

Chaplin Elementary School



We Soar to Success!

Chaplin Elementary School

Ms. Patricia D. King, Principal

<http://chaplinschool.org>

240 Palmer Road
Chaplin, CT 06235
Phone: 860-455-9593
Fax: 860-455-0742

August 29, 2018

What a wonderful start to the school year! Seeing all the students arriving at school with smiling faces made me smile. Visiting each classroom provided me an opportunity to see every student enjoying their newly decorated classroom and getting to know their new classmates and teachers.

The first few weeks of school will be busy! I would like to take this opportunity to share some new procedures and events that will be/or have taken place. These will be the last notices that come home on paper. **WE ARE GOING PAPERLESS!!** From now on, notices and memos will be sent via email and also posted on our school website at chaplinschool.org under the ***Electronic Backpack*** tab. This change was made based on the suggestions collected in our spring parent survey.

On **September 6th**, we will be holding our **Open House** from **6:00-7:00pm**. We are looking forward to seeing your children show you around the school and having the opportunity to introduce you to his/her teacher. Open House is going to be a spectacular night! The first PTO meeting of the school year will take place on Wednesday, Sept. 5th. Meetings are held monthly on the first Monday starting at 6:30. All parents and guardians are invited to attend and lend their talents to this very active group of families who continuously support our children and the mission of our school.

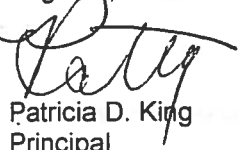
Please take time to review the Student/Parent Handbook with your child. This document contains a wealth of information to help each of you prepare and settle into the school year. Pay close attention to the sections on bus and bus safety, attendance, and daily school day schedule which includes drop off and pick up information.

Reminder for all, doors to the building open at 8:30a.m. Students should not be dropped at school prior to this time unless previous arrangements have been made through "Chaplin Kids". Classes begin every regular school day at 8:40 a.m. This means your child is expected to be in their classroom when the 8:40 a.m. bell rings. Any child entering their classroom after 8:40 will be marked tardy. We understand that mornings can be hectic for families and tardiness may occur once in a while. If your child is late for class they must be checked in by the Main Office Staff or Nurse before they go to their classroom.

Our school day ends at 3:15 with teaching occurring right up to the end of the day. Please make every effort to make appointments after this time so your child will not miss the end of the day instruction. If you must pick up your child early or are changing how they will be getting home, a note must be sent in with your child at the start of the day. This allows the office staff and teacher to prepare appropriately. All children must be picked up by 3:30 unless other arrangements have been made prior to the end of the school day. Children not picked up by 3:30 will be taken to our afterschool program "Chaplin Kids". This service is provided at a nominal fee.

I would like to take this opportunity to thank everyone for making Chaplin such an inviting community. I look forward to the many adventures that will make up this year.

Regards,



Patricia D. King
Principal

CHAPLIN ELEMENTARY SCHOOL STUDENT REGISTRATION FORM

240 Palmer Road, Chaplin, CT 06235
Tel. 860-455-9593 – Fax 860-455-0742

Continuing Student
Rev.08/18

Student Grade: _____	New Teacher: _____
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STUDENT INFORMATION

Last name: _____	First: _____	Middle: _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Age _____	Date of Birth ____ / ____ / ____
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Street address: _____	Home Phone # _____	Place of Birth: _____
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P.O. Box: _____	City: _____	State: _____	ZIP Code: _____
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Child resides with: Both Parents Mother Father Stepmother Stepfather Foster Parent
 OTHER/RELATIONSHIP _____

ACCEPTABLE PROOFS OR RESIDENCY – REQUIRED DOCUMENTS

Deed Tax Rental Agreement Utility Bill Other: _____

Do both parents/guardians listed below have the authority in all school and medical matters? Yes No

Mother's Name: _____	Father's Name: _____
Mother's Cell #: _____	Father's Cell #: _____
Mother's Email: _____	Father's Email: _____
Mother's Employer: _____	Father's Employer: _____
Mother's work # () _____	Father's work # () _____

Sibling Name	Age	Sex	Date of Birth	Grade
_____	_____	_____	____ / ____ / ____	_____
_____	_____	_____	____ / ____ / ____	_____
_____	_____	_____	____ / ____ / ____	_____
_____	_____	_____	____ / ____ / ____	_____

Is English the primary language spoken at home? _____ If not, please indicate other language _____

Race/Ethnicity: White Black / African American American Indian Hispanic Asian
 Other _____

Do you have any questions or concerns which would help us better understand your child (fears, behaviors, personality traits):

Has there been any major change in the family (such as moving, illness, death in family, new baby, divorce)?

If your child requires transportation other than from your home address either before or after school, please keep in mind that pick-up and drop-off location MUST be within the school district.	
<u>Before School Pick-Up</u>	<u>After School Drop-Off</u>
Name: _____	Name: _____
Address: _____	Address: _____
Tel. # _____	Tel. # _____

Signature of Parent / Guardian _____ Date _____

~~~PLEASE FILL OUT BACK OF FORM~~~

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240 Palmer Road, Chaplin, CT 06235, Tel. 860-455-9593

**Patricia D. King**

**Principal**

*pking@chaplinschool.org*

Dear Families,

At **CES**, we use **Connect-Ed** telephone, email, and text messaging service to communicate important school information such as events, closings, and emergency situations with parent and staff.

To maximize Connect-Ed communication, please help us by ensuring we have the **two** most current phone numbers you wish to have in our system listed below. Please be aware that this service cannot dial a phone number with an extension. If you wish to receive text messages, please list the number to call on the text line below.

We ask that you return the completed form by Friday, September 14, 2018. If you have any questions or concerns please do not hesitate to contact me.

Thank you,

Betsy Woodward

Chaplin Elementary School Nurse

Student Name: \_\_\_\_\_

**(List all students in household attending Chaplin Elementary School)**

**List all Adults you would like to be informed:**

|                       |                                         |                                                 |                                                       |
|-----------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| Parent Name:<br>_____ | <input type="checkbox"/> Phone<br>_____ | <input type="checkbox"/> Email Address<br>_____ | <input type="checkbox"/> Cell Phone for Text<br>_____ |
| Parent Name:<br>_____ | <input type="checkbox"/> Phone<br>_____ | <input type="checkbox"/> Email Address<br>_____ | <input type="checkbox"/> Cell Phone for Text<br>_____ |
| Name:<br>_____        | <input type="checkbox"/> Phone<br>_____ | <input type="checkbox"/> Email Address<br>_____ | <input type="checkbox"/> Cell Phone for Text<br>_____ |
| Name:<br>_____        | <input type="checkbox"/> Phone<br>_____ | <input type="checkbox"/> Email Address<br>_____ | <input type="checkbox"/> Cell Phone for Text<br>_____ |



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## **PARENT AUTHORIZATION: TYLENOL AND IBUPROFEN ADMINISTRATION PERMISSION SLIP AND MEDICATION RECORD**

|               |          |           |
|---------------|----------|-----------|
| Student Name: | Grade/HR | Allergies |
|               |          |           |

Under the standing orders of the school medical advisor, Acetaminophen (generic form of Tylenol) and Ibuprofen (generic form of Advil) may be given to students by mouth every four to six hours for symptoms of the common cold, toothache, dental brace discomfort, menstrual cramps, earache, fever, simple headaches and minor joint pain. Acetaminophen and Ibuprofen may be given only with the written authorization of the child's parents or legal guardians.

### Acetaminophen:

**Dosage:**

- Weight more than 88 lbs.                      2 Tylenol 640 mg every four hours as necessary.
- Weight between 48-88 lbs.                      1 Tylenol 320 mg every four hours as necessary.
- Weight between 36-47 lbs.                      3 Chewable tablets 240 mg every four hours as necessary.
- Weight between 24-35 lbs.                      2 Chewable tablets 160 mg every four hours as necessary.

### Ibuprofen:

**Dosage:**

- Weight more than 88 lbs.                      400 mg every six hours as necessary.
- Weight between 44-88 lbs.                      200 mg every six hours as necessary.
- Weight between 22-44 lbs.                      100 mg every six hours as necessary.

No allergies to these medications are presently known. I agree to notify the school nurse if at any time in the future my child should not receive these medications. This permission slip will remain in effect for the entire school year. I understand that for any potentially serious or recurring problems, I will be contacted with further recommendations.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

| Date | Time Given | Dose Given | Legal Signature of Nurse/Principal/Teacher Administering Medication | Comments |
|------|------------|------------|---------------------------------------------------------------------|----------|
|      |            |            |                                                                     |          |
|      |            |            |                                                                     |          |
|      |            |            |                                                                     |          |
|      |            |            |                                                                     |          |



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Please read and complete this special problems form and return it to the health room as soon as possible after the first day of school. Please complete and sign EVEN if your child/children have no special health problems or allergies. This will help ensure that problems are not overlooked or forgotten, and will enable us to provide better quality health care to your child/children while he/she/they attend school. Thank you very much for your assistance.

Sincerely,

School Nurse

Student's name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Please put an "X" by any of the following conditions that apply to your child...

- |                                                               |                                                  |                                            |
|---------------------------------------------------------------|--------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Asthma                               | <input type="checkbox"/> High Blood Pressure     | <input type="checkbox"/> Diabetes          |
| <input type="checkbox"/> Seizure Disorder                     | <input type="checkbox"/> Hearing Impairment      | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Eating Disorder/Nutritional Concerns | <input type="checkbox"/> Migraines/Headaches     | <input type="checkbox"/> Frequent Colds    |
| <input type="checkbox"/> Sensory Disorder                     | <input type="checkbox"/> Behavioral Difficulties | <input type="checkbox"/> Earaches          |
| <input type="checkbox"/> Attention Deficit Disorder           | <input type="checkbox"/> OTHER _____             |                                            |

Is there any other condition pertaining to your child's health that you would like to bring to the attention of the health room? Especially if your child has special needs, please be sure to designate a specific physician or facility (on the emergency card) that you would like to be contacted in case of an emergency. Also include any specific written orders if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your child has any allergies, please list them here

\_\_\_\_\_  
\_\_\_\_\_

If your child experiences a severe reaction to bee stings or insect bites that requires an immediate injection- we will need to have an EPI-PEN in the health room which is prescribed by his/her physician and can be administered by authorized personnel in an emergency situation. A medication authorization form, signed by both the physician and the parent/guardian, must accompany ALL medication. Any medication to be used in school must be brought in by a responsible adult. Students are NOT allowed to bring in their own medication.

Is your child taking any medication/herbal remedies/vitamins on a daily basis? Yes \_\_\_ No \_\_\_  
Medication \_\_\_\_\_ Dose \_\_\_\_\_ How often? \_\_\_\_\_

DATE \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Chaplin Elementary School  
240 Palmer Road  
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860-455-9593 Tel. – 860-455-0742 Fax

**STUDENT HANBOOK RECEIPT / TRANSPORTATION GUIDELINES**  
**THIS FORM REQUIRES TWO SIGNATURES**

Dear Parent or Guardian,

Please review the Student Handbook with your son/daughter before signing and returning this receipt. There are several new policies that parents and students should be aware of and it is a good idea to review those policies that haven't changed.

If you have any questions about any of the policies in the Student Handbook, please call or stop in at the school. We will be happy to answer your question.

We have reviewed the 2018-2019 Student Handbook with our son / daughter and understand its content.

Parent Signature \_\_\_\_\_ Student Signature \_\_\_\_\_  
Address \_\_\_\_\_ Tel. # \_\_\_\_\_ Date \_\_\_\_\_

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Dear Families,

Below states the **Board of Education Transportation Guidelines**, and we would like you to read them and determine if they apply to your family. If so, please fill out the requests for your children on the lines below.

Thank you,  
Mrs. Patricia D. King  
Principal

The school has a policy regarding the bus drop-offs for student in **Pre-K through Grade 4**. In the event that there is no one visible when dropping off the child, the bus driver will return the child to school at the end of the bus run. This is done so as not to affect the length of the bus run in any way. Although not recommended, it is possible to give permission to drop off student in **Pre-k through Grade 4** when no one is visible. We would need written documentation on record at the school. We would also need written documentation if you wanted us to allow as **Pre-k through Grade 4** student to get off the bus with a fifth or sixth grade sibling. Written documentation can also be provided to the school if you would prefer that your fifth or sixth grade student not be dropped off without someone visible. If you have any question concerning this matter, please call the school.

**Please check the box below stating that you've read the information above and return this form even if your child does not ride a Chaplin Elementary School Bus at this point and time.**

I have the read the above Transportation Guidelines.

I would like to have the following written documentation on the file that allows for my student's drop-off procedures to vary from the BOE's adopted Transportation Guidelines (please list specifically How your student's drop-off procedures will vary from the BOE's adopted Transportation Guidelines):

\_\_\_\_\_  
\_\_\_\_\_

Student's Name \_\_\_\_\_ Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
August 2018