

THE NORA SCHOOL
ANNUAL ENROLLMENT FORMS FOR ALL NORA STUDENTS

1. **Returning Families:** Yes, while you have filled these forms out before, it is required that they be filled in every year, in full, and signed by the parent/guardian AND student. Due every August/ before classes begin.
2. **New Families:** All forms are required to be fully completed and signed by the parent/guardian AND student. In addition, for rising 9th graders the immunization record signed with a current (within 6 months of start date), physician's signature is also due. All forms are due before the first day of classes begin.

These 4 Nora forms are required annually:

1. **Parental Permission Form** (updated yearly)
 - a. Student Signature is required on this form.
2. **Parental Consent for Emergency Medical Treatment** (updated yearly)
3. **Health Information and Medical History Form** (updated yearly)
4. **Emergency Contact Information** (updated yearly)

This form is required annually for ANY and ALL medications: (even over-the-counter)

5. **Maryland Medication Authorization form is required every year IF**
 - a. **IF** you would like your child to have **ANY medication(s) to be used** or given to him/her during the school day.
 - i. Ibuprofen, Midol, antacids, and any other over-the-counter medicines, including Benadryl or other over-the-counter medicines for mild allergies.
 - ii. Prescribed medicines
 - iii. Epipens
 - iv. Inhalers
 - b. **SELF CARRY:** This form is REQUIRED for any students who self-carry an epipen or inhaler or medications.
 - c. This form is required to be updated and signed by physician ANNUALLY.
 - d. Must be signed by a Doctor, including for self-carry epipens and inhalers.

This form (Immunization) is required ONE TIME upon entry into Nora:

1. **Immunization Form:**
 - **NEW families:** this form is due on or before first day of classes for all incoming students.
 - **Rising 9th graders:** Updated form signed within 6 months before classes begin is required.
 - Note: Additional immunizations may be required before 9th grade begins. Make appointments for all immunizations before first day of classes, *(including time for the form to be completed and signed by the physician.)*
 - **Incoming 10th and 11th grade students:** Immunization form, current as of 9th grade, is required. If current, a signed copy can be submitted from the prior school attended. Parent to request from prior school.
 - **CURRENT IMMUNIZATIONS** per Maryland requirements are required.
 - ALL families are to ensure with their physician's office, before submitting, that the immunization form is complete and current, per Maryland state requirements.
 - **Signature is REQUIRED** from the physician, including date signed - for all immunization records submitted.
 - **Current Families:** this form is only due again if the immunizations have been changed since starting in 9th grade.

WHERE TO FIND THE FORMS: The forms are attached here, and online at www.nora-school.org/parents.

Thank you! These forms are Due Every Year!
All forms need to be fully updated and signed before classes begin.

YOU SHOULD KNOW FOR EMERGENCIES: (and why these forms are so important)

1. When a student is injured during the regular school day or in athletic events after school, a report will immediately be made to the Head of School and to the parents, if possible.
2. When necessary, the student will be taken by a staff member to the Emergency Room of the Washington Adventist Hospital, located in Takoma Park, Maryland, or to Holy Cross Hospital, in Silver Spring, Maryland.
3. The following information must be submitted to the hospital before treatment is administered:
 - a. The original Parental Consent for Emergency Medical Treatment Form, and
 - b. The student's Health Information Form.
4. After treatment, the student will be brought back to school or to her/his home.

(In emergency situations, of course, 911 will be called and the student will immediately be turned over to the care of the medical technicians.)

See also our Emergency information in our Handbook.

Due Every Year! Forms need to be fully updated before classes begin. Thank you!

PARENTAL PERMISSION FORM: The Nora School

General Permission - Field Trips

I hereby give permission for _____ to attend authorized field trips. Travel will be by foot, school bus or van, city bus or Metro. In some cases, teachers and/or students may drive themselves.

I authorize the following: *(please check both options and sign)*

Please check: YES NO My child may carpool in a teacher car if necessary.

Please check: YES NO My child may carpool in a student car to these trips.

Date: _____ Parent/Guardian Signature: _____
(include year) Parent/Guardian Name: _____

Student Driver Permission

I hereby give permission to _____ as a student driver, to allow other students in the car while he/she is driving on a field trip.

If the student does not drive or hold a proper driver's license, please check "no" or "n/a".

Please check and sign: YES NO N/A *(my child is not authorized to drive.)*

Date: _____ Parent/Guardian Signature: _____
(include year) Parent/Guardian Name: _____

Parental Permission to Leave Campus During Lunch

I hereby give permission to _____ to leave The Nora School campus during lunch. I understand that the school is not responsible for the safety of my child during unsupervised absence from campus. I have discussed this with my child.

Please check and sign: YES NO *(my child knows they are not to leave campus during lunch.)*

Date: _____ Parent/Guardian Signature: _____
(include year) Parent/Guardian Name: _____

School Rules (Please Note! *Student signs this agreement as well as the Parent/Guardian before submitting this form.*)

1. By Parent/Guardian: I have read the Nora Family, Student, and Community Handbook with my child, and I have discussed with her/him the rules of the school.

Please check and sign: YES NO

Date: _____ Parent/Guardian Signature: _____
(include year) Parent/Guardian Name: _____

2. By Student: I have read the Nora Family, Student, and Community Handbook, and I understand and agree to abide by the rules of the school.

Please check and sign: YES NO

Date: _____ *Student Signature:* _____

Health Information: The Nora School

Please attach a supplemental sheet to provide additional information as necessary.

Student's Name: _____ Date of Birth: _____

Student's Address: _____

Parent/Guardian('s) Name(s): _____

Parent/Guardian('s) Name(s): _____

Parent/Guardian('s) Name(s): _____

Parent/Guardian('s) Name(s): _____

Insurance Carrier: _____ Policy Number: _____

Insurance Emergency Phone Number (____) _____ Policy Holder: _____

Name of Physician: _____ Phone Number: (____) _____

Name of Counselor/Therapist: _____ Phone Number: (____) _____

Medical History

Existing medical problems: _____

Please attach a sheet to provide additional information as necessary.

Allergies: _____

Please provide ALLERGY-RELATED information as necessary on an attached sheet: ie, symptoms, and what needs to be done?

If Allergies, a Yes or No is REQUIRED for a, b and c: Do the allergies listed above require:

a. Over-the-counter medicine, such as Benadryl? YES* NO (If "Yes", please supply the medicine to the school.)

b. Inhaler? YES* NO (Please check.) IF YES, Provided to School? YES NO: If NO, does Student Self-Carry? YES NO

c. Epipen? YES* NO (Please check.) IF YES, Provided to School? YES NO: If NO, does Student Self-Carry? YES NO

Medication: _____ Strength: _____ Frequency: _____

Relevant side effects to be observed: _____

Medication: _____ Strength: _____ Frequency: _____

Relevant side effects to be observed: _____

Medication: _____ Strength: _____ Frequency: _____

Relevant side effects to be observed: _____

Please attach a sheet to provide additional information as necessary.

Is there anything else the school or Emergency Room personnel needs to know regarding the status of your child's health? _____

Please attach a sheet to provide additional information as necessary.

***IMPORTANT!**

***NOTE FOR "SELF CARRY":** Parent/Guardians AND Physician must sign a form authorizing "self carry" for an inhaler or epipen and student must be of an appropriate age to do so.

***OVER-THE-COUNTER MEDICINES:** Students are not to have ANY over-the-counter or prescription medicines available to them unless provided in the office of an administrator. Please fill in the additional **Maryland Medication Authorization form** for any and all medicines you'll be providing for your student to take at school, (including over-the-counter medicines, Inhalers, and/or Prescription medicines) to be given to your student at school and school events. **FORM IS REQUIRED** for us to give any medicines.

Date: _____ Parent/Guardian Signature: _____

(include year)

Parent/Guardian Name: _____

Emergency Contact Information: 2016-2017

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Student's Name: _____ Date of Birth: _____

Home Address: _____
City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Student's Cell Phone: (____) _____

Who should be notified in case of medical emergency?

Parent/Guardian's Information

Name: _____

Relationship to Student: _____

Home Phone: (____) _____

Home Address if different than Student: _____

City: _____ State: _____ Zip _____

Cell Phone (____) _____

Work Phone (____) _____

E-Mail address: _____

See attachment for additional Email Addresses

Work Name and Address: _____

City: _____ State: _____ Zip _____

Emergency Contact at Work: _____ Phone # (____) _____

Parent/Guardian's Information

Name: _____

Relationship to Student: _____

Home Phone: (____) _____

Home Address if different than Student: _____

City: _____ State: _____ Zip _____

Cell Phone (____) _____

Work Phone (____) _____

E-Mail address: _____

See attachment for additional Email Addresses

Work Name and Address: _____

City: _____ State: _____ Zip _____

Emergency Contact at Work: _____ Phone # (____) _____

Parent/Guardian's Information

Name: _____

Relationship to Student: _____

Home Phone: (____) _____

Home Address if different than Student: _____

City: _____ State: _____ Zip _____

Cell Phone (____) _____

Work Phone (____) _____

E-Mail address: _____

See attachment for additional Email Addresses

Work Name and Address: _____

City: _____ State: _____ Zip _____

Emergency Contact at Work: _____ Phone # (____) _____

Please attach a sheet to provide additional information as necessary.

Emergency Contact Information 2016-2017

Up to Five Deep (Additional) Emergency Contacts: Who we should call in an emergency

<u>Name</u>	<u>Relationship</u>	<u>Home Phone#</u>	<u>Work Phone#</u>	<u>Cell Phone#</u>
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____

EMERGENCY INSTRUCTIONS:

PLEASE AUTHORIZE ALL OF THE CHECKMARKS BELOW.

EMERGENCY INSTRUCTIONS: Please give us instructions below as to what you would like your child to do in the event of a national emergency if different from our stated plans described in The Nora School Community Handbook.

Nora Handbook policies are fine.

OR Please follow *different* instructions than in the Nora Handbook as written below:

Please authorize ALL of the following:

If the school is unable to contact anyone: (please check-mark ALL 3 options)

YES NO (Please check one.) In the event of a national emergency, my child has permission to leave school with a student driver.

YES NO (Please check one.) In the event of a national emergency, my child has permission to leave school with a teacher.

YES NO (Please check one.) In the event of a national emergency, my child has permission to leave school directly and ride Metro.

Date: _____ Parent/Guardian Signature: _____
(include year) Parent/Guardian Name: _____

Email Contacts List 2016-17

(please list all family email addresses)

Student's email address 1: _____
Email 2: _____ Email 3: _____

Student's Cell phone # (for community service and field trip purposes): (_____) _____ -

Parent/Guardian's Preferred email address 1: _____
Email 2: _____ Email 3: _____
Parent/Guardian's name: _____

Parent/Guardian's Preferred email address 1: _____
Email 2: _____ Email 3: _____
Parent/Guardian's name: _____

Parent/Guardian's Preferred email address 1: _____
Email 2: _____ Email 3: _____
Parent/Guardian's name: _____

Parent/Guardian's Preferred email address 1: _____
Email 2: _____ Email 3: _____
Parent/Guardian's name: _____

Additional Contact Information

Name: _____ Relationship: _____
Email 1: _____
Email 2: _____ Email 3: _____

Name: _____ Relationship: _____
Email 1: _____
Email 2: _____ Email 3: _____

MARYLAND IMMUNIZATION FORM
REQUIRED FOR ALL INCOMING STUDENTS

ALL FAMILIES are required to ensure their immunization records are current.

PARENTS/GUARDIANS ARE TO CONFIRM BEFORE SUBMITTING THE FORM TO THE NORA SCHOOL:

- All Maryland requirements are met fully and are up to date and current
- A physician has signed the form . The immunization form must be signed by physician (not just a list of immunizations from the physician's office.)

VACCINATION REQUIREMENTS PER MARYLAND LAW:

All newly enrolled students are required by Maryland law to have at the minimum:

- 1) MMR (measles, mumps, rubella): TWO (2) DOSES with dates
- 2) POLIO vaccine: THREE (3) DOSES with dates
- 3) Dtap/DTP/DT/Tdap/Td vaccine: THREE (3) DOSES with dates

Tdap is separately required, and is to be dated and separately noted. (It may be listed as a 4th vaccine.)

- 4) Hepatitis B vaccine: THREE (3) DOSES with dates
- 5) Varicella vaccine (with no history of chickenpox disease): ONE (1) DOSE with date
- 6) Meningococcal vaccine: ONE (1) DOSE with date

Please confirm the following:

- YES NO (Please check one.) The Immunization form has been double-checked, signed by physician and submitted to The Nora School. Initial:_____ Parent/Guardian name: _____
- YES NO (Please check one.) We are arranging for updated immunizations and will submit a newly signed form before classes begin. Initial:_____ Parent/Guardian name: _____

The form is attached/enclosed.

The Immunization form is the ONLY form that is NOT REQUIRED ANNUALLY.

Unless immunizations get updated again after 9th grade, the immunization form is only required upon the first day of entry as a new student at The Nora School. (all other forms are due annually.)

What is the....

MARYLAND STATE SCHOOL MEDICATION ADMINISTRATION AUTHORIZATION FORM?

REQUIRED For Over-The-Counter medicines, Prescription medicines, Allergies, Inhalers and Epipens, even Self-Carry:

THIS FORM IS REQUIRED for ANY medicines to be given to your student at The Nora School.

This form is REQUIRED WHEN:

- a) Prescription Medicines: If you would like the school to give your student **prescription medicines** during the school day:
 - a. All prescription medicines must be brought to the school in the original prescription bottle.
 - b. All prescription medicines must be brought to the school for all field trips as needed, in the original prescription bottle and with specific instructions. (Separate forms are required for field trips.)
- b) Your student uses an Inhaler or Epipen. This form is required either way!
 - a. You would like the school to give your student **an inhaler or epipen** if needed.
 - i. Inhalers or epipens must be brought to the school in the original prescription packaging.
 - ii. Inhalers or epipens must be authorized and/or brought to the school for all field trips as needed, in the original packaging and with specific instructions.
 - b. **SELF-CARRY** for epipens and inhalers: This form is still REQUIRED. See lower section of form.
 - i. Parent/Guardian AND PHYSICIAN must sign a form authorizing their child to self carry an inhaler or an epipen.
 - ii. YES NO (Please check one.) My child would like to “self carry” their epipen or inhaler, AND I will provide the school before classes begin each year with a current, signed Medications Authorization form signed by myself and the physician authorizing “Self-Carry”.
- c) You would like the school to give your student **OTC (Over The Counter)** medicinal products such as Tylenol, ibuprofen, Tums etc. as needed. We are legally required to have this form signed!!
 - a. All Over-The-Counter medicines must be provided and given to the school for the student’s own use by a parent/guardian and in its original packaging.
 - b. Even for Over-The-Counter medicines, this form requires a **doctor’s signature**.

Where is the form? The Maryland Medication Authorization form can be downloaded from our website at www.nora-school.org/parents or email Marcia Miller at marcia@nora-school.org for a copy of the form.

Nora School Emergency Plans

Per Family and Community Handbook

In the event of the following emergencies, Nora will follow the procedures listed below.

Overnight Snowstorm

If Montgomery County Schools are closed, Nora is closed. If Montgomery County Schools open TWO hours late, Nora opens ONE hour late.

Snowstorm during the School Day

Administrators will not follow Montgomery County, but will use their best judgement about sending students home early in the event of a snowstorm during the school day. Thus, Nora students may be dismissed *prior* to Montgomery County making a decision. Every attempt will be made to have the student contact a parent or other emergency contact before allowing them to leave school. If a parent would prefer a student to remain at the school in the event of a storm, this should be noted on the emergency contact form.

Hurricane, Tornado, or other weather related event

Administrators will not follow Montgomery County, but will use their best judgement about sending students home early in the event of a hurricane, tornado, or other weather related event during the school day. Nora students will be kept in the building until the tornado passes, or may be dismissed prior to Montgomery County making a decision in the event of an approaching hurricane. Every attempt will be made to have the student contact a parent before allowing them to leave school. If a parent would prefer a student to leave immediately, or to remain at the school, in the event of a storm, this should be noted on the emergency contact form.

Terrorist Event or other national emergency

Based on the level of the emergency, the Nora School will take the actions listed below. While it is impossible to predict every possibility, within these broad guidelines it will be possible to determine where to find your child. In any of these events, parents have the option of picking up their child immediately from school. In the days following any event, Nora will follow Montgomery County as to when school will reopen.

Level 1: An incident in another part of the country that does not affect the Washington metropolitan area. Students will be kept in school for the normal school day, and be kept informed of events. They should plan on their usual mode of transportation home. After school activities and sports will be canceled that day.

Level 2: An incident in another part of the Washington metropolitan area. Students will be kept in school for the normal school day, and parents can plan on them traveling home by their normal mode of transportation at the regular time. Parents who wish to pick up their children are encouraged to do so. Parents who want their children to leave school immediately should contact the school. If Metro is shut down, students who use that mode of transportation will be kept at school until picked up by a parent, or until other arrangements have been made. No student will be dismissed from the school until a parent or emergency contact has been contacted.

Level 3: An incident that affects downtown Silver Spring. If it is safe to remain in the building, students will be kept in the building until picked up by a parent, or until receiving permission to leave. Students may be sent home immediately with parental permission as noted on the emergency form.

If it is not deemed safe to remain in the building, we will walk away from the building.

From Nora at 955 Sligo Avenue: We will walk down Sligo Avenue, away from downtown Silver Spring, to the Sligo Avenue Park at the intersection of Piney Branch Road and Sligo Avenue. If we must evacuate the Sligo Avenue Park, we will transport students in the school van and teacher cars to the Wheaton Regional Library.

Staying In-The-NORA-Know:

Alerts: We offer “text alerts” for immediate knowledge: snow days, changes in opening and closings, game delays, field trip delays, and any schedule changes that may need to happen.

We use “Remind” for this purpose. [Sign up for this by following the steps below.](#) Alerts are sent by text to your cell phone number.

To Sign Up: Text @noraschool to 81010. *(enter the number 81010 and type in @noraschool in the subject line.)*

You can Opt Out at any time by replying “unsubscribe @noraschool”.

Or, try texting @noraschool to (240) 348-1749 instead.

Note! If you cannot receive texts, you can receive our Alert Messages by email by sending an email to: noraschool@mail.remind.com (To unsubscribe, reply with “unsubscribe” in the subject line.)

Friday Newsletter: If you are not receiving this weekly in your emails, please contact us. This newsletter is sent out every Friday during the school year to parents and guardians. The newsletter provides lots of helpful, informative up-to-date information. These newsletters provide essential reading each week!

[Sign up for this by clicking on our newsletters on our website.](#) Newsletters are sent to your email address.

Website: The front page will update you on upcoming events. Check it often, as this is also where we update changes to dismissal times from assemblies, game times, field locations, and upcoming events. Our website is designed to be very helpful for parents. Know our website well, use it and call us about it if you have questions.

Go to: <http://www.nora-school.org>

Handbook: How do the school’s policies work? Please review the rules in our Handbook with your student and note that your student is to sign the acknowledgement of, and agreement to, the Rules Handbook on the Parental Permission Form. Go to: <http://www.nora-school.org/admin-forms/familyhandbook.pdf>

Calendar: The most current calendar is linked from our Google Calendar on the “calendar” page of our website.

Note: Life Happens, and changes occur! Please refer to the front page of our website often (if not daily) for updates, as well as our calendar, text alerts and our Friday Newsletter.

Go to:

<http://www.nora-school.org/calendar>

https://www.google.com/calendar/b/0/embed?src=euuu6kv24dnp03r0jksmrlrgso@group.calendar.google.com&ctz=America/New_York&gsessionid=OK

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Thank you for taking care of all of these forms every school year.

For additional forms, please go to www.nora-school.org/parents

Or, contact Marcia Miller if you have any questions at (301) 495-6672, or marcia@nora-school.org