

Student SASID # \_\_\_\_\_

School Year \_\_\_\_\_

**BOLTON PUBLIC SCHOOLS**  
**CUMULATIVE RECORD REGISTRATION FORM**  
**PLEASE COMPLETE ALL INFORMATION ON BOTH SIDES AND SIGN REVERSE SIDE**

Bolton Center School  
108 Notch Rd.  
Phone: (860) 643-2411  
Fax: (860) 646-4860

Bolton Board of Education  
72 Brandy St.  
Phone: (860) 643-1569  
Fax: (860) 647-8452

Bolton High School  
72 Brandy St.  
Phone: (860) 643-2768  
Fax: (860) 645-8374

**Office Use Only**

Date of Registration: \_\_\_\_\_ Date of Entry \_\_\_\_\_ Date Records Requested \_\_\_\_\_ Date Records Received \_\_\_\_\_

Grade Entering \_\_\_\_\_ Name and Address of School last attended \_\_\_\_\_

**Is student receiving any Special Education Services**    **Yes**    **No**    **OR 504 Services?**    **Yes**    **No**  
*(If Yes, please provide the latest IEP or 504 Plan)*

**STUDENT INFORMATION**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(First)                      (Middle)                      (Last)

Address \_\_\_\_\_  
(Street, City, State, Zip Code)

Home Telephone \_\_\_\_\_ Birthplace \_\_\_\_\_

Student cell phone \_\_\_\_\_ Student email \_\_\_\_\_

Gender:    Male    Female    Non-Binary    (does not identify as either male or female)

Is student covered by health insurance?    **Yes**    **No**

*State and Federal law requires that the questions below pertaining to race and ethnicity be answered. Your participation is appreciated. If you do not provide these answers, the laws allow for appropriate school personnel to determine this information.*

Is the student Hispanic or Latino?    **Yes**    **No**

Is the student **one or more** of the following races? (Choose **ALL** that apply)

American Indian or Alaskan Native    Asian    Black or African American    Native Hawaiian or Other Pacific Islander    White

Student lives with:    Both Parents    Parent/Guardian 1    Parent/Guardian 2

Other    (Please provide name, address and relationship to student below. Proof of residency for this person will be required.)

**PARENT/GUARDIAN INFORMATION** – I understand that this information will be used for contact from the school through email, phone or SMS text. ***If student lives with other than both parents, legal papers supporting custody and/or guardianship must be filed with the school.***

**Parent/Guardian 1**

Name \_\_\_\_\_ Address \_\_\_\_\_ *(If not same as student)*

Employment \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_ Cell # \_\_\_\_\_

**Legal Custody:**    **Yes**    **No**                      Relationship: \_\_\_\_\_

*Please indicate if parent should receive school mailings*    **Yes**                      **No**

**Parent/Guardian 2**

Name \_\_\_\_\_ Address \_\_\_\_\_ *(If not same as student)*

Employment \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_ Cell # \_\_\_\_\_

**Legal Custody:**    **Yes**    **No**                      Relationship: \_\_\_\_\_

*Please indicate if parent should receive school mailings*    **Yes**                      **No**

**Military Status:** *Is either parent of the student a member of the Armed Forces on active duty or serves on full-time National Guard duty?*    **Yes**    **No**

**SIBLING INFORMATION:**

	Male	Female	Non-binary	
Name: _____				Date of Birth: _____

School: _____				Grade: _____
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	Male	Female	Non-binary	
Name: _____				Date of Birth: _____

School: _____				Grade: _____
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	Male	Female	Non-binary	
Name: _____				Date of Birth: _____

School: _____				Grade: _____
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\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

***EMERGENCY CONTACT INFORMATION***

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

Student Cell: \_\_\_\_\_ Student Email: \_\_\_\_\_

I prefer my student's teachers/administrators contact me by:      Phone Call      Email

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*In the event that the student listed above becomes ill or is injured at school, and their parent/guardian can't be contacted, the school authorities have my permission to release my child to the following:*

**Emergency Contact #1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Emergency Contact #2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Emergency Contact #3**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**BOLTON PUBLIC SCHOOLS  
TRANSPORTATION REQUEST APPLICATION**

Dear Parent/Guardian:

As per the Board of Education policy, transportation will be provided on a regular basis (5 days a week at one alternate stop) within Bolton.

Parents/guardians must fill out a Transportation Request Application each school year in order for their child to get on/off the bus at the alternate location. **Transportation arrangements made for the previous school year will remain the same unless a new transportation request application is completed.**

Thank you in advance for your assistance in this matter.



STUDENT'S NAME \_\_\_\_\_ SCHOOL YEAR- \_\_\_\_\_

GRADE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ (MOTHER) (FATHER)



ALTERNATE ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

MORNING PICKUP ADDRESS (5 DAYS A WEEK) \_\_\_\_\_

MORNING DROP-OFF ADDRESS (5 DAYS A WEEK) \_\_\_\_\_

AFTERNOON PICKUP ADDRESS (5 DAYS A WEEK) \_\_\_\_\_

AFTERNOON DROP-OFF ADDRESS (5 DAYS A WEEK) \_\_\_\_\_

Please return this transportation request with the completed registration packet.



# BOLTON PUBLIC SCHOOLS

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**Bolton High School**  
72 Brandy Street  
(860) 643-2768/(860) 645-8374 fax

## Permission to Receive/Request Records

**A copy of this form must be sent to Central Office.**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

### **Registration Only** (Receiving Records)

Student will attend:            Bolton Center School            Bolton High School

Student will attend on a full-time or part-time basis:            Full-Time            Part-Time

This student's **first day** at Bolton Public schools will be \_\_\_\_\_

*I give permission for Bolton Public Schools to request and receive all student records, including transcript of courses, grades and standardized test results; health records; psychological and/or educational evaluations; social work records; special education and/or 504 records and any other records that are pertinent.*

### **All Special Education and/or 504 records should be sent to:**

Bolton Board of Education  
Attn: Bolton Student Support Services  
72 Brandy St.  
Bolton, CT 06043

The above records should be **received from:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

# BOLTON PUBLIC SCHOOLS

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## Home Language Survey

This form is required only if your student is 1) being registered in a public school for the first time or 2) transferring to Bolton from a school outside of Connecticut or the United States. This information is used to support your student as well as to help the Bolton School District to know how best to communicate with you. Please contact the school office if you need a translated version of this form or assistance in completing it.

### Student Information

**First name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

- 1) What is the primary language used in the home, regardless of the language spoken by the student?
  
- 2) What is the language most often spoken by the student?
  
- 3) What is the language the student first acquired?

\_\_\_\_\_

**Please answer the following additional questions to help us improve communication with you and your family during the school year:**

1) What language do you prefer for written communication from the school? \_\_\_\_\_

2) Will you require interpretation/translation at Parent-Teacher meetings?    Yes        No

Parent/guardian name (please print) \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



### IMMUNIZATION REQUIREMENTS FOR ENROLLED STUDENTS IN CONNECTICUT SCHOOLS 2024-2025 SCHOOL YEAR



#### PRESCHOOL

Hepatitis B:	3 doses, last one on or after 24 weeks of age
DTaP:	4 doses (by 18 months for programs with children 18 months of age)
Polio:	3 doses (by 18 months for programs with children 18 months of age)
MMR:	1 dose on or after 1 <sup>st</sup> birthday
Varicella:	1 dose on or after 1 <sup>st</sup> birthday or verification of disease
Hepatitis A:	2 doses given six calendar months apart, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday
Hib:	1 dose on or after 1 <sup>st</sup> birthday
Pneumococcal:	1 dose on or after 1 <sup>st</sup> birthday
Influenza:	1 dose administered each year between August 1 <sup>st</sup> -December 31 <sup>st</sup> (2 doses separated by at least 28 days required for those receiving flu for the first time)

#### KINDERGARTEN

Hepatitis B:	3 doses, last dose on or after 24 weeks of age
DTaP:	At least 4 doses. The last dose must be given on or after 4 <sup>th</sup> birthday
Polio:	At least 3 doses. The last dose must be given on or after 4 <sup>th</sup> birthday
MMR:	2 doses separated by at least 28 days, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday
Varicella:	2 doses separated by at least 3 months-1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday; or verification of disease. 28 days between doses is acceptable if the doses have already been administered.
Hepatitis A:	2 doses given six calendar months apart, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday
Hib:	1 dose on or after 1 <sup>st</sup> birthday for children less than 5 years old
Pneumococcal:	1 dose on or after 1 <sup>st</sup> birthday for children less than 5 years old

#### GRADES 1-6

Hepatitis B:	3 doses, last dose on or after 24 weeks of age
DTaP/Td:	At least 4 doses. The last dose must be given on or after 4 <sup>th</sup> birthday. Students who start the series at age 7 or older only need a total of 3 doses.
Polio:	At least 3 doses. The last dose must be given on or after 4 <sup>th</sup> birthday
MMR:	2 doses separated by at least 28 days, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday
Varicella:	2 doses separated by at least 3 months-1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday; or verification of disease. 28 days between doses is acceptable if the doses have already been administered.
Hepatitis A:	2 doses given six calendar months apart, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday

#### GRADE 7-12

Hepatitis B:	3 doses, last dose on or after 24 weeks of age
Tdap/Td:	1 dose for students who have completed their primary DTaP series. Students who start the series at age 7 or older only need 3 doses of tetanus-diphtheria containing vaccine, one of which must be Tdap
Polio:	At least 3 doses. The last dose must be given on or after 4 <sup>th</sup> birthday
MMR:	2 doses separated by at least 28 days, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday
Varicella:	2 doses separated by at least 3 months-1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday; or verification of disease. 28 days between doses is acceptable if the doses have already been administered.
Hepatitis A:	2 doses given six calendar months apart, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday
Meningococcal:	1 dose

- DTaP vaccine is not administered on or after the 7<sup>th</sup> birthday.
- Tdap can be given in lieu of Td vaccine for children 7 years and older unless contraindicated.
- Hib is NOT required once a student turns 5 years of age.
- Pneumococcal conjugate is NOT required once a student turns 5 years of age.
- Influenza is NOT required once a student turns 5 years of age.
- HepA requirement for school year 2024–2025 applies to all Pre-K through 12<sup>th</sup> graders born 1/1/07 or later.
- HepB requirement for school year 2024–2025 applies to all students in grades K–12.  
Spacing intervals for a valid HepB series: at least 4 weeks between doses 1 and 2; 8 weeks between doses 2 and 3; at least 16 weeks between doses 1 and 3; dose 3 must be administered at 24 weeks of age or later.
- Second MMR for school year 2024–2025 applies to all students in grades K–12.
- Meningococcal conjugate requirement for school year 2024–25 applies to all students in grades 7–12.
- Tdap requirement for school year 2024–2025 applies to all students in grades 7–12.
- If two live virus vaccines (MMR, varicella, MMRV, intranasal influenza) are not administered on the same day, they must be separated by at least 28 days (there is no 4 day grace period for live virus vaccines). If they are not separated by at least 28 days, the vaccine administered second must be repeated.
- Lab confirmation of immunity is **only** acceptable for HepA, HepB, measles, mumps, rubella, and varicella.
- **VERIFICATION OF VARICELLA DISEASE:** confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

For the full legal requirements for school entry visit: [Laws and Regulations \(ct.gov\)](#)

If you are unsure if a child is in compliance, please call the Immunization Program at (860) 509-7929.

#### **New Entrant Definition:**

\*New entrants are any students who are new to the school district, including **all** preschoolers and all students coming in from Connecticut private, parochial and charter schools located in the same or another community. **All preschoolers, as well as all students entering kindergarten**, including those repeating kindergarten, and those moving from any public or private pre-school program, even in the same school district, **are considered new entrants**. The one exception is students returning from private approved special education placements—they are not considered new entrants.

Vaccines supplied by the State of Connecticut are listed [here](#), along with brand names.