



**Rivendell**  
Interstate School District

**Rivendell Interstate School District**  
10 School Drive, PO Box 271 Orford, NH 03777  
Tel: 603-353-2170 Fax: 603-353-2189  
[www.rivendellschool.org](http://www.rivendellschool.org)

*Randall Gawel*  
Superintendent

### **Student Registration Form**

**School Attending:** Rivendell Academy ☐ Samuel Morey ☐ Westshire ☐

Student's Full Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Child's Birthplace: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Number & Street) (Town) (State) (Zip Code)

Physical Address (if different): \_\_\_\_\_

Type of transportation to school: \_\_\_\_\_ Bus #: \_\_\_\_\_

Type of transportation from school: \_\_\_\_\_ Bus #: \_\_\_\_\_

\*\*Students Town of Residence: \_\_\_\_\_ Child lives with: Father Mother Both  
Guardian Other

Name (s) \_\_\_\_\_

Is there a court order or custody arrangement involving your child? Yes – please furnish a copy No

**\*\* 16 V.S.A. § 1075. Legal residence defined; responsibility and payment of education of pupils**

(a) For the purpose of this title, except as otherwise set forth herein, the legal residence or residence of a pupil shall be as follows:

(1) in the case of a minor, legal residence is where his or her parents reside, except that:

(A) if the parents live apart, legal residence is where either parent resides, but if a parent with sole custody lives outside the state of Vermont the pupil does not have a legal residence in Vermont;

(B) if the minor is in the custody of a legal guardian appointed by a Vermont court or a court of competent jurisdiction in another state, territory or country, legal residence is where the guardian resides;

(2) in the case of a student who has reached the age of majority, legal residence is where the student resides;

(3) for the purposes of this title, "resident" of the state and of a school district means a natural person who is domiciled in the school district and who, if temporarily absent, demonstrates an intent to maintain a principal dwelling place in the school district indefinitely and to return there, coupled with an act or acts consistent with that intent. The term "temporarily absent" includes those special cases listed in 17 V.S.A. § 2122(a). The term "residence" is synonymous with the term "domicile." A married person may have a domicile independent of the domicile of his or her spouse. If a person removes to another town with the intention of remaining there indefinitely, that person shall be considered to have lost residence in the town in which the person originally resided even though the person intends to return at some future time. A person may have only one residence at a given time.

**PLEASE COMPLETE REVERSE SIDE OF THIS FORM**

**Page 1 of 2**

### Contact Information

Parent/Guardian Contact Name: \_\_\_\_\_

Second Contact Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ **YES / NO**

Home Phone #: \_\_\_\_\_ **YES / NO**

Work Phone #: \_\_\_\_\_ **YES / NO**

Work Phone #: \_\_\_\_\_ **YES / NO**

Cell Phone #: \_\_\_\_\_ **YES / NO**

Cell Phone #: \_\_\_\_\_ **YES / NO**

Current E-Mail: \_\_\_\_\_ **YES / NO**

Current E-Mail: \_\_\_\_\_ **YES / NO**

**PLEASE SELECT YES OR NO IF YOU WOULD LIKE TO RECEIVE ALERTS FROM SCHOOL MESSENGER AT THE PHONE NUMBERS AND E-MAIL YOU HAVE PROVIDED. THESE ALERTS WILL INCLUDE SCHOOL CLOSINGS, DELAYS, EARLY RELEASES, BUS UPDATES AND ANY OTHER EMERGENCY INFORMATION.**

Are there any preschool aged children in the household not attending Westshire or Samuel Morey Elementary? If so, please provide their names and ages: \_\_\_\_\_

### Vermont State/Federal Ethnicity Reporting Requirement

Is Student Hispanic or Latinx? (select one)

Yes, Hispanic or Latinx

No, not Hispanic or Latinx

What is student race? (check all that apply)

\_\_\_\_\_ **American Indian or Alaskan Native** (a person having origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliations or community recognition)

\_\_\_\_\_ **Asian** (a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent. This area includes Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, 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** (indication of a person having origins in any of the peoples of Europe, North Africa or the Middle East)

Is there any serious illness or disability that we should be aware of? \_\_\_\_\_

List two people that would pick up your child when ill, if we cannot reach you:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

### REQUIRED – MUST ANSWER ALL

**QUESTIONS** Has your child ever received disciplinary action (academic or behavioral) at a previous school that resulted in probation, suspension or expulsion?

**YES**

**NO**

Does your child currently receive, Special Education and/or, 504 services at school?

**YES**

**NO**

Has your child received, Special Education and/or, 504 services in the past at this or any other school?

**YES**

**NO**

Is your child in the process of evaluation to see if he/she qualifies for Special Education and/or 504 services?

**YES**

**NO**

Is there a language other than English spoken in the home?

**YES**

**NO**

If yes, please indicate which language \_\_\_\_\_

Does either parent/guardian hold a 4-year college degree or higher?

**YES**

**NO**

Are either parent/guardian serving in active military? (active duty, guard, reserves, or coast guard)

**YES**

**NO**

If yes, please indicate which branch \_\_\_\_\_

REQUIRED- MUST ANSWER ALL QUESTIONS

**I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that providing false or misleading information is subject to consequences. I further understand that my son/daughter will not be enrolled at RISD until I have met with a School Counselor and Administrator, established appropriate academic placement and verified residency or fulfilled a tuition agreement.**

**I have met with a RISD Administrator                      YES                      NO**

**Your student may qualify for Free and Reduced lunch status which directly impacts how much federal aid the district receives. We encourage you to fill out the appropriate form by contacting the district office at 603-353- 2170 ext. 2132. Qualification for free and reduced meals may lead to additional benefits at the household level.**

**Parent/Guardian Signature:**



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## 2025-2026 Annual Health Update & Emergency Authorization Form

School Attending: Rivendell Academy ☐ Samuel Morey ☐ Westshire ☐

Grade/YOG:

Teacher/Advisor:

Student Name:

Student Date of Birth:

Parent/Guardian to be contacted first:

Preferred phone number:

Alternate phone number:

Contact if Parent/Guardian unavailable:

Phone number:

Health Care Provider and location:

Has your child had a physical exam within last 12 months? Yes ☐ No ☐

Does your child have Health Insurance? Yes ☐ No ☐

Dentist and location:

Has your child had a dental exam within last 12 months? Yes ☐ No ☐

### STUDENT'S MEDICAL HISTORY:

Does your child have any of the following (please explain):

Asthma Has a doctor, nurse, or other health professional EVER said that your child has asthma?

Yes ☐ No ☐ Don't know/not sure ☐

If yes, does your child STILL have asthma? Yes ☐ No ☐ Don't know/not sure ☐

Does your child carry an inhaler? Yes\* ☐ No ☐ \*If yes, provide copy of Asthma Action Plan

Severe allergy Yes ☐ No ☐ EpiPen? Yes ☐ No ☐ Type of reaction:

Medication allergy Yes ☐ No ☐ To what?

Epilepsy/seizure Yes ☐ No ☐ Explain:

Cardiac conditions Yes ☐ No ☐ Explain:

Orthopedic concerns Yes ☐ No ☐ Explain:

Dental problems Yes ☐ No ☐ Explain:

Chronic illness Yes ☐ No ☐ Explain:

Corrective lenses Yes ☐ No ☐ Explain:

Hearing aids Yes ☐ No ☐ Explain:

Assistive devices or other medical equipment: Yes ☐ No ☐ Explain:

**Health Concerns:** Describe ALL significant health problems/concerns including illnesses, injuries, hospitalizations, disabilities, psychological concerns/stressors:

**Medications:** Please list ALL medications that your student is currently taking at home or school. Include over-the-counter and prescription medications:

Does your student need to receive prescription or emergency medication during school? Yes ☐ No ☐

\*If yes, name of medications:

**\*All medications need to be brought to school by parent/guardian in the medication's original container, along with a completed Medication Order Form. Notify health office with any questions or if there is a change in ANY of the above information.**

**Permission for Over-the-Counter Medications:**

My child has permission to receive the following non-prescription medications at school:

- |  |   |
|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol)           | <input type="checkbox"/> Triple Antibiotic Ointment                       |
| <input type="checkbox"/> Ibuprofen (Advil/Motrin)          | <input type="checkbox"/> Anti-Itch Ointment/Lotion/Gel                    |
| <input type="checkbox"/> Benadryl (for allergic reactions) | <input type="checkbox"/> Hydrocortisone cream                             |
| <input type="checkbox"/> TUMS antacid                      | <input type="checkbox"/> Orajel (for mouth sores or tooth/gum discomfort) |
| <input type="checkbox"/> Cough Syrup                       |   |

Parent/Guardian Signature:

Date:

**RELEASE OF INFORMATION (OPTIONAL):** I give permission to \_\_\_\_\_ (healthcare provider) to release and share with the school nurse any information which they deem to be in the best interest of my child \_\_\_\_\_ (student name), inclusive of immunizations records, medication information, appointment dates, allergies or other health concerns. I also grant permission for the school nurse to release to \_\_\_\_\_ (healthcare provider) all the information listed above, in addition to any information which they determine to be in the best interest of my child. I acknowledge that I understand the purpose of this request and that authorization is hereby granted voluntarily. I further understand that I may change or revoke this authority at any time in writing.

Name of Student:

Parent/Guardian Signature:

Date:

**IN CASE OF AN EMERGENCY INVOLVING MY CHILD, WHEN I CAN NOT BE REACHED:**

I hereby give consent for my child to be transported by ambulance for medical care and authorize the providers and hospital to give any reasonable and customary medical and health care deemed necessary at my expense. I understand that I will be financially responsible for all emergency care.

The information on this form may be shared with school staff and emergency personnel as appropriate.

Name of Student:

Name of Parent/Guardian:

Parent/Guardian Signature:

Relationship to Student:

Date:

## PARENT/GUARDIAN PERMISSION AGREEMENT & ACKNOWLEDGEMENT FORM (2025-2026)

Rivendell Academy 603-353-4321 Samuel Morey Elementary 802-333-9755 Westshire Elementary 802-333-4668  
**PLEASE CHECK ALL APPLICABLE BOXES AND INDICATE PERMISSION(S) BY SIGNING BELOW**

### WALKING FIELD TRIP FROM SCHOOL

☐ I give permission for my child to participate during the school year in field trips to nearby sites. Classroom teachers and/or educational assistants will lead such trips. (A separate permission slip will be requested for field trips that require bus or private transportation).

### ATTENDANCE AGREEMENT

☐ We agree to call school before 8:15 a.m. A student without excuse or phone call may have a disciplinary consequence. Please see the student handbook for what constitutes excused/unexcused absences and tardies.

☐ It is not possible or practical for us to call the school before 8:15 a.m. if our son/daughter is ill or faced with a family emergency. We would like the school to expect confirmation of such unforeseen absence usually as follows:

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### PERMISSION TO PHOTOGRAPH/VIDEOTAPE

☐ I **DO** give permission for my child to be photographed or videotaped by school personnel. I understand that such photos or videos would be used for school related publications, including the District website and District social media.

☐ I **DO NOT** give permission for my child to be photographed or videotaped by school personnel. I understand that such photos or videos would be used for school related publications, including the District website and District social media.

### ZOOM RECORDING PERMISSION FORM (In the event hybrid or remote learning is required)

☐ I **DO** give permission for my child to be recorded during zoom lessons during the 2025-2026 school year. I understand that such recordings will only be used for educational purposes and will only be accessible to authorized students or teachers who have a Rivendell Academy account and password which allows them to access the google classroom in which that particular recording will be stored.

☐ I **DO NOT** give permission for my child to be recorded during zoom lessons during the 2025-2026 school year. I understand that if a lesson much be recorded, my child's microphone and video camera will be turned off by a teacher so that they are not recorded during the lesson. (The student will continue to be able to participate in the lesson by viewing the live zoom and by writing questions in the chat section.)

### STUDENT/PARENT HANDBOOK ACKNOWLEDGEMENT

☐ The 2025-2026 Student/Parent Handbook is available on the District Website. I will contact the school if I would like one mailed home.

### VIDEO CONFERENCING PARENT PERMISSION REQUEST\*\*

☐ **Please check this box and sign below giving your child permission to participate in online video conferencing.** Our COVID-19 Distance Learning Plan includes using a video conferencing platform such as Zoom or Google Meets (etc.) to communicate with students. These tools will allow students and teachers to stay connected for meetings, whole class instruction, small group instruction and/or individual instruction. Due to confidentiality laws we are required to seek parental/guardian's permission in order for your child to be a part of these video groups. For students who are unable to participate in video chats for technical reasons, they will have the option to join video chat sessions by calling a telephone number and using the phone to participate with audio only. Teachers will provide students with specific instructions on how to use this technology appropriately.

\*\*Students will be allowed the use of the school's electronic resources **after** the above Acceptable Use Agreement is checked, signed by all parties, and returned to the front office.

**PARENT/GUARDIAN PERMISSION AGREEMENT  
& ACKNOWLEDGEMENT FORM (2025-2026)**

Rivendell Academy 603-353-4321    Samuel Morey Elementary 802-333-9755    Westshire Elementary 802-333-4668

**ACCEPTABLE USE AGREEMENT\*\***

☐ Students may access the school district's electronic resources for educational purposes only, including classroom activities, career development and curriculum driven research. Access shall not be used for commercial or entertainment purposes, as a public access service or public forum. Students are expected to follow the rules as outlined in the student handbook, including those that constitute the use of personal electronic devices, as well as abide by state and federal laws.

Student name: \_\_\_\_\_

Student Year of Graduation: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*Students will be allowed the use of the school's electronic resources **after** the above Acceptable Use Agreement is checked, signed by all parties, and returned to the front office.

**Rivendell Interstate School District  
Preschool Program**

**PARENT QUESTIONNAIRE**

Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Sex:    Female                      Male

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Town of Residence: \_\_\_\_\_ Phone: \_\_\_\_\_ Home: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

Brothers and Sisters:

Name

Date of Birth

Sex

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Did any family members have trouble in school? Parents, siblings, aunts/uncles, grand-parents?

What kind of trouble? \_\_\_\_\_

TYPICAL DAYS:

Does your child attend preschool/child care?

All Day

Part Time

Where? \_\_\_\_\_

Does your child play with other children?

Occasionally

Often

Does your child have a regular or favorite baby-sitter? \_\_\_\_\_

FAVORITE ACTIVITIES:

What activities does your child like to do most?

\_\_\_\_\_

What things does your child dislike or avoid?

\_\_\_\_\_

What activities do you do together?

\_\_\_\_\_

What pleases you about your child?

\_\_\_\_\_

What worries you?



## PARENT QUESTIONNAIRE (Page 2)

### MEDICAL HISTORY:

Was there anything unusual about this pregnancy or your child's birth?

Has your child had any significant illnesses? \_\_\_\_\_

Ear Infections? \_\_\_\_\_

Allergies? \_\_\_\_\_

Medication? \_\_\_\_\_

### EATING HABITS:

Do you worry about what your child does or doesn't eat? \_\_\_\_\_

Are mealtimes a hassle? \_\_\_\_\_

### SLEEPING:

Does your child sleep more or less than most children? \_\_\_\_\_

Is your child wakeful at night? \_\_\_\_\_

Are bedtimes a hassle? \_\_\_\_\_

### MOVEMENT:

Do you remember anything unusual about your child's gross motor development (rolling over, sitting, crawling, walking, running?) Please explain.

### LANGUAGE:

How does your child make their wants known?

How well do you understand your child's needs and wants?

Is your child's speech understood by parents? \_\_\_\_\_ by siblings?  
By other children? \_\_\_\_\_ by familiar adults? \_\_\_\_\_ by strangers?

How often do you read to your child? \_\_\_\_\_

Does your child ask you to read to him/her? \_\_\_\_\_

What is their favorite book(s)? \_\_\_\_\_

Does he/she look at books on his/her own? \_\_\_\_\_

Is English the primary language spoken in your home? Yes No

Other languages spoken? \_\_\_\_\_

Have you moved within the past 3 years? Yes No

Is either parent employed in forestry, farming, or other agriculture-related business? Yes No

Rivendell Interstate School District Early Childhood Program

Permission to Release Information

I/We, \_\_\_\_\_

give permission to Rivendell Interstate School District ECP to release information for

(Child's name) \_\_\_\_\_

to the following individuals affiliated with this organization:

Rivendell Interstate School District faculty and staff

Public Health Nurse, Vermont Department of Health and Human Services

Child Care Licenser, State of Vermont Child Development Division

Other: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

## **EMERGENCY CONTACT FORM**

Child's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact 1 (Name) \_\_\_\_\_

Relation to Student \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Emergency Contact 2 (Name) \_\_\_\_\_

Relation to Student \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### **Important Medical Information:**

Allergies:

Medical Conditions:

Medications:



|   |                             |
|---|-----------------------------|
| <b>2025-2026 Household Income Data Collection</b><br><b>Help us provide the best education possible for your children. Filling out this form only takes a few minutes. It will help your community, your school and your property taxes.</b> The information you give helps your school access federal and state education dollars. This funding supports reading, math, science, arts, PE, afterschool and other vital programming. The privacy of your household financial information is protected by law. Information collected through this form will be handled in accordance with privacy requirements. <b>Only one form needed per household.</b> | Please return this form to: |
|---|-----------------------------|

| Section 1: Student Information - List all students in the household, Pre-Kindergarten through grade 12. |    |           |               |             |             |
|---|----|-----------|---------------|-------------|-------------|
| First Name  | MI | Last Name | Date of Birth | Grade Level | School Name |
|   |    |           |               |             |             |
|   |    |           |               |             |             |
|   |    |           |               |             |             |
|   |    |           |               |             |             |
|   |    |           |               |             |             |
|   |    |           |               |             |             |
|   |    |           |               |             |             |

*\*If more spaces are required for additional names, please add them to the Section 1 table continued on reverse side of this form.*

| Section 2: Assistance Programs - If your household receives assistance from any of the following programs, please check the appropriate box below. |  |
|--|--|
| <input type="checkbox"/> 3SquaresVT (SNAP) <input type="checkbox"/> Reach Up (TANF) <i>If you selected a Program, please skip to Section 4.</i>    |  |

| Section 3: Household Income Information - Please select your household size and then the appropriate income range for that household size.   |   |   |   |   |   |   |   |  |
|--|---|---|---|---|---|---|---|--|
| <ul style="list-style-type: none"> <li><b>Household size</b> is the total number of people, including all children and adults, related and un-related, that live with you and share income and expenses.</li> <li><b>Combined annual income</b> is the total amount of income of all household members, including children, from the following sources: Work, public assistance, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.</li> </ul> |   |   |   |   |   |   |   |  |
| Household Size   | <input type="checkbox"/> 1                  | <input type="checkbox"/> 2                  | <input type="checkbox"/> 3                  | <input type="checkbox"/> 4                  | <input type="checkbox"/> 5                  | <input type="checkbox"/> 6                  | <input type="checkbox"/> 7                  | <input type="checkbox"/> 8                   |
| <b>Combined Annual Income Range</b>  | <input type="checkbox"/> \$28,952 or less   | <input type="checkbox"/> \$39,127 or less   | <input type="checkbox"/> \$49,302 or less   | <input type="checkbox"/> \$59,477 or less   | <input type="checkbox"/> \$69,652 or less   | <input type="checkbox"/> \$79,827 or less   | <input type="checkbox"/> \$90,002 or less   | <input type="checkbox"/> \$100,177 or less   |
|  | <input type="checkbox"/> More than \$28,952 | <input type="checkbox"/> More than \$39,127 | <input type="checkbox"/> More than \$49,302 | <input type="checkbox"/> More than \$59,477 | <input type="checkbox"/> More than \$69,652 | <input type="checkbox"/> More than \$79,827 | <input type="checkbox"/> More than \$90,002 | <input type="checkbox"/> More than \$100,177 |
| If your household has 9 or more people, please enter your information here:              Household Size:              Household Income:  |   |   |   |   |   |   |   |  |

| Section 4: Contact Information & Signature   |  |
|--|--|
| <i>"I certify (promise) that all information on this application is true, to the best of my knowledge, and that all income is reported."</i> |  |
| Name of adult completing this form:  | Signature of adult completing this form:         |
| Town of Residence:   | Email (optional):              Phone (optional): |

| CONTINUED Section 1: Student Information List all students in the household, Pre-Kindergarten through grade 12. |    |           |               |             |             |
|---|----|-----------|---------------|-------------|-------------|
| First Name  | MI | Last Name | Date of Birth | Grade Level | School Name |
|   |    |           |               |             |             |
|   |    |           |               |             |             |
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|   |    |           |               |             |             |
|   |    |           |               |             |             |
|   |    |           |               |             |             |

\*If more spaces are required for additional names, please attach them on another sheet of paper.

FOR SCHOOL USE ONLY

**Instructions for School/District Staff:**

- All costs associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the nonprofit school food service account.

**Economic Status**

**Instructions:** After reviewing the reverse side of this form, Select the appropriate option below for this submission.

- ☐ Household is AT or BELOW the 185% cutoff.
- ☐ Household is ABOVE the 185% cutoff.

**Other Programs**

- ☐ Section 2 'Assistance Programs' selected

**SCHOOL/DISTRICT STAFF**

*'I have reviewed the household income form on the reverse of this page and have concluded that it is properly and completely filled out to the best of my knowledge.'*

Signature:

Printed Name:

Date: