

THE Gregory School

*A Tradition of
Inspiring Excellence*

2021-2022 Registration Forms

Attached you will find all the 2021-22 registration forms that are required to be submitted to the administrative office for all 2021-22 Gregory School students. This fillable PDF should be filled out, printed, signed, and returned to our staff at forms@gregoryschool.org, or mailed to our office at 3231 N. Craycroft Road, Tucson, Arizona, 85712 by **June 1, 2021**. Students will not be able to pick up their 2021-22 class schedules in August until these forms are returned to our office.

This packet includes:

- 2021-22 onBoard Family Directory Form
- 2021-22 Household Contact Information Form
- 2021-22 Emergency Contact and Medical Treatment Consent Form
- 2021-22 Release of Liability, Waiver and Assumption of Risk
- 2021-22 Student Permission Form
- Request for Final Transcript from Previous School(s) (*New students only*)
- Arizona Immunization Requirements

Please note that copies of the following documents must be on file for all TGS students:

- Copy of Birth Certificate or Passport (*New students only*)
- Copy of current and complete immunization records (*New students must submit immunization records. Returning students must submit records if they have received any vaccinations within the last year. Please note: Students 11 years and older are required by ADHS to receive 1 dose of Tdap and 1 dose of quadrivalent meningococcal vaccinations.*)

2021-2022 onBoard Family Directory

| | | | |
|----------------------|--|-----------------------|--|
| Parent Name: | | | |
| Student Name: | | Student Grade: | |

Do not include my name or any information about me in the 2021-2022 Family Directory found in onBoard.

Include my name but do not include any other information about me in the 2021-2022 Family Directory found in onBoard.

I authorize the following information to be published in the 2021-2022 Family Directory found in onBoard.

(check all that apply)

Student Name

Household 1: Parent/Guardian Name(s)

Household 1: Parent/Guardian Home Phone Number

Household 1: Parent/Guardian Mailing Address

Household 1: Parent/Guardian Cell Phone(s)

Household 1: Parent/Guardian Email(s)

(if applicable, check all that apply)

Household 2: Parent/Guardian Name(s)

Household 2: Parent/Guardian Home Phone Number

Household 2: Parent/Guardian Mailing Address

Household 2: Parent/Guardian Cell Phone(s)

Household 2: Parent/Guardian Email(s)

| | | | |
|-----------------------------------|--|--------------|--|
| Parent/Guardian Signature: | | Date: | |
|-----------------------------------|--|--------------|--|

2021-2022 Household Contact Information

All information on this form is confidential and for school purposes only.

| | | | |
|-------------------------------|--|-------------------------------|-------------|
| Student Name: | | Student Grade: | |
| Home Phone: | | Student Cell: | |
| Home Address: | | | |
| City: | | State: | |
| | | | Zip: |
| | | | |
| Parent/Guardian Name: | | Parent/Guardian Name: | |
| Title (Mr., Ms., Dr.): | | Title (Mr., Ms., Dr.): | |
| Relationship to child: | | Relationship to child: | |
| Work Phone: | | Work Phone: | |
| Cell Phone: | | Cell Phone: | |
| Email: | | Email: | |
| Employer: | | Employer: | |
| Occupation: | | Occupation: | |

| | |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Child(ren) reside(s) with: | |
| Are there any legal custody issues we need to be aware of at your home? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, please explain and provide documentation to our office. | |

If you have additional information regarding a parent or guardian who does not reside in your home, please include that information below.

| | | | |
|----------------------|--|-------------------------------|--|
| Home Phone: | | Parent/Guardian Name: | |
| Home Address: | | | |
| City: | | Parent/Guardian Name: | |
| | | Title (Mr., Ms., Dr.): | |
| | | Relationship to child: | |
| | | Work Phone: | |
| | | Cell Phone: | |
| | | Email: | |
| | | Employer: | |
| | | Occupation: | |

This parent/guardian may receive: grades newsletter development other

2021-2022 Emergency Contact and Medical Treatment Consent Form

All information on this form is confidential and for school purposes only.

| | | | | | |
|---------------------------------|--|----------------|--|--------|--|
| Student Name: | | Date of Birth: | | Grade: | |
| Parent/Guardian Name(s): | | | | | |
| Home Address: | | | | | |
| City: | | State: | | Zip: | |
| Best Phone Contact for Parents: | | | | | |

If parent cannot be reached in an EMERGENCY, contact:

| | | | |
|------------------|--|--------------------------|-------------|
| Contact #1 Name: | | Relationship to student: | |
| Cell Phone: | | Home Phone: | Work Phone: |

| | | | |
|------------------|--|--------------------------|-------------|
| Contact #2 Name: | | Relationship to student: | |
| Cell Phone: | | Home Phone: | Work Phone: |

Medical Information

| | | | |
|----------------------------------------------------------------------------------------|--|------------------|--|
| Family Physician: | | Physician Phone: | |
| Known Allergies to Medications or other Allergies: | | | |
| Current Medications: | | | |
| Relevant Medical Information: (e.g. history of family diabetes, heart condition, etc.) | | | |

We are unable to distribute Ibuprofen or Tylenol without permission from parent or guardian. No other medication will be available for distribution. I give The Gregory School permission to distribute the following medications to my child as directed:

| | | |
|----------------------------------------------------------------|------------------------------|-----------------------------|
| Ibuprofen (each tablet is 200mg / recommended every 6 hours) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Tylenol (each tablet is 500mg / recommended every 4 – 6 hours) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If your child needs to take a prescription medication while at school the following conditions must be met:

- The medication must be brought to the office in the original prescription bottle with labeled instructions.
- A medication form must be completed by a parent/guardian and submitted to the front office.
- The medication must be left in the office at the front desk.
- Students will be responsible for coming to the office to take their medication.

Insurance Information

| | | | |
|--------------------|--|----------------------------|--|
| Insurance Carrier: | | Policy ID#: | |
| Policy Holder: | | Preferred Tucson Hospital: | |

As a result of athletic, school, or trip participation, medical treatment on an emergency basis may be necessary. I further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the existing circumstance.

| | | | |
|----------------------------|--|-------|--|
| Parent/Guardian Signature: | | Date: | |
|----------------------------|--|-------|--|

**Insurance Administration Participant Information and
RELEASE OF LIABILITY, WAIVER AND ASSUMPTION OF RISK for the
period of June 1, 2021 to May 31, 2022**

DISCLOSURE: The Gregory School (hereafter TGS) experiential learning programs involve activities that include, but are not limited to, warm-up games, initiatives, and other experiential education activities. At all times, levels of participation are the individual's choice. Statistics show that adventure activities have accident rates that are far below other associated activities, such as general physical education classes. Yet, each participant assumes the risk that he/she may suffer an emotional and/or physical injury or disability.

TGS policy requires that each participant have health/accident insurance coverage, that pertinent medical information is disclosed, and that a release of liability, waiver, and assumption of risk form is signed. Any and all information given by the individual participant will be held in strict confidence.

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Name of Doctor and phone contact:

1. Do you have any temporary or permanent injuries or disabilities that would limit your participation?

No Yes If yes, please identify and explain:

2. Are you currently taking any medication, prescribed or otherwise?

No Yes If yes, please identify and explain:

3. Do you have any allergies or adverse reactions to any medications?

No Yes If yes, please identify and explain:

4. Please add any additional and pertinent information:

5. Please check yes or no:

Do you have or have you had any history of:

| | | |
|------------------------|------------------------------|-----------------------------|
| Asthma | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Diabetes | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Fainting or dizziness | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Heart disease | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| High blood cholesterol | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| High blood pressure | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Seizures | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Other: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If yes, please explain completely:

RELEASE OF LIABILITY, WAIVER, AND ASSUMPTION OF RISK: I understand that some Gregory School activities may be physically and emotionally demanding. I affirm that my health is good and that I am not under a physician's care for any undisclosed condition that affects my ability to participate in any activities offered by The Gregory School. I understand that each participant must assume, and by signing below I do assume, the risk of physical or emotional injury which could arise in these activities such as, but not limited to, lacerations, strains, fractures, concussions, loss of limb, drowning, or even death. **I release The Gregory School and all of their employees and agents (collectively TGS) from any and all liability for any injury to me from participation in these activities whether due to TGS's negligence or otherwise and, by signing below, waive my/our right to file a lawsuit against TGS for any mental or physical injuries that result from my participation in TGS programs.** This release of liability, waiver, and assumption of risk is valid unless revoked in writing by me/us. If any portion of this agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

(Signature of participant, if over 18)

(Date)

(Signature of parent/guardian)

(Date)

For the student participant:

I, _____, am freely and voluntarily participating in activities organized by The Gregory School during the 2021-2022 academic year from June 1, 2021 to May 31, 2022. I understand that such participation can include hazards. I am aware that injuries are inherent in indoor and outdoor recreation, and am participating in these activities with knowledge of the potential dangers involved.

(Signature of student)

(Date)

2021-2022 Student Permission Form

The Gregory School (or "School") takes all reasonable steps to provide safe educational and athletic experiences for its students. However, students must assume personal responsibility for their behavior. At no time will any student be allowed to attend a trip until this form has been completed and returned to school.

| | | | |
|----------------------|--|-----------------------|--|
| Student Name: | | Student Grade: | |
|----------------------|--|-----------------------|--|

| Parent/guardian completes this section: | Yes | No |
|----------------------------------------------------------------------------------|--------------------------|--------------------------|
| My son/daughter may travel in School-provided transportation. | <input type="checkbox"/> | <input type="checkbox"/> |
| My son/daughter may travel in a private car driven by an adult School volunteer. | <input type="checkbox"/> | <input type="checkbox"/> |
| My son/daughter may travel in a private car driven by him/her. | <input type="checkbox"/> | <input type="checkbox"/> |

| The STUDENT DRIVER completes this section: | Yes | Not Applicable |
|----------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| I have a valid Arizona Driver's License. | <input type="checkbox"/> | <input type="checkbox"/> |
| I have a vehicle with a valid Arizona Registration. | <input type="checkbox"/> | <input type="checkbox"/> |
| I have a vehicle that is insured with at least the minimum required by the State of Arizona. | <input type="checkbox"/> | <input type="checkbox"/> |

| The ADULT DRIVER completes this section: | Yes | Not Applicable |
|----------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| I have a valid Arizona Driver's License. | <input type="checkbox"/> | <input type="checkbox"/> |
| I have a vehicle with a valid Arizona Registration. | <input type="checkbox"/> | <input type="checkbox"/> |
| I have a vehicle that is insured with at least the minimum required by the State of Arizona. | <input type="checkbox"/> | <input type="checkbox"/> |

I certify that the information given in this section is true. I understand that I must inform all occupants that wearing a seat belt is required and will comply with all traffic and safety laws and regulations.

I understand that there are significant risks, both known and unknown, inherent in the activities associated with transportation both to and from any destination. I further understand these risks could potentially result in property damage, bodily injury, or death and I knowingly accept and assume those risks. Being aware of these risks, I hereby voluntarily release and agree to defend, indemnify and hold harmless The Gregory School, and all its representatives, independent contractors, employees, and volunteers of any and all liability or claims relating to my son/daughter's participation in an off-campus activity including, but not limited to any claims for negligence. I further expressly waive any right to a trial by jury.

THE UNDERSIGNED HEREBY CERTIFIES THAT I/WE HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY AND KNOWINGLY AGREE TO BE BOUND BY ALL TERMS AND CONDITIONS HEREIN. THE UNDERSIGNED HAS HAD THE OPPORTUNITY TO ASK THE SCHOOL QUESTIONS CONCERNING THE FOREGOING, AND FURTHER UNDERSTAND BY SIGNING BELOW, I/WE ARE KNOWINGLY AND INTENTIONALLY RELINQUISHING CERTAIN KNOWN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES.

| | | | |
|-----------------------------------|--|--------------|--|
| Parent/Guardian Signature: | | Date: | |
| Student Signature: | | Date: | |

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Request for Final Transcript

Please complete and send to the school your child last attended.

I authorize the release of academic records, including withdrawal grades, for the following

student _____
(student name)

who was in your _____th grade for _____ to:
(grade level) (school year)

Holly Ainza, Registrar
The Gregory School
3231 N. Craycroft Road
Tucson, AZ 85712
(520) 327-6395
hainza@gregoryschool.org

Parent/Guardian

Signature: _____

Date: _____

ARIZONA GUIDE TO IMMUNIZATIONS REQUIRED FOR ENTRY

Grades K-12 (School year 2020-2021)

- School requirements are shown below as stated in [Arizona Administrative Code, R9-6-702, Table 7.1 \(B\)](#) and Table 7.2
- Please review the [Arizona Immunization Handbook for Schools and Child Care Programs](#) along with the [Vaccine Flowchart Resource](#) for further information and details about school immunization requirements and exemptions.
- Vaccines must follow minimum intervals and ages to be valid. See page 2 for minimum interval and catch-up schedule information.
- A vaccine-administration 4-day grace period applies in most situations.



| Vaccine | 4-6 Years Old and attendance in Kindergarten or 1 st grade | 7-10 Years Old | 11 Years or Older |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HepB Hepatitis B | 3 doses The final dose of HepB must be given at 24 weeks of age or older. Only 3 doses are required if the 3 rd dose was received at or after the child was 24 weeks of age; otherwise 4 doses are required. | | |
| Polio Poliomyelitis (IPV) For OPV see page 2 | 4 doses The final dose of polio must be received at/after 4 years of age and at least six months after the previous dose. Only 3 doses are required if the 3 rd dose was received on/after the child's 4 th birthday and at least six months after the 2 nd dose. Additional doses may be needed to meet requirements. See pg. 2 for retrospective history guidance. | | |
| MMR Measles, Mumps and Rubella | 2 doses Minimum recommended age for dose 1 is 12 months. A 3 rd dose will be required if dose 1 was given more than 4 days before 1 st birthday. | | |
| VAR Varicella (chickenpox) | 1 dose Minimum recommended age for dose 1 is 12 months. 2 doses, at least 4 weeks apart, are required if dose 1 was given at 13 years of age or older. | | |
| DTaP, Tdap, Td Diphtheria, Tetanus, and Pertussis | 5 doses of DTaP Only 4 doses are required if the 4 th dose was received on/after 4 years of age; otherwise an additional dose is required, up to a maximum of 6 doses. | 4 doses of tetanus-diphtheria- containing vaccine (or combination which may include DTaP, Td or Tdap doses) 3 doses acceptable if the first dose was given on/after 1 st birthday; otherwise refer for an additional dose. | 1 dose of Tdap is required If the student received a dose of tetanus-diphtheria-containing vaccine within the past 5 years, refer the student for a Tdap when 5 years has passed since that dose. Students must have minimum series of 4 doses of tetanus-diphtheria-containing vaccine; 3 doses acceptable if the 1 st dose was given on/after 1 st birthday. |
| MenACWY or MCV4 Quadrivalent Meningococcal | Retrospectively: Menomune (Meningococcal Polysaccharide) vaccine was a quadrivalent vaccine so is acceptable; however, production of this vaccine was discontinued in February 2017. Menomune doses are considered acceptable for school requirements. | | 1 dose of MenACWY is required A dose administered at 10 years of age will meet the requirement. |

ARIZONA GUIDE TO IMMUNIZATIONS REQUIRED FOR ENTRY – Minimum Interval/Catch-up Guidance

Grades K-12 (School year 2020-2021)

| Vaccine | Dose # | Minimum Age | Minimum Interval Between Doses | Notes |
|-------------------------------------------------------------|--------|-------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HepB Hepatitis B | dose 1 | Birth | At least 4 weeks between dose 1 & 2 | <ul style="list-style-type: none"> Some children may receive a birth dose and then a combination vaccine resulting in a total of 4 (or more) doses. At long as the interval between doses is met, 4+ doses meet requirement. 2 doses, at least 4 months apart, meet the requirement if the child received the adolescent series using the Merck Recombivax HB Adult Formulation when the child was 11-15 years of age. |
| | dose 2 | 4 weeks | At least 8 weeks between dose 2 & 3 (or final) | |
| | dose 3 | 24 weeks | At least 16 weeks between dose 1 & 3 (or final) AND at/after 24 weeks of age | |
| Polio IPV or OPV | dose 1 | 6 weeks | At least 4 weeks between dose 1 & 2 | <ul style="list-style-type: none"> Retrospectively: 1) A final dose given on or after August 7, 2009, must be given at or after 4 years of age and a minimum interval of 6 months from the previous dose. 2) Students who received 4 doses (with at least 4 weeks minimum intervals between doses and/or before the age of 4 years) PRIOR to August 7, 2009 have met the requirement. The U.S. currently does not give anything other than IPV (inactivated polio vaccine) whereas some foreign countries still give the OPV (oral polio vaccine). OPV given prior to April 1, 2016 will be presumed to be trivalent and therefore acceptable, regardless of age, or country, of administration. Any OPV doses administered on or after April 1, 2016 are presumed to be bivalent and therefore unacceptable. Poliomyelitis vaccine is not required in the U.S. for individuals 18 years of age or older. |
| | dose 2 | 10 weeks | At least 4 weeks between dose 2 & 3 | |
| | dose 3 | 14 weeks | At least 6 months between dose 3 & 4 | |
| | dose 4 | 4 years | - | |
| MMR Measles, Mumps and Rubella | dose 1 | 12 months | At least 4 weeks between dose 1 & 2 | <ul style="list-style-type: none"> If MMR dose 1 was given more than 4 days before the 1st birthday, another dose is required. MMR and varicella vaccines are live vaccines and must be given on the same day or at least 28 days apart (this rule also applies to live nasal influenza doses). |
| | dose 2 | 13 months | - | |
| VAR Varicella (chickenpox) | dose | 12 months | At least 3 months between dose 1 & 2 4 weeks between doses if administered at age 13 or older | <ul style="list-style-type: none"> If varicella dose 1 was given more than 4 days before the 1st birthday, another dose is required. MMR and varicella vaccines are live vaccines and must be given on the same day or at least 28 days apart (this rule also applies to live nasal influenza doses). |
| DTaP, Tdap, Td Tetanus, Diphtheria, and Pertussis | dose 1 | 6 weeks | At least 4 weeks between dose 1 & 2 | <ul style="list-style-type: none"> DTaP is licensed for children through age 6. If catch-up doses are needed at age 7 or older, Tdap or Td is used to start/complete the series. For children 7 years and older with a 1st dose given before 1 year of age, 4 doses are needed. The minimum intervals are 4 weeks between dose 1 & 2, 4 weeks between dose 2 & 3, and 6 months between dose 3 and 4. For children 7 years and older with a 1st dose given after 1 year of age, 3 doses are needed. The minimum intervals are 4 weeks between dose 1 & 2, and 6 months between 2 & 3. A Tdap given at age 7-9 years of age does not count for the 11- year old Tdap requirement; a Tdap is to be given once 5 years has passed since last dose of tetanus-diphtheria containing vaccines was given. |
| | dose 2 | 10 weeks | At least 4 weeks between dose 2 & 3 | |
| | dose 3 | 14 weeks | At least 6 months between dose 3 & 4 | |
| | dose 4 | 12 months | At least 6 months between dose 4 & 5 | |
| | dose 5 | 4 years | - | |
| MenACWY, MCV4 Meningococcal | dose 1 | 10 years | | <ul style="list-style-type: none"> Only quadrivalent meningococcal ACWY vaccine doses will be accepted. The vaccines given currently in the U.S. are Menactra and Menveo. No monovalent or bivalent meningococcal vaccinations will be accepted (MenA, MenB, MenC, or MenC/Y). |