school or if being hand delivered, in a sealed envelope by the sending school.

If you have any questions regarding the registration process, please contact the main office of the appropriate school building.

Taft Early Learning Center	Grades PreK-3	508-278-8643
Whitin Intermediate School	Grades 4-7	508-278-8640
Uxbridge High School	Grades 8-12	508-278-8633

PARENT CHECKLIST

Prior to a new student entering the Uxbridge Public Schools, we require the following information be presented at the time of registration, in addition to the registration forms contained in this packet.

- ☐ Copy of Students most recent report card
- ☐ Complete immunization records and a signed recent physical form dated within one year.
- ☐ Original and/or Copy of Birth Certificate
- ☐ I.E.P./504 Plan (if applicable)
- ☐ Proof of Residency Documentation: Recent utility bill, and purchase & sales agreement or rental agreement
- ☐ In cases of divorce/separation, provide a copy of divorce decree with custody agreement or any information regarding custody, (i.e. restraining order, etc.)

INDEX OF REGISTRATION FORMS CONTAINED IN THIS PACKET

- | | |
|---|---|
| <input type="checkbox"/> Student Information Form | <input type="checkbox"/> Student Status Survey |
| <input type="checkbox"/> Home Language Survey | <input type="checkbox"/> Consent to Release Records |
| <input type="checkbox"/> Student Health Questionnaire | <input type="checkbox"/> Medical Information |
| <input type="checkbox"/> Parent/Student Handbook Form | <input type="checkbox"/> Free and Reduced Lunch |

Residency Forms (Uxbridge Residents and School Choice Applicants)

- ☐ A: Affidavit of Applicant Seeking Enrollment
- ☐ B: Supporting Documentation for School Registration Checklist
- ☐ C: Residency Policy Acknowledgement
- ☐ D: Transfer of Parental Education Rights (if applicable)
- ☐ E: Affidavit of Residency (completed by all applicants)
- ☐ F: Affidavit - Landlord/Shared Tenancies (completed by landlord)
- ☐ G: Waiver when Residency is in Transition (if applicable)

STUDENT STATUS SURVEY

Student Information

Legal First Name _____

Full Middle Name (no middle, write NMN) _____

Last Name _____

Street Address, City, State, Zip Code _____

Date of Birth (mm/dd/yyyy): _____

City/Town Birth: _____

Gender: F _____ M _____

Race - Please answer BOTH questions 1 and 2

1. Is this student Hispanic or Latino? (circle only one)

_____ No, not Hispanic or Latino.

_____ Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race).

2. What is the student's race? (choose one or more)

_____ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam).

_____ Black or African American (A person having origins in any of the black racial groups of Africa).

_____ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).

_____ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).

Low Income Status (check if applicable)

_____ The student is eligible for free or reduced lunch; or receives Transitional Aid to Families; or is eligible for food stamps.

Migrant Status (check if applicable)

_____ An indication of whether an individual or a parent/guardian accompanying an individual maintains primary employment in one or more agricultural or fishing activities on a seasonal or other temporary basis and establishes a temporary residence for the purpose of such employment.

Immigrant Status (check if applicable)

_____ An indication of whether a student is eligible for the Emergency Immigrant Education Program is, the student must not have been born in any State (any of the 50 states, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the Virgin Islands, the Northern Mariana Islands, or the territory of the Pacific Islands) and not having completed 3 full academic years of school in any state.

Military Status (check if applicable)

_____ If a student is a member of the military family. This includes children of Active duty members of the uniformed services, National Guard and Reserve on active duty orders. Members or veterans who are medically discharged or retired within one year. And members who died on active duty.

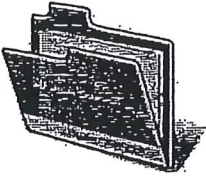
STUDENT INFORMATION FORM

Student Data																								
1.	Student Last Name:	First Name:	Middle:																					
2.	Grade Level:	Has student been registered in Uxbridge Public Schools before? Yes <input type="checkbox"/> No <input type="checkbox"/>																						
3.	Date of Birth:	Gender:	Female <input type="checkbox"/>	Male <input type="checkbox"/>																				
4.	City/Town of Birth:	Country of Origin:																						
5.	Home address:	Mailing address (if different):																						
6.	Student's primary language spoken at home:																							
7.	Student's race: White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/>																							
8.	Does this student currently receive special services? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, I.E.P. <input type="checkbox"/> 504 <input type="checkbox"/> Has this student ever received special services in the past? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:																							
9.	Does the student have any siblings registered in Uxbridge Public Schools? Yes <input type="checkbox"/> No <input type="checkbox"/> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Sibling Name</th> <th style="width: 10%;">Grade</th> <th style="width: 10%;">Sex</th> <th style="width: 20%;">Date of Birth</th> <th style="width: 35%;">School</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>				Sibling Name	Grade	Sex	Date of Birth	School	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Sibling Name	Grade	Sex	Date of Birth	School																				
_____	_____	_____	_____	_____																				
_____	_____	_____	_____	_____																				
_____	_____	_____	_____	_____																				
10.	First Parent/Guardian Contact Information																							
	Name	Relationship	Lives with Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Custody issue Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, is this a custodial parent? Yes <input type="checkbox"/> No <input type="checkbox"/>																				
	Address (if different than student).	Workplace	Can Receive Mail: Yes <input type="checkbox"/> No <input type="checkbox"/>	Can Dismiss Student? Yes <input type="checkbox"/> No <input type="checkbox"/> Can Receive Student? Yes <input type="checkbox"/> No <input type="checkbox"/>																				
	Mobile Phone	Home Phone	Work Phone	Email Address																				
	Second Parent/Guardian Contact Information																							
	Name	Relationship	Lives with Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Custody issue Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, is this a custodial parent? Yes <input type="checkbox"/> No <input type="checkbox"/>																				
	Address (if different than student).	Workplace	Can Receive Mail: Yes <input type="checkbox"/> No <input type="checkbox"/>	Can Dismiss Student? Yes <input type="checkbox"/> No <input type="checkbox"/> Can Receive Student? Yes <input type="checkbox"/> No <input type="checkbox"/>																				
	Mobile Phone	Home Phone	Work Phone	Email Address																				
11.	First Contact if Parents/Guardians Cannot Be Reached																							
	Name	Relationship	Address	Main Phone: Can Receive Student? Yes <input type="checkbox"/> No <input type="checkbox"/>																				
12.	Second Contact if Parents/Guardians Cannot Be Reached																							
	Name	Relationship	Address	Main Phone: Can Receive Student? Yes <input type="checkbox"/> No <input type="checkbox"/>																				

HOME LANGUAGE SURVEY

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information			
First Name _____	Middle Name _____	Last Name _____	F _____ M _____ Gender
Country of Birth _____	Date of Birth (mm/dd/yyyy) _____	Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____	
School Information			
Start Date in New School (mm/dd/yyyy) _____	Name of Former School and Town _____		Current Grade _____
Questions for Parent/Guardian			
What is the native language(s) of each parent/guardian? (circle one) _____ (mother/father/guardian) _____ (mother/father/guardian)	Which language(s) are spoken with your child? (include relatives-grandparents, uncles, aunts, etc. - and caregivers) _____ seldom/sometimes/often/always _____ seldom/sometimes/often/always		
What language did your child first understand and speak?	Which language do you use most with your child?		
Which other languages does your child know? (circle all that apply) _____ speak/read/write _____ speak/read/write	Which language does your child use? (circle one) _____ seldom/sometimes/often/always _____ seldom/sometimes/often/always		
Will you require written information from school in your native language? Yes _____ No _____	Will you require an interpreter/translator at Parent-Teacher meetings? Yes _____ No _____		
Parent/Guardian Signature: X	_____ Today's Date (mm/dd/yyyy)		



CONSENT TO RELEASE RECORDS

		Entry/Withdrawal Date	
Student First and Last Name	Date of Birth	Entry Grade	
Uxbridge Street Address	City/State	Zip Code	Telephone

In conformance with the Student Record Regulations of the Massachusetts Department of Elementary and Secondary Education, and the Education Reform Act of 1993, I authorize the appropriate office of:

- _____ Taft Early Learning Center, 16 Granite Street, Uxbridge, MA 01569
508-278-8643/FAX 508-278-8646
- _____ Whitin Intermediate School, 120 Granite Street, Uxbridge, MA 01569
508-278-8640/FAX 508-278-8639
- _____ Uxbridge High School, Guidance Dept., 300 Quaker Highway, Uxbridge, MA 01569
508-278-8633/FAX 508-779-7256
- _____ Uxbridge Special Education Department, 9 North Main Street, Uxbridge, MA 01569
508-278-8648/FAX 508-278-8654

Please check all boxes that apply:

- ☐ Permission to speak with: _____
- ☐ Send to the third party listed below the records of the above named student.
- ☐ Receive from the third party listed below the records of the above named student.

(Third Party)	Name of School	
Street Address		
City/Town	State	Zip Code
School Telephone	School FAX	

Records should include: Transfer slip, academic records, attendance, health, special education records, MCAS scores, discipline records, cumulative records.

Other: _____

Signature of Parent and/or Guardian

Date

UXBRIDGE PUBLIC SCHOOLS

9 North Main Street · Uxbridge, Massachusetts 01569

Phone 508.278.8648



Dear Parent/Guardian:

Enclosed you will find the Massachusetts Department of Public Health Certificate of Immunizations form and a copy of the immunization regulations needed for entry into school. According to Massachusetts State Law, it is required that your child receives a vision screening and complete physical exam within one year of enrolling in kindergarten and be up to date on his/her immunizations prior to the first day of school. For those children who are enrolled in a pre-school program, an additional shot is required.

Regular physical exams ensure that your child is growing and developing properly. This is also a time for you to discuss any concerns or issues regarding your child's development with your pediatrician. Please do not schedule your child's appointment after the first day of school. If your insurance provider will not allow a physical exam at such time, your child may still receive the necessary immunizations now and have a physical at a later date. Children who do not have the necessary immunization requirements will be unable to begin school until we receive it.

We respectfully request that you meet these requirements except in the case of religious or medical exemptions. In this case, we would still require written documentation from your doctor.

If you have any questions or concerns, or if you are without health insurance and cannot pay for an office visit please feel free to contact me at 508-278-8643. Thank you for your anticipated cooperation.

Sincerely,

Rebecca Padula, RN

Rebecca Padula, BSN, RN, NCSN

Taft ELC School Nurse/UPS District Lead Nurse

UXBRIDGE PUBLIC SCHOOLS

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MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH



Upon school enrollment, the following medical documentation and immunizations are required for all students:

- Immunizations Grades K - 12:
 - 5 doses of Dtap/DTP vaccine
 - 4 doses of polio vaccine
 - 2 doses of MMR vaccine
 - 3 doses of hepatitis B vaccine
 - 2 doses of varicella vaccine
 - or laboratory evidence of immunity
 - 1 dose of TDAP (7th-12th grade only)
- Most recent physical (within 12 months)
- Lead Screening (date and results - Kindergarten only)
- Vision Screening (date and results - Kindergarten only)

STUDENT HEALTH QUESTIONNAIRE

Student's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Please answer the following questions:

* Has your child met all the immunization requirements for school entry?

Yes _____ No _____

* If no, when is the child's next appointment? _____

An appointment must be made before school starts; otherwise your child will be excluded from school.

* Has your Child ever been tested for lead? Yes _____ No _____ Please be sure a lead test is recorded on your child's health record.

(If your child has not had a lead test he/she will need one for school entry).

* Does your child have any pre-existing medical conditions? _____ If yes, please explain.

* Does your child take any medications? Yes _____ No _____, If yes, please explain.

* Has your child ever had the chicken pox? Yes _____ No _____ **If no, your child should have the Varicella Vaccine.**

* Has your child ever had a routine dental exam? Yes _____ No _____

* Is your child allergic to any medications, food or other elements? If yes, please explain.

* Does your child require a special diet? Yes _____ No _____ Explain: _____

* Has your child ever had a formal hearing exam? _____ If yes, when? _____
Results: _____

* Has your child ever had a formal vision exam? _____ If yes, when? _____
Results: _____

* Are you currently insured? Yes _____ No _____. If you answered no, would you like information regarding the Children's Medical Security Plan/MASS Health?

Thank you for providing the above information to complete your child's medical record. Please be sure to schedule your child's physical exam and immunization appointment **BEFORE** school begins to avoid any delay in your child's starting date. Massachusetts State Law requires all children to be completely up to date on all immunizations before school begins. Please call the nurses office in your building with any questions or concerns.

UXBRIDGE PUBLIC SCHOOLS

Medical Information

Student: _____ Grade: _____ Homeroom _____

Physician's Name _____

Phone Number _____

Dentist's Name _____

Phone Number _____

Insurance Company _____

Medical Conditions: _____

Medications currently taking: _____

Inhaler: _____

Epi Pen: _____ Will your child require a nut-safe table in the cafeteria? Y _____ N _____

Allergies: _____

Is there any change in your child's medical history? Y _____ N _____ If yes, please explain:

Permission to Administer Over the Counter Medications

Administration of Over the Counter Medications in school is based on protocols developed by the school nurse, school physician and school administration. Please check the medications below that give permission for your child to receive during the school day. **Students are not allowed to carry medications in their backpacks unless authorized by their physician (written order must be on file with the school nurse)**

Acetaminophen (Tylenol) Y _____ N _____	Benadryl Y _____ N _____	Ibuprofen Y _____ N _____	TUMS Y _____ N _____
Bacitracin Y _____ N _____	Hydrocortisone Y _____ N _____	Caladryl Y _____ N _____	Cough Drops Y _____ N _____
Parent Signature: _____		Date: _____	

Reminder: Prescription medications and OTC (allergy/cold medications) must be accompanied by a doctor's note, a signed parental consent form and the original pharmacy container. Consent forms are available in each school.

Authorizations

I do/do not (circle one) give permission to the Uxbridge Public Schools to release medical information to my child's bus driver and staff working with my child.

State Mandated BMI (Body Mass Index) measurements in grades 1,4,7, and 10 to be done by the school nurse

Y _____ N _____ see www.mass.gov/massinmotion for further information.

If the school is unable to contact me in case of serious accident or medical emergency, I authorize the school to provide Emergency Medical Services.

Parent's Signature: _____

Date: _____

Massachusetts School Immunization Requirements 2022-2023[§]

Massachusetts school immunization requirements are created under authority of 105 CMR 220.000
Immunization of Students Before Admission to School

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.

Childcare/Preschool^{¶†}

Attendees <2 years should be immunized for their age according to the ACIP Recommended Immunization Schedule. Requirements listed in the table below apply to all attendees ≥2 years. These requirements also apply to children in preschool classes called K0 or K1.

Hib	1-4 doses; the number of doses is determined by vaccine product and age the series begins
DTaP	4 doses
Polio	3 doses
Hepatitis B	3 doses; laboratory evidence of immunity acceptable
MMP	1 dose; must be given on or after the 1 st birthday; laboratory evidence of immunity acceptable
Varicella	1 dose; must be given on or after the 1 st birthday; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

Grades Kindergarten – 6^{¶†}

In ungraded classrooms, Kindergarten requirements apply to all students ≥5 years.

DTaP	5 doses; 4 doses are acceptable if the fourth dose is given on or after the 4 th birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP
Polio	4 doses; fourth dose must be given on or after the 4 th birthday and ≥6 months after the previous dose, or a fifth dose is required. 3 doses are acceptable if the third dose is given on or after the 4 th birthday and ≥6 months after the previous dose
Hepatitis B	3 doses; laboratory evidence of immunity acceptable
MMP	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

[§] Address questions about enforcement with your legal counsel.

[¶] Meningococcal vaccine requirements (see Grades 7-10 and 11-12) also apply to residential students in Grades Pre-K through 8 if the school combines these grades in the same school as students in Grades 9-12.

[†] Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.

See following pages for Grades 7-10, Grades 11-12, and College (Postsecondary Institutions)

Massachusetts School Immunization Requirements 2022-2023[§]

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.

Grades 7 – 12†

In ungraded classrooms, Grade 7 requirements apply to all students ≥12 years.

Tdap	1 dose; and history of DTaP primary series or age appropriate catch-up vaccination. Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td or Tdap should be given if it has been ≥10 years since last Tdap.
Polio	4 doses; fourth dose must be given on or after the 4 th birthday and ≥6 months after the previous dose, or a fifth dose is required. 3 doses are acceptable if the third dose is given on or after the 4 th birthday and ≥6 months after the previous dose.
Hepatitis B	3 doses; laboratory evidence of immunity acceptable. 2 doses of Heplisav-B given on or after 18 years of age are acceptable.
MMR	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable.
Varicella	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable.

Meningococcal Requirements

Grade 7-9	1 dose; 1 dose MenACWY (formerly MCV4) required. Meningococcal B vaccine is not required and does not meet this requirement.
Grade 10-12	2 doses; second dose MenACWY (formerly MCV4) must be given on or after the 16 th birthday and ≥ 8 weeks after the previous dose. 1 dose is acceptable if it was given on or after the 16 th birthday. Meningococcal B vaccine is not required and does not meet this requirement.

Meningococcal Vaccine Phase-In Schedule

	2021-2022	2022-2023	2023-2024
1 Dose MenACWY	Grades 7-8	Grades 7-9	Grades 7-10
2 Dose MenACWY	Grades 11-12	Grades 11-12	Grades 11-12

§ Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

† Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.

‡ Students who are 15 years old in grade 11 are in compliance until they turn 16 years old.

See following pages for College (Postsecondary Institutions)

Massachusetts School Immunization Requirements 2022-2023[§]

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.

College (Postsecondary Institutions)**†

Requirements apply to all full-time undergraduate and graduate students under 30 years of age and all full- and part-time health science students. Meningococcal requirements apply to the group specified in the table below.

Tdap	1 dose; and history of a DTaP primary series or age-appropriate catch-up vaccination. Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td or Tdap should be given if it has been ≥10 years since Tdap.
Hepatitis B	3 doses; laboratory evidence of immunity acceptable; 2 doses of Heplisav-B given on or after 18 years of age are acceptable.
MMP	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable. Birth in the U.S. before 1957 acceptable only for non-health science students.
Varicella	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable. Birth in the U.S. before 1980 acceptable only for non-health science students.
Meningococcal	1 dose; 1 dose MenACWY (formerly MCV4) required for all full-time students 21 years of age or younger. The dose of MenACWY vaccine must have been received on or after the student's 16 th birthday. Doses received at younger ages do not count towards this requirement. Students may decline MenACWY vaccine after they have read and signed the <u>MDPH Meningococcal Information and Waiver Form</u> provided by their institution. Meningococcal B vaccine is not required and does not meet this requirement.

§ Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

** The immunization requirements apply to all students who attend any classes or activities on campus, even once. If all instruction and activities are remote and the student will never be on campus in person, the requirements would not apply. Should a student physically return to campus, they would need comply with this requirement.

† Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.

Uxbridge Public Schools

Photo/Video OPT OUT Form

During the school year, student photos may include district and school website, school newspaper, local newspaper articles, school social media pages (Facebook, Twitter, Instagram). It is the responsibility of the parents or guardians to make the school aware if you **DO NOT** want to participate. If you **DO NOT** wish for photographs of your student(s) engaging in classroom activities to be published through our various media for school district's public relation purposes, please opt out using this form. If you are the parent/guardian of more than one student, you must fill out a separate form for each student.

Student Name: _____ Grade: _____

School: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

No Internet Access at Home

If you do not have any internet access at home please fill out the information below.

Student Name: _____ Grade: _____

School: _____

☐ We do not have any internet access at home.

**IF YOU HAVE FILLED OUT EITHER OR BOTH SECTIONS OF THIS FORM
PLEASE RETURN TO THE SCHOOL WITH THE REGISTRATION PACKET.**