

**2019-2020 REGISTRATION FORM
NORMAN HOWARD SCHOOL
275 PINNACLE ROAD, ROCHESTER, NY 14623**

NAME OF CHILD: _____ GRADE: _____ AGE IN SEPT: _____
SOC. SECURITY # _____ DATE OF BIRTH: _____
HOME ADDRESS: _____
CITY/STATE/ZIP: _____ COUNTY _____
HOME PHONE: _____ HOME DISTRICT _____

ETHNICITY (NYSED REPORT) PLEASE CIRCLE ONE:

AMERICAN INDIAN	HISPANIC
AFRICAN AMERICAN	CAUCASIAN
ASIAN	MULTI RACIAL

STUDENT LIVING WITH:

_____ (NAME) (RELATIONSHIP)

FATHER: _____ HOME PHONE: _____
ADDRESS: _____ WORK PHONE: _____
E-MAIL: _____ CELL PHONE: _____
NAME OF EMPLOYER: _____ OCCUPATION: _____
EMPLOYER'S ADDRESS: _____ CITY: _____ ZIP: _____

MOTHER: _____ HOME PHONE: _____
ADDRESS: _____ WORK PHONE: _____
E-MAIL: _____ CELL PHONE: _____
NAME OF EMPLOYER: _____ OCCUPATION: _____
EMPLOYER'S ADDRESS: _____ CITY: _____ ZIP: _____

STEP-PARENT: _____ WORK PHONE: _____
NAME OF EMPLOYER: _____ OCCUPATION: _____
EMPLOYER'S ADDRESS: _____ CITY: _____ ZIP: _____

DOCTOR'S NAME: _____ PHONE: _____

IN CASE OF EMERGENCY – FRIEND OR NEIGHBOR TO CALL

Name: _____ Phone: _____ Relationship: _____

IF PARENTS ARE SEPARATED/DIVORCED, WHO HAS THE LEGAL RIGHT TO RECEIVE SCHOOL INFO? _____ BOTH _____ MOTHER ONLY _____ FATHER ONLY

CUSTODIAL PARENT, PLEASE ATTACH COPY OF COURT ORDER

THE NORMAN HOWARD SCHOOL
GENERAL FIELD TRIP AND OFF-CAMPUS ACTIVITIES
RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for my son/daughter's participation in field trips and off campus school activities I, _____, hereby release, waive, discharge and covenant not to sue The Norman Howard School and Norman Howard School Foundation Inc. and each of their trustees, officers, agents, and employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my son/daughter, or to any property belonging to me and/or my son/daughter while participating in such activity or event.
2. To the best of my knowledge, I am not aware of any physical disability or health-related reasons or problems, which would preclude or restrict my son/daughter in this activity. I am fully aware of the risks and hazards of engaging in this activity and I hereby elect to have my son/daughter voluntarily participate in said activity or event, knowing that the activity may be hazardous to my son/daughter. I voluntarily assume full responsibility for any risks of loss or personal injury, including death, that may be sustained by my son/daughter or any loss or damage to property owned by me and/or my son/daughter as a result of being engaged in such activity or event.
3. I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my son/daughter's participation in this activity or event. I agree to indemnify and hold harmless The Norman Howard School and The Norman Howard School Foundation, Inc. and each of their trustees, officers, agents, and employees, from any loss, liability, damage or costs, including court costs and attorneys' fees that may be incurred, due to my son/daughter's participation in said activity or event.
4. It is my express intent that this Release and Hold Harmless Agreement shall bind me as well as my heirs, assigns and personal representatives and shall be deemed as a release, waiver, discharge and covenant not to sue The Norman Howard School and The Norman Howard School Foundation, Inc. and each of their trustees, officers, agents, and employees. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of New York.

Student's Name

As a parent/guardian of the above-named student/minor, I have read the above terms of this Agreement and I understand and agree to the terms and conditions stated herein. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. I further agree to indemnify The Norman Howard School and The Norman Howard School Foundation, Inc. and each of their trustees, agents, officers and employees against any action brought by the above-named student/minor, including, but not limited to, an action brought by him or her upon reaching the age of majority. I warrant that I am authorized to execute this Agreement and Release on behalf of the above-named student/minor.

Parent/Guardian Signature

Date

Address (City, State, Zip)

Health Requirements for entering the Norman Howard School

Dear Parent or Guardian:

New York State Education Law sections 903 and 904 require immunization records and physical examinations of children when they first enter Norman Howard and before certain grades. A record of immunizations signed by a health office and should be submitted to your child's health office for your child's registration to be approved.

If your child has a current physical completed after 9/1/2018 by a New York State licensed physician, physician assistant, or nurse practitioner, please submit this documentation to the school health office. If you do not have a current physical exam and have scheduled an appointment to get one completed, please have your doctor's office fax us a completed exam form on the day of the exam. If you need assistance obtaining health insurance for your child, please contact the school health office for assistance.

We are also requesting that a dental health certificate be provided for your child. The American Academy of Pediatric Dentistry recommends that the first dental visit take place when the first tooth appears, usually between 6 months and 1 year of age. Attached is a copy of the dental certificate form for your convenience. Upon completion of the form by a duly licensed dentist, please return to the nurse's office. If you need a list of dental offices that conduct dental examinations on a free or reduced cost basis, see your school nurse teacher.

Communication between private medical offices and school health staff is important for safe and effective care of your child at school. Your healthcare provider may not share any health information with the school nurse without your signed permission. While you are at your student's next examination appointment, please talk to your provider about signing the medical office's form giving consent for the nurse to communicate with them.

Sincerely,

Judy Mulvaney RN

Office phone: 585-334-8010 Ext 311 Fax: 585-334-8073

PHOTO/MEDIA/PUBLISHING RELEASE FORM

The Norman Howard School is occasionally featured in the news and television media because of the unique role we play in the community. Your child might be included in some of this publicity. We also post photos of our students participating in various school-related activities on social media (when parent permission is given). Please read the following information, check one of the three options, and return this form to NHS.

Student Name: _____

YES - I hereby grant The Norman Howard School my consent to photograph and record my child's likeness, voice, and activities on any film, audio or videotape, or any other medium. I further grant you the right to exhibit and otherwise use such photographs, recordings or student work and my child or ward's name in any produced or distributed material, and for any broadcast of the materials, and any publicity in perpetuity throughout the world (including but not limited to the NHS webpage and the official NHS Facebook pages), in any reasonably tasteful way. I understand that such exhibition and use may include, but is not limited to, broadcast and cablecast, audio and videodisks, and print media uses.

CONTACT ME - Please contact me regarding any media opportunities so I can decide on a case by case basis.

NO – DO NOT use my child's photo in any media.

Parent/Guardian Signature

Date

If you have any questions please call Julie Murray, Associate Director of Admissions & Special Events, at (585) 210-4721.

Norman Howard School
Grades 5-6 Medication Permission Form

MEDICATION ORDER FORM FOR SCHOOL DAY AND DAYTIME SCHOOL-SPONSORED EVENTS

1. A signed medication form must be completed by the doctor and signed by the doctor and the parent before medication can be carried by the student and/or by the school staff. New forms are required at the **beginning of each school year.**
2. Parents are to bring in and take home all prescription medications unless student is deemed **Independent** as described below.
3. Medicine must be counted by the parent and brought to the Health Office in the original medication bottle. (Pharmacies can supply an extra labeled prescription bottle for this purpose)
4. It is recommended that you send only as much medicine as the student will require at school.
5. **Note: New York State recommends that medication(s) that do not require rapid administration should be kept in the custody of a nurse or staff member. Students will go to the designated nurse or staff person to take their medications to ensure dosages are accounted for, medications are taken as prescribed and medications are not accessible to students who do not need them.**

HEALTH CARE PROVIDER ORDER AND PERMISSION

Student Name _____ DOB _____ Grade _____ Date _____

This child is under my care and requires the following medication during school day or field trips:

Please print all information

Diagnosis				
Name of Medication				
Dosage & route				
Frequency				
Possible side Effects				
Requires rapid administration	Yes/No Please circle	Yes/No Please circle	Yes/No Please circle	Yes/No Please circle

Please indicate if after your assessment this student is to be considered an Independent student by checking the statement below otherwise leave blank:

___ I attest this student is an **Independent student** and has demonstrated to me that they can self-administer the medication(s) listed above safely and effectively and may carry and use this medications (with delivery device if needed) independently at school or any school sponsored event.

Note: Nurses periodically evaluate if a student can be considered a Supervised Student through the school year. If the child is determined meet the criteria of Supervised, the student may be assisted to take medications by a trained unlicensed staff member.

Prescriber's Signature
Prescriber's Phone number: _____

Print Prescriber Name and Title
Fax: _____

I, as the parent of this student, agree that my child can self-administer their medications independently or under the direction of unlicensed school staff as stated by their HealthCare Provider above.

Parent/Guardian Signature
Parent Contact Number: () _____ (Home) () _____ (Cell)

Print Parent/Guardian name

Dental Certificate

This is to certify that _____ is a
patient of mine and had a complete dental exam conducted on _____.

The family has been advised to have routine and/or treatment follow-up on
_____.

Name of Dentist

Address

Phone

Fax

Mandatory NHS Standardized Dress Code

The Norman Howard School has a mandatory standardized dress code policy. This policy outlines the colors and styles that the students will be required to wear, but allows the parent the freedom to purchase acceptable clothing from the retailer of their choice. The standardized dress code is as follows:

TOPS

SHIRTS

- White, navy, light blue or cobalt blue oxford, dress shirt, polo, turtleneck or collared blouse; long-sleeve or short-sleeve with no writing or graphics

SWEATERS/BLAZERS

- Any solid colored vest with no writing or graphics
- Any solid colored long-sleeve lightweight fleece or sweater—pullover, cardigan, V-neck, crew or zip-front with no writing
- Any solid colored blazer with no writing or graphics

JUMPER/KNIT DRESS

- Navy or khaki-colored pleated, or flare jumper with no writing or graphics
- Navy or khaki-colored polo, knit or shirt dress with no writing or graphics
- Jumper/dress must have a collar or be worn over a collared shirt
- Jumper and dress hemline must be no more than 3 inches above the knee



- **NHS t-shirts and NHS Hoodies will be added to the list of approved tops! Stay tuned for pricing, options and details.**

BOTTOMS

PANTS

- Navy or khaki-colored chino, twill, corduroy or pull on pants, full-length or capri, that must be worn at the waist with a belt, if necessary
- Pants can be plain front, pleated, elastic-waist, with or without pockets – cargo pants are acceptable

SHORTS

- Navy or khaki-colored chino, Bermuda, cargo or pull-on shorts that must be worn at the waist, with a belt, if necessary.
- Navy or khaki-colored skort (skirt + short)
- Shorts and skorts must be no more than 3 inches above the knee

SKIRTS

- Navy or khaki-colored pleated or flare skirt
- Skirts must be no more than 3 inches above the knee

LEGGINGS/TIGHTS

- Any solid colored full length or capri leggings or tights may be worn under a skirt, jumper or dress

FOOTWEAR

- Shoes, sneakers, or low-heeled boots—laces must be tied, sandals must have backs

GUIDELINES FOR ALL STUDENTS

- T-shirts are not permitted by themselves or over collared shirts. T-shirts with writing or graphics may not be visible beneath shirts or sweaters.
- Hats, headgear that covers the entire head, sweatpants, sweatshirts (hooded or not hooded), denim jeans, pajama pants, tight fitting straight skirts, sleeveless tops, halter tops, tube tops, and tops or dresses with spaghetti straps are NOT permitted.
- Athletic apparel is only allowed in the gym.
- Polyester training/soccer/sports jackets are NOT permitted.
- No flip-flops, backless sandals or high heels.
- No fish-net tights.
- No outdoor jackets, coats, heavy down vests, and sunglasses may not be worn in the classroom.
- Clothing should provide coverage that is not revealing. Clothing that exposes the midriff or under garments is not acceptable.
- Clothing should be neat, clean, and appropriate, not ripped, torn or frayed.
- Students who are on a district sports team will be allowed to wear team jerseys or whatever is indicated as district designated dress for game days.
- Students who go to another educational placement during the school day, or to a job after school, will be allowed to change into other clothes prior to departure, if desired.
- Students may wear jewelry, accessories, necklaces, wristbands that contain expressive messages as long as they are not considered inappropriate.
- Any clothing or accessory which is likely to cause a disruption or distraction from school activities is considered inappropriate for students to wear during the school day as outlined in the Code of Conduct. A school administrator will decide if clothing or an accessory is inappropriate.

GYM CLOTHES

- Short sleeve T-shirts—no tank tops or muscle shirts, no writing or graphics
- Sweatshirt or track jacket
- Sweatpants
- Athletic shorts—no shorter than 3 inches above the knee
- Sneakers

OUTDOOR FIELD TRIPS--Students will be notified if their field trip warrants wearing clothing other than the standardized dress.

JEANS DAY FRIDAYS—Students will be allowed to wear jeans, without holes, the last instructional Friday of each month. Students must be in dress code shirts or the NHS T-shirts purchased from the Parents Association.

Jeans days are as follows:

- September 27
- October 25
- November 22
- December 20
- January 31
- February 28
- March 27
- April 24
- May 29
- June 12

Religious or Health Accommodations

When the religious beliefs or health needs of a student conflict with the standardized dress code policy, the school will provide reasonable accommodation. The parent/legal guardian of any student desiring standardized dress code policy exceptions must notify the school administrator in writing of the requested accommodation and the factual basis for the request. Approved coverings worn as part of a student's religious practices or beliefs will not be prohibited under this policy. Medical documentation will be required for health accommodations. The procedures for this process are set forth below:

Procedures for Exemption

- A parent/legal guardian may request an exemption from the mandatory standardized dress for religious or medical reasons using the Application for Exemption Form that may be obtained from the school.
- A request must be made within 10 operational days of the beginning of the school year or within 10 operational days of being enrolled at NHS for the first time ("operational days" is defined as days when school is in session).
- Medical exemption requests must be signed by a medical doctor.
- A school administrator will meet with the parent/legal guardian within 5 school days to discuss the NHS standardized dress code policy and to verify the accuracy of the information on the Exemption Form.
- The parent/legal guardian will be notified in writing of the outcome of the conference within 3 school days. If the parent/legal guardian does not agree with the decision, they have a right to appeal to the Executive Director within 5 days by submitting a letter.
- Consideration will be reviewed on a case by case basis.

THE NORMAN HOWARD SCHOOL 2019 - 2020 CALENDAR

AUGUST 2019						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31




SEPTEMBER 2019						
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

OCTOBER 2019						
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13	14	15	16	17	18	19
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27	28	29	30	31		

NOVEMBER 2019						
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17	18	19	20	21*	22	23
24	25	26	27	28	29	30

DECEMBER 2019						
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22	23	24	25	26	27	28
29	30	31				

JANUARY 2020						
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19	20	21	22	23	24	25
26	27	28	29	30	31	

 No School
 1/2 Day
 NY State Regents exams

School Day: 8:30 a.m. - 3:17 p.m.

AUGUST

- 27-29 Staff Orientation
- 29 New Students/Parents Orientation 6 p.m.

SEPTEMBER

- 2 Labor Day Recess--No School
- 3 Conference Day--No School for Students
- 4 **First Day of School**
- 8 Back to School Picnic, 1pm Martin Road Park
- 21 Golf Tournament 1:30 pm Webster Golf Club

October

- 4 Interim Reports Due
- 9 Half day for students. Dismissal at 11:30 a.m.
- 9 Curriculum Night for Parents Only 6:30-8:30 p.m.
- 14 Columbus Day--No School
- 15 Conference Day--No School for Students

NOVEMBER

- 8 Quarter one ends
- 11 Veterans' Day - No School
- 27-29 Thanksgiving Recess - No School

DECEMBER

- 6 Conference Day--No School for Students
- 13 Interim reports due
- 18 Half day for students. Dismissal at 11:30 a.m.
- Dec. 23- Jan. 3 December Recess--No School

JANUARY

- 6 School Reopens
- 15 Half day for students. Dismissal at 11:30 a.m.
- 20 Martin Luther King Jr. Day--No School
- 21-24 Regents Exams
- 24 Quarter two ends

FEBRUARY

- 12 Half day for students. Dismissal at 11:30 a.m.
- 17-21 Winter Recess--No school

MARCH

- 6 Interim reports due
- 11 Half day for students. Dismissal at 11:30 a.m.
- 20 Conference Day - No School for Students

APRIL

- 1 Quarter three ends
- 6-13 Spring Recess
- 15 Half day for students. Dismissal at 11:30 a.m.

MAY

- 13 Half day for students. Dismissal at 11:30 a.m.
- 15 Interim reports due
- 25 Memorial Day--No School

JUNE

- 2 US History & Government Regents
- 4 Celebration of Success
- 16 Last day of classes for grades 5-12; Quarter four ends for Middle School
- 17-25 Regents Exams
- 25 Quarter four ends for High School & Graduation Ceremony at 7pm

FEBRUARY 2020						
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23	24	25	26	27	28	29

MARCH 2020						
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22	23	24	25	26	27	28
29	30	31				

*Admissions Open House 9-11 a.m.

APRIL 2020						
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26	27	28	29	30		

MAY 2020						
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17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JUNE 2020						
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

JULY 2020						
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	