



Student Enrollment Application

TO BE COMPLETED BY BRIGHTALITY

Date Received: Click or tap to enter a date.

Received By:

Reviewed By:

Date: Click or tap to enter a date.

- Student Information

Student Name (Last)

Student Name (First)

Date of Birth

Student Preferred Name

Preferred Pronoun(s)

Gender at Birth

Male Female

Identifying Gender

Male Female Other

Race

- Hawaiian or Other Pacific Islander
- Asian
- American Indian or Alaska Native
- Black or African American



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White

Ethnicity

Hispanic, Latino, or Spanish Origin Yes No

-Home Address

Street (Number/Name)

Town/State

Zip code

-Mailing Address Check if Mailing is Same as Physical

Street (Number/Name)

Town/State

Zip code

- Parent/ Guardian Details

Parent/Guardian Name (First)

Parent/Guardian Name (Last)

Home Telephone No.

Mobile Telephone No.

Work Telephone No.

Relationship to Child

Email Address



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Preferred form of contact

-School Contact Information

Person Filling Out This Form

Primary Contact

Mobile Telephone No.

Work Telephone No.

Email

Preferred form of contact

- Other Details

Is this child served through an IEP, 504, or EST? If yes, please attach below.

Yes No

Any pertinent details you would like us to know regarding this plan?

Does this child have any medical issues or allergies we should be aware of? If yes, please explain.

Yes No

Does this child require any special medical supplies we should have on hand? If yes Please explain below.

Yes No



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Are there any other questions or concerns you would like us to know in regard to the student?
If yes please provide details below.
(Please attach any additional information or plans)

Yes No

- Service Request (Choose from these Enrollment Options)

Desired Start Date: Click or tap to enter a date.

Full Time (M-F 8:00am- 2:30pm)

Students who are going to attend Monday through Friday with the goal of beginning with or reaching full-time attendance will utilize this option.

Part Time

Students who are seeking an alternative school schedule with modified hours will utilize this option.

Days/Times (please choose from the drop-down menu)

Monday-Friday 8:30am-11:30am

Monday-Friday 11:30am-2:30pm

Other (Please Specify Request):

By signing this, I am certifying that I understand that this application doesn't guarantee a spot, but that it starts the process of a potential enrollment for the identified student.

- Signatures



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Guardian Signature

Date LEA/Coordinator Signature

Date

RECORDS RELEASE FORM

I hereby authorize:

Name of School

Address

City

State

Zip Code

To release all my school records including courses and grades, test results, written evaluations, attendance records, health records, and educational plans to:

**BRIGHTality School
P.O. Box 470
St. Albans, VT 05478**

Name of Student (Please Print)

Date

Student Signature (if 18 or older)

Grade



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Parent Signature

Date



Waiver and Release of Liability

In consideration of the risk of injury that exists while participating in any of the following activities such as, but not limited to:

Transportation, Ice Fishing, Ice Skating, Swimming, Hiking, Walking, Biking, Kayaking, Snowshoeing, any other recreational activities (hereinafter the “Activity”); and

In consideration of my desire to participate in said Activity and being given the right to participate in same;

I hereby, for myself my heirs, executors, administrators, assigns, or personal representatives (hereinafter collectively, “Releasor.” “I” or “me”, which terms shall include Releasor’s parents or guardian if Releasor is under 18 years of age), knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABILITY and hereby waive any and all rights, claims causes of action any kind arising out of my participation in the Activity; and

I hereby, release and forever discharge **BRIGHTality Specialized Education and Support Services, LLC** to include LunaWay and BRIGHTality, located in Vermont, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively “Releases”), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity.

I am voluntarily participating in the aforementioned activity and I am participating in the activity entirely at my own risk. I am aware of the risks associated with participating in this activity, which may include, but are not limited: physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death. I understand that these injuries or outcomes may arise from my own or others’ negligence, conditions related to travel to and from the activity, or from conditions at the activity location(s). Nonetheless, I assume all related risks, both known and unknown to me, of my participation in this activity.

I further agree to indemnify, defend and hold harmless the Releasees against any and all claims, suits or actions whatsoever for liability, damages, compensations or otherwise brought by me or anyone on my behalf, including attorney’s fees and any related costs.

I further acknowledge that Releasees are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Releasees. In the event that I should require medical care or aid, CPR, the use of AEDs, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume



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all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I further acknowledge that this Activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. I agree not to participate in the Activity unless I am medically able and properly trained, and I agree to abide by the decision of the BRIGHTality official or agent, regarding my approval to participate in the Activity.

I hereby acknowledge that I have carefully read this "waiver and release" and fully understand that it is a release of liability. I expressly agree to release and discharge BRIGHTality and all of its affiliates, managers, members, agents, attorneys, staff, heirs, representatives, predecessors, successors and assigns, from any and all claims or causes of action and I agree to voluntarily give up or waive a right that I otherwise have to bring a legal action against BRIGHTality for personal injury or property damage.

To the extent that statute or case law does not prohibit releases for ordinary negligence, this release is also for such negligence on the part of BRIGHTality, its agents, and employees.

I agree that this Release shall be governed for all purposes by Vermont law, without regard to any conflict of law principles. This Release supersedes any and all previous oral or written promises or other agreements.

In the event that any damage to equipment or facilities occurs as a result of my or my family's or my agent's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any such actions of neglect or recklessness.

This waiver and release of liability shall remain in effect for the duration of my participation in the activity, during this initial and all subsequent events of participation.

This agreement was entered into at arm's-length without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both Participant, [REDACTED] and BRIGHTality agree that this agreement is clear and unambiguous as to its terms, and that no other evidence shall be used or admitted to alter or explain the terms of this agreement, but that it will be interpreted based on the language in accordance with the purpose of which it is entered into.

In the event that any provision contained with this Release of Liability shall be deemed to be severable or invalid, or if any term condition, phrase, or portion of this agreement shall be determined to be unlawful or otherwise enforceable, the remainder of this agreement shall remain in full force and effect. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and



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enforceable, then said provision shall be deemed to be written, construed, and enforced as so limited.

In the event emergency, please contact the following person(s) in the order presented:

Emergency Contact

**Emergency Relationship
Contact Telephone**

I, the undersigned participant, affirm that I am of the age 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Participant's Name:

Participant's Address:

Signature:



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Date:

Parent/Guardian Waiver for Minors

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/Guardian Name:

Relationship to Minor:

Signature:

Date:



SOCIAL MEDIA CONSENT

We want to celebrate your student and their work!

Dear Parents/Guardians,

From time-to-time BRIGHTality would like to have pictures of your student or their work on our website or related social media. This form will let us know whether you want your student's image/work and first name to be published.

Please make one of the following choices:

- I/We GRANT permission for photos/images that includes this student and a caption that may include their first name to be published on the school website, newsletter, bulletin, Facebook page, or other social media outlets and publications.

* If at any time you, as the parent or guardian, wish to change this agreement, you may do so.*

- I/We DO NOT GRANT permission for photos/images that include this student to be published on the school's website, newsletter, bulletin, Facebook page, or other social media outlets and publications.
-

PRINT the name of your Child:

PRINT the name of Parent/Guardian:

Signature of Parent/Guardian:

Relationship to Child:

Date: Click or tap to enter a date.



RECORDS RELEASE FORM

I hereby authorize:

Name of School

Address

City

State

Zip Code

To release all my school records including courses and grades, test results, written evaluations, attendance records, health records, and educational plans to:

BRIGHTality School
P.O. Box 470
St. Albans, VT 05478

Name of Student (Please Print)

Date

Student Signature (if 18 or older)

Grade

Parent Signature

Expected Year of Graduation



PERMISSION SLIP FOR WALKS

Please Check One:

I am willing

I am not willing

to have my student, _____, taken on walks in the area surrounding BRIGHTality, weather permitting. I understand that my student will be supervised by the staff of BRIGHTality during walks.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: Click or tap to enter a date.



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1 Brown Avenue
St. Albans, VT 05478

Release of Information

Date: _____

Student's Name: _____

Birth Date: _____ School: _____

I authorize the exchange of information and records regarding my daughter/son _____ between the Name of School and (list of all schools, physicians, psychologists, hospitals, clinics, day care centers, etc. that have significant contact with your child):

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that the information that is shared will be that which will be relevant to my child's development and educational program. I also understand that this information is confidential and will not be released without my permission.

I further certify that I am the parent or legal guardian of the above named child or that I am a student of majority age and have the authority to sign this release.

Signature: _____

Date: _____



General Health Examination Form

Note: This form is for use by BRIGHTality school as required documentation of your students general health examination. Other physical forms used by your students health care provider's office documenting their age appropriate well care exam and information regarding any health conditions and medications that may impact their well-being while attending BRIGHTality school. The following listed items are needed for the upcoming school year and can be attached to this form and returned to the school.

- Up to date immunization records
- Up to date medical history/ documentation of medical changes (if applicable for your students well-being at school)

Childs Name: _____

Date of Birth: _____

Date of Last Exam: _____

This Child has no health conditions or medications that impact their health and well-being at school

This child has a condition or medication that should be known by the school of enrollment:

Health Care Providers Name: _____

Phone Number: _____

Health Care Providers Signature:

Date: _____



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EMERGENCY CONTACT FORM

Student Information:

Student Name: _____ D.O.B. _____

Address: _____

Sending School: _____

Health Data/Allergies: _____

Parent/Guardian Information:

Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Best Form of Contact:

Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact Information (Others that can be reached):

Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____



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Is there anyone that is not allowed access to pick up the child?

If there is a court order, please provide that to us prior to enrolling

Parent/ Guardian/ Legal Representative Signature:

Date:



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Advanced Permission for Off-Campus Excursions

Student Name:

From time-to-time BRIGHTality takes students off-campus for a variety of educational experiences. This may include locations such as, Taylor Park, local stores, Kill Kare state park, Hard'Ack, and local farms/homesteads. Generally, BRIGHTality gives advance notice of such excursions. My signature below authorizes BRIGHTality in advance to transport my student to these educational activities during the upcoming school year. All activities will take place during the school day and will not alter drop-off or pick-up times.

If there are any specific locations that you would not like us to take your student, please list below:

1.	
2.	
3.	
4.	

Parent/Guardian Name:

Parent/Guardian Signature:

Date: Click or tap to enter a date.

Check here if you wish to opt your student out of all off-campus excursions.



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Student Name: _____ Date of Birth: Click or tap to enter a date.

School: _____ School Year: _____

Name of medication: _____ Dosage: _____

Time of administration: _____

Special instructions/reason for medication: _____

Will the student be carrying and taking this medication on his/her own? Yes No

Students are not allowed to carry controlled substances and will be required to come to the Health Office to take any medication classed as a controlled substance.

If YES is selected: I/We understand that our student will be responsible for carrying and taking his/her own medication and that he/she is only authorized to carry one day's supply of medication in the ORIGINAL LABELED container indicating the name of the medication and the dose of the medication or dosing recommendations.

Parent/Guardian Signature: _____ Date: Click or tap to enter a date.

Phone #(s): _____

School Administrator Signature: _____ Date: Click or tap to enter a date.

Date: Click or tap to enter a date. medication brought for storage in the Health Office.

Expiration date: Click or tap to enter a date. Amount of medication _____ (two adults count medication and record)

Signature of person counting

Signature of person counting

End of Year Instruction:

I will pick up unused medication on the last day of school (medication will be discarded if I do not pick it up by the end of the day)

Please discard unused medication on the last day of school

Date: Click or tap to enter a date. Medication returned destroyed at end of school year.

Signature of person returning/discarding med

Signature of person picking up/discarding



STUDENT INFORMATION FORM

Student Information

STUDENT:	DOB:
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Mailing Address:

Ethnicity:	Hispanic or Latino: Yes No
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hawaiian Pacific <input type="checkbox"/> Caucasian	

Child Lives with: Both Parent Mother Father Step-Mother Step- Father Guardian Grandparents Other

Parent/ Guardian Information

Guardian Name:	Guardians Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Employer:	Employer:
Email Address:	Email Address:



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Emergency Contact Information

Emergency Contact # 1	Emergency Contact #2
Name:	Name:
Relationship:	Relationship:
Phone Number:	Phone Number:

Is there a court order restricting anyone from contacting your child? Yes or No

If Yes: Please attach a copy of the current court order to this form or send a copy to the school office and note attention to the Director, Jamie Seeholzer.

Medical Information

Primary Physician:	Dentist:
Date of last physical:	Date of last Dental visit:

Health History

Allergies or reactions to food/ medications: _____			
Hay fever, asthma, or wheezing	Y / N	Trouble with passing urine	Y / N
Eczema or frequent skin rashes	Y / N	Shortness of breath	Y / N
Convulsions, seizures	Y / N	Speech problems	Y / N
Diabetes	Y / N	Dental problems	Y / N
Frequent Colds, sore throats, earaches	Y / N	Other: _____	



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Please list any medication your child is taking:

The Vermont Department of Health requires schools to report the following information:

Does student have medical insurance (includes medicaid or Dr Dynasaur)	Y / N
Has student had dental sealants applied	Y / N
Has student received immunizations in the last year (If yes Please attach a copy for school records)	Y / N
I authorize the school to contact my child's healthcare provider for necessary medical and/ or dental information	Y / N
Does student wear glasses or contacts	Y / N
Has a student had any major injury, illness or health changes since the end of last year? * If yes please inform the school director of these changes.	Y / N
Has a doctor, nurse, or other health professional EVER said that your child has asthma?	Y / N
*If yes, does your child still have asthma	Y / N
* If yes, do you have a VT Asthma Action Plan or equivalent?	Y / N

Emergency Care/ Treatment: In the event of an accident or illness:

I request the school contact me. If the school is unable to reach me, I hereby authorize the school personnel to seek emergency medical care, including transportation to the emergency



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room. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary at my expense.

Signature: _____

Date: _____



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Permission For Over The Counter Medication

Childs Name:	
D.O.B	
Home Telephone Number:	
Allergies:	
Medical Problems:	
Current Medications:	

In the event that your child/student complains of a minor illness, (i.e. headache, stomach ache, cough or cold symptoms, sore throat, menstrual cramps or minor aches and pains) during the school day, Provided below is a list of “**over the counter medications**” that may be administered to your child by a School staff member. Please check all medications you would like available to your child during the school day.

- Advil/ Ibuprofen (headaches, aches and pains)
- Anbesol/Orajel (tooth aches)
- Eye Drops
- Hydrocortisone Cream 1%
- Lozenges (Cough Drops) (sore throat)
- Pepto-Bismol (diarrhea-stomach aches)
- Rolaid/Tums (stomach aches)
- Tylenol (headaches, aches and pains)
- Benadryl (Allergies)
- Midol (Cramps, bloating, Menstrual related pain)



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Other information regarding your child that you would like the School Staff to know

YES, administer “over the counter medications” to my child if needed during the school day.

NO, do not administer any “over the counter medications” to my child during the school day.

Parent/Guardian Signature _____

Date _____



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Authorization for Release of Confidential Information

Student Name:

Parent/Legal Guardian Name:

I (please print): _____ Authorize BRIGHTality Specialized Education and Support Services, LLC (BRIGHTality) to release the following information:

Check All That Apply:

Educational Goals Completed Work Future Plans

Schedule Behavioral Incidents Health

Attendance Any Information Regarding Student and Needs

To (name and title of person(s) to which disclosure is being made):

For the Following Purposes:

To meet and serve the educational, emotional, and social needs necessary to meet goals and implement individualized plans.

In accordance with FERPA and HIPAA, I, the above listed individual/student, hereby authorize BRIGHTality Specialized Education and Support Services, LLC (BRIGHTality) to release information for my education needs, goals, plans, and records to the individual(s) named above and for the reasons specified. I acknowledge by my signature that I understand that although I am not required to release my information, I am giving my consent to do so. Additionally, I understand that I may revoke this authorization in writing at any time, except for that information which has already been released with consent and prior to my revocation.



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Student's Signature: _____ Date: Click or tap to enter a date.

If Under 18, Signature of Parent, Guardian, or Legal Representative:

_____ Date: Click or tap to enter a date.



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Student Pick up and Drop Off Procedures

Drop-Off Procedures

DROP-OFF FOR FULL TIME STUDENTS IS BETWEEN 8:00-8:30 am* School starts at 8:30 am

Parents/Transportation will use the Brown Avenue entrance from Fairfield Street to drop-off their student. Parents/Transportation should enter Brown Avenue, staying to the right. Please have your student exit the vehicle on the curbside (right side of car). After drop-off, please continue down Brown Avenue to Bishop Street to exit. PLEASE DO NOT U-TURN in ANY private driveways as this can be disruptive to the neighboring community members.

Pick-Up Procedures

PICK-UP TIME FOR FULL TIME STUDENTS IS AT 2:30 pm* School ends at 2:30 pm

Parents/Transportation will use the Brown Avenue entrance from Fairfield Street to pick-up their student. Parents/Transportation should enter Brown Avenue, staying to the right. Please have your student enter the vehicle on the curbside (right side of car). After pick-off, please continue down Brown Avenue to Bishop Street to exit. PLEASE DO NOT U-TURN in ANY private driveways as this can be disruptive to the neighboring community members.

Parents/Transportation who do not pick up their student on a regular basis **must** send a note to their staff member informing them of the change in departure plans. This can include other friends or family members and community support workers. If there



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is a change in the student's transportation plan, the person/agency picking up the student must show identification and sign the student out before departing.

ALL afternoon transportation changes must be made before 2:00 pm. Otherwise, it is assumed students will be sent home by their usual transportation.

STUDENT DROP-OFF/PICK-UP FORM

Student Information (please print)

Student's Full Legal Name:

Please notify BRIGHTality if an unauthorized person will picking-up your student

For the safety and protection of students, written permission must be received in advance for school staff.

I, parent/legal guardian, authorize the following individuals to pick-up my student from BRIGHTality.

Name	Relationship to Student	Phone Number

If an authorized individual without valid identification or an unauthorized individual attempts to pick-up any student from the school, I can be contacted at this number:



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All parents/guardians and transportation must make sure that a staff person recognizes that the student has been dropped-off/picked-up from the school.

Name of Parent/Guardian (printed):

Signature:

Date: Click or tap to enter a date.



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Cell Phone Contract

This contract between _____ and BRIGHTality , signed on the ____ day of _____, 20____, establishes cell phone usage rules and consequences.

I understand that having a cell phone is a privilege and that if I choose to disregard the following expectations listed in this contract, I am forfeiting my privilege of using my cell phone during school hours.

Cell Phone Responsibilities

I, _____, [student's name], understand that while at school or engaging in school based interactions or activities that I must:

- € Be courteous during instruction time by not interrupting the conversation or activity with my phone use.
- € Be in control of my phone, don't let my phone control me.
- € Do not take videos or photos of others without their permission.
- € Do not share videos or photos of others without their permission.
- € Lower my volume while using my phone so as to not disrupt others around me.



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- € If I am asked to put my phone away, I will respect this request and follow-through by placing my phone in phone jail and having the privilege of charging at this time.
- € Turn my ringer to silent or vibrate when I'm with other people who might be disturbed by a call.
- € Don't put my phone on speakerphone when I'm with other people.
- € If I break or lose my phone it will be my responsibility.

Consequences

I, _____, [student's name], understand that if I choose to break the cell phone usage rules above then I am voluntarily forfeiting my privilege of having a phone at school.

Signed _____ [Student]

Signed _____ [Parent/Guardian]

Signed _____ [BRIGHTality Staff]