



Coordinated Intake Packet 2025-2026 - Northshore Recovery High School

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Student's Name: _____ Date of Birth: _____

Office use only - Enrollment Date _____ SASID _____

Student Information

Last Name	First Name	Middle Name	
Date of Birth	Place of Birth		
Child's Primary Residence	Town/City	State	Zip
Child's Legal Residence	Town/City	State	Zip
Gender	Grade Level		
Primary Language at home	Secondary Language		

Parent/Guardian Information

Last Name	First Name	Relationship to student	
Street Address		Apt./Unit #	
Town/City		State	Zip
Home Phone	Cell Phone	Email	
Place of Employment		Work Phone	
Primary Language	Secondary Language		

Does the above individual have legal custody of the child?

☐ Yes

☐ No

Does the above individual have physical custody of the child?

☐ Yes

☐ No

Parent/Guardian Information

Last Name	First Name	Relationship to student	
Street Address		Apt./Unit #	
Town/City		State	Zip
Home Phone	Cell Phone	Email	
Place of Employment		Work Phone	
Primary Language	Secondary Language		

Does the above individual have legal custody of the child?

☐ Yes

☐ No

Does the above individual have physical custody of the child?

☐ Yes

☐ No



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Student's Name: _____ Date of Birth: _____

Local Education Agency

Referring School District		
School District Contact		Phone Number
Grade most recently completed	Date last attended	
IEP (Individualized Education Program)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
504 Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Race and Ethnicity

(Questions are being asked to furnish statistics as required by the Department Elementary and Secondary Education)

Are you Hispanic or Latino? (Choose only one) ☐ Yes, Hispanic or Latino ☐ No, not Hispanic or Latino

What is your race? (choose one or more)

- ☐ American Indian/Alaska Native ☐ White
☐ Black or African American ☐ Unknown/Other (explain): _____
☐ Asian
☐ Native Hawaiian/other Pacific Islander

Additional Information

Is the child in DCF custody? ☐ Yes ☐ No

Are there any current restraining orders preventing contact with the student? ☐ Yes ☐ No

In order to ensure compliance with current court orders, we request a copy of the active restraining order be attached to this form and submitted at the time of enrollment. We require current updates as needed.

Is there any other information regarding custody that we should be aware of?

Is either parent/guardian a military member? ☐ Yes ☐ No

Are there any other children in the family enrolled in a Northshore Education Consortium program?
If so, please list:



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Student's Name: _____ Date of Birth: _____

Additional Emergency Contacts

The Primary Legal Guardian(s) listed on page 5 is the first person to be contacted in an emergency. Please provide the name of three additional adults who can be called in case of an emergency if we are unable to contact the guardian.

Last Name	First Name	Relationship to student
Home Phone	Cell Phone	Work Phone

Last Name	First Name	Relationship to student
Home Phone	Cell Phone	Work Phone

Last Name	First Name	Relationship to student
Home Phone	Cell Phone	Work Phone

Insurance

Insurance Company
Contact Phone Number (on back of card)
Policy/Identification Number

Primary Doctor

Name	Phone	Fax
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Other Medical Providers

Name	Type of Service
Phone	Fax

Name	Type of Service
Phone	Fax

Name	Type of Service
Phone	Fax

Dentist

Name	Phone
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EMERGENCY TREATMENT AUTHORIZATION

In the event of an emergency, I hereby authorize Northshore Education Consortium or any physician or qualified person designated by the aforesaid parties to perform whatever interventions may be necessary for the preservation of life, limb, or health of the above-named party. I also authorize the Northshore Education Consortium, if necessary, to transport the above party by ambulance to a medical facility for emergency medical treatment.

Signature of Legal Guardian	Date
Print Name of Legal Guardian	



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Student's Name: _____ Date of Birth: _____

Other Contacts	Name	Office/Court Location	Phone Number	Years Involved
Guardian Ad Litem				
Attorney				
Department of Children and Families				
Department of Mental Health				
Department of Developmental Services				
Psychiatrist				
Psychologist/ Counselor				
Community Service Agency				
Other Community Resources				
Other (Neurologist, Orthopedist, etc.)				



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Student's Name: _____ Date of Birth: _____

Student cell phone number _____

Who referred you to our program? _____

Substance Use Information and Treatment History (most recent)

Choice Substance:	Other Substances:
Age of First Use:	Sobriety Date:
Provider:	Dates:
Contact Name:	Required Paperwork
Tel #:	Discharge Summary/After-Care Plan
Notes:	

Mental Health Information

Mental Health Diagnosis:	
Currently seeing a counselor? <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES:
Counselor's Name:	Tel #:
Currently taking medications? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Prescriber's Name:	Tel #:

Additional Information

IEP: <input type="checkbox"/> YES <input type="checkbox"/> NO	Required Paperwork:
504 Plan: <input type="checkbox"/> YES <input type="checkbox"/> NO	High School Transcript (incl. current year grades)
NOTES:	High School MCAS Scores
	Current IEP or 504 Plan
	Latest testing (if applicable)
	Immunization Record
	Current Physical (dated within the last 12 months)



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Student's Name: _____ **Date of Birth:** _____

Consent To Release/Obtain Records/Information

I, _____ (Name of parent/guardian) give my consent to the Northshore Education Consortium to release/obtain pertinent records (educational / medical/psychological) by mail, fax or verbally, pertaining to my son/daughter, and authorize school personnel to speak with his/her physician / therapist / psychologist and/or outside agency in order to obtain information that will be helpful to his/her educational/emotional needs at Northshore Education Consortium.

Release/Obtain to: _____ Phone: _____

Address: _____

Limitations on dates of service: _____

(complete only if limiting dates for records to be released/obtained)

Information to be released/obtained may include any or all of the following information:

- ☐ Academic Records (Transcript, Report Cards, MCAS Scores)
- ☐ Special Education and/or 504 Plans
- ☐ Other School Information
- ☐ Psychological testing
- ☐ Treatment plans
- ☐ Psychosocial assessments
- ☐ Achievement testing
- ☐ Discharge testing/summaries
- ☐ Clinical interviews
- ☐ Consultation notes
- ☐ Other:

I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. I understand that I have a right to revoke this authorization by submitting said revocation in writing to the Northshore Education Consortium. I understand that the revocation will not apply to information that has already been released in response to this authorization.

Signature of Legal Guardian _____ **Date** _____



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Student's Name: _____ **Date of Birth:** _____

Medical Information:

Please list all the child's allergies (food, seasonal, animals, medication, etc. If the child does not have allergies, please write "None")

Please list all of the child's medical problems or medical considerations (If the child does not have any medical problems, please write "None")

Does the student wear glasses? ____ Yes ____ No

Does the student wear a hearing aid? ____ Yes ____ No

Medical Alerts _____ **Medical Alert Expires** _____

Authorization: In the event of an emergency, I hereby authorize the Northshore Education Consortium or any physician or qualified person designated by the aforesaid parties to perform whatever interventions may be necessary for the preservation of life, limb, or health of the above named party. I also authorize Northshore Education Consortium, if necessary, to transport the above name party by ambulance to a medical facility for emergency medical treatment.

Signature of Legal Guardian _____ **Date** _____



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Student's Name: _____ **Date of Birth:** _____

Medication List – Medications Taken at Home

Does your child take prescribed or over the counter medication(s) at home: ☐ Yes ☐ No

If yes, please complete the following for each medication:

Name of Medication	Dose	Time of Day Medication Is Taken

Please sign below giving the school nurse permission to share this information with staff for your child's therapeutic benefit, health, and safety.

Signature of Legal Guardian _____ **Date** _____



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Student's Name: _____ Date of Birth: _____

Treatment and Care Form

Part One

This form authorizes the School Nurse or other appropriately trained individuals to administer the following medications to the above named child. Please indicate your authorization by checking the "Yes" box. If you are excluding any of those listed below, please check the "No" box. By checking "Yes" and signing this form, you are authorizing the administration of the indicated medication according to the Northshore Education Consortium's established protocols.

Important Note: All other medications require a written order from a licensed prescriber with written parent/guardian permission

Yes____ No____ **Acetaminophen (Tylenol)** – dose according to child's weight.

Yes____ No____ **Anti-Itch Lotion (Calamine Lotion)** – as needed to relieve pain and itching associated with rashes due to poison ivy, poison oak or poison sumac; insect bites, minor skin irritations.

Yes____ No____ **Bacitracin Ointment** – topical ointment as need for minor cuts, scrapes.

Yes____ No____ **Cough Drop** – temporary relief of cough, lubricate and soothe sore throat.

Yes____ No____ **Diphenhydramine HCL (Benadryl)** – oral antihistamine as needed or the temporary relief of symptoms due to hay fever or other respiratory allergies; runny nose, sneezing, itchy, watery eyes, itching of the nose or throat. Also used to treat hives.

Yes____ No____ **Ibuprofen (Advil)** – dose according to child's weight for minor aches, pains, menstrual cramps, and headache.

Yes____ No____ **Tums or other calcium carbonate antacid product** – as needed for temporary relief of acid indigestion, heartburn or sour stomach.

Yes____ No____ **Hydrocortisone Cream 0.5%** - as needed to relieve itching associated with minor skin irritations

Does your child have any allergies to any of the medications listed above? Yes____ No____

If yes, please list which ones: _____

Signature of Legal Guardian _____ Date _____

Part Two

It may be necessary for the School Nurse and/or other related service providers to share information with personnel to ensure the safety and well-being of your child (allergies, seizures, etc.). This information is released only to those individuals who need to know it and only to the degree necessary to help ensure the well-being of the child.

Signature of Legal Guardian _____ Date _____



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Student's Name: _____ Date of Birth: _____

Medication List – Medications Taken During the School Day

I give permission to Northshore Education Consortium to administer the following medication(s) during the school day during the academic school year:

Name of Medication	Dose	Time of Day Medication Is Taken

Please sign below giving the school nurse permission to share this information with staff for your child's therapeutic benefit, health, and safety.

Signature of Legal Guardian _____ Date _____

I understand that I must deliver the medication to the school and pick it up at the end of the school year. In addition, I also understand my child must not transport his/her medication unless it is secured in a locked box.

Signature of Legal Guardian _____ Date _____

For Office Use Only
Nurse's Signature:
Date Received:
Comments:



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Student's Name: _____ Date of Birth: _____

Medical Order Form – Medications Taken During the School Day

(MUST BE COMPLETED BY LICENSED PRESCRIBER)

Name of Licensed Prescriber:	Title:
Medication:	
Route of Administration:	Dosage:
Frequency:	Time of Administration:
Specific Directions or Information for Administration:	
Date of Order:	Discontinuation Date:
Diagnosis:	
Any other medical conditions:	

Optional Information:

Special side effects, contraindications or possible adverse reactions to be observed:
Other medications taken by this student:
The date of the next scheduled visit or when advised to return to prescriber
Consent for self-administration (provided the school nurse determines it is safe and appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Licensed Prescriber _____ Date _____



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Student's Name: _____ **Date of Birth:** _____

Northshore Education Consortium Photo/ Digital Image Release Form

In order to celebrate our successes and promote our school programs, we often take pictures of students that we would like to share within our schools or with the larger community.

We would like your permission to photograph or record your child under the following conditions:

1. Internal Use: These pictures would only be used within our school program, for bulletin board displays, special events, etc.
2. External Use; NEC Website, Social Media, Newsletter, Brochure, Professional Development Presentation or Local Media: These pictures would capture positive experiences to share with the broader community. No names or identifying data would be used unless we ask your permission explicitly.

I give permission for images of my child to appear in the following:

In-school displays, yearbooks, or other internal publications. ☐ YES ☐ NO

NEC website, Social Media, NEC newsletter, Local Media. ☐ YES ☐ NO

I understand that this consent is valid unless I withdraw it in writing.

Student's Name

Name of Parent or Legal Guardian (please print)

Signature of Parent or Legal Guardian

Date



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Student's Name: _____ **Date of Birth:** _____

Recreation and Athletic Activities Consent and Release Form

I, as the legal guardian of the above named minor, do hereby consent to his/her participation in voluntary athletic or recreation programs of the Northshore Education Consortium.

I agree to forever release Northshore Education Consortium and all employees, agents, board members, volunteers, and any and all individuals and organizations assisting or participating in voluntary recreation or athletic programs of the Northshore Education Consortium from any and all claims, rights of action, and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly from personal injuries to my child or property damage resulting from my child's participation in the Northshore Education Consortium voluntary recreation or athletic programs.

I further affirm that I have read the Consent and Release Form and that I understand the contents of this form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in the Northshore Education Consortium recreation and athletic programs with full knowledge that the releases will not be liable to anyone for personal injuries and/or property damage my child may suffer in voluntary Northshore Education Consortium recreation or athletic programs.

I give my child permission to participate in voluntary recreation & athletic activities ____Yes ____No

Signature of Legal Guardian _____ **Date** _____



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Student's Name: _____ Date of Birth: _____

Authorization of Transportation & Notification of Early Dismissal Procedure

Children enrolled at Northshore Education Consortium have the opportunity throughout the course of the year to participate in a variety of community based educational and recreational activities. In order for your child to participate, we need your authorization.

Please read each of the options below and select "Yes" or "No" for each option. If you would like to indicate additional restrictions on your authorization, such as a phone call or email prior to each field trip, please use the space provided.

Walking trips _____ Yes _____ No Restrictions _____

Bus/Van trips _____ Yes _____ No Restrictions _____

Boat Trips _____ Yes _____ No Restrictions _____

A faculty or staff member's vehicle in the case of a non-life threatening emergency?

_____ Yes _____ No Restrictions _____

All students under the age of 18 are asked to utilize the transportation plan arranged for them at the beginning of the school year or at their initial enrollment at Northshore Education Consortium. If there is to be a permanent change to this plan, it must be approved by your send public school district and the Director of the school. We strongly discourage any changes on a daily basis by students or their parents to their transportation plan, with the exception of one-time situations or emergencies. If this should occur, a student's counselor must be informed by their parent/guardian via phone and in writing, preferably a day in advance but no later than 9:00 a.m. of that particular day.

The person picking up the student must report in at the school office and show proper identification at the time of dismissal.

Signature of Legal Guardian _____ Date _____



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Student's Name: _____ Date of Birth: _____

Internet Acceptable Use Guidelines

While the child is a student at the Northshore Education Consortium, they may have the opportunity to use the internet. The following is an overview of our guidelines for the acceptable and appropriate use of that technology.

1. All guardians and students should be advised that no communication over the internet is guaranteed to be private. Internet use is monitored and illegal activities may be reported to authorities.
2. The use of the internet during school hours must be in support of the educational objectives of the child's academic program.
3. The internet is an open system that contains material that many people may find offensive. It is possible to encounter pictures or texts that are objectionable. We ask for your assistance in developing responsible student attitudes and behaviors toward using and self-monitoring the use of this tool.
4. Students may only use the internet under the supervision of a member of the staff. However, it is impossible to monitor a student every moment, so we ask guardians to assist us in helping their child understand how to be a responsible user of this tool.
5. While the benefits of the internet are enormous, we seek to teach the students that there is no guarantee that information they obtain is accurate. Users must use good judgment in determining the reliability of content gathered from this source.
6. The use of the internet at the Northshore Education Consortium is a privilege and not a right. Inappropriate use of the internet will result in a loss of this privilege.

Students are expected to follow the guidelines stated below in addition to the rules of the specific classroom in which they are using the internet as well as those expressed by the staff member supervising the child's use of the internet.

User Guidelines

1. A student must have a signed permission slip on file in order for them to use the internet at school.
2. Use of the internet during school time must be in support of the child's education program.
3. Students may not post any personal information without permission of a staff member.
4. Students are prohibited from using the internet to access or process pornographic material, inappropriate text files, information that advocates illegal acts or information that lacks any educational value.



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Student's Name: _____ **Date of Birth:** _____

User Guidelines Continued

5. Students must immediately tell a teacher or staff member about any material that is not appropriate or makes the student uncomfortable.
6. Students, be advised that no communications over the internet are guaranteed to be private. Internet use is monitored and illegal activities may be reported to authorities.
7. Plagiarism, the taking of material created by others and presenting it as if it were one's own is not acceptable and may be subject to disciplinary actions.
8. Students may not use the internet for commercial purposes, product advertisement or political lobbying. Products or services may not be purchased or offered. The student and his/her guardian(s) will be responsible for any liabilities stemming from such an unauthorized use of the internet.
9. Students may not use the internet for any illegal purposes or for the support of illegal activities.
10. Student use of the internet must not serve to disrupt its use by other individuals or connecting networks.
11. Student passwords should be treated as confidential. All passwords must be protected by the user and not shared or displayed. Individual users shall, at all times, be responsible for the proper use of accounts issued in their name.
12. Students who violate these guidelines, associated policies and/or administrative procedures will be subject to the termination of system privileges and will be subject to appropriate disciplinary action and/or prosecution.

Please sign below to indicate that you have read and understood this document and have reviewed the expectations for internet use with your child.

Signature of Legal Guardian _____ **Date** _____



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Student's Name: _____ **Date of Birth:** _____

Student Handbook Signature Page

I understand that a copy of the Northshore Recovery High School Handbook is available online at <https://www.nsedu.org/schools/northshore-recovery-high-school/>

I have read this document and I understand that my son/daughter must adhere to all policies and procedures as listed in the handbook. If I have any questions, I will direct them to the Principal, Michelle Lipinski.

Signature of Legal Guardian _____ **Date** _____

Signature of Student _____ **Date** _____



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Student's Name: _____ Date of Birth: _____

Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that all schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information	
First Name _____	Middle Name _____ Last Name _____
Gender F <input type="checkbox"/> M <input type="checkbox"/>	
Country of Birth _____	Date of Birth (mm/dd/yyyy) _____ Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____
School Information	
Start Date in New School (mm/dd/yyyy) _____ / ____ / 20____	Name of Former School and Town _____ Current Grade _____
Questions for Parents/Guardians	
What is the primary language used in the home, regardless of the language spoken by the student? _____	Which language(s) are spoken with your child? (include relatives -grandparents, uncles, aunts, etc. - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
What language did your child first understand and speak? _____	Which language do you use most with your child? _____
How many years has the student been in U.S. Schools? (not including pre-kindergarten) _____	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____
Parent/Guardian Signature: _____ X	Today's Date: _____ / ____ / 20____ (mm/dd/yyyy)

Encuesta del idioma hablado en el hogar

Los reglamentos del Departamento de Educación Primaria y Secundaria de Massachusetts exigen que *todas* las escuelas determinen los idiomas que se hablan en los hogares de los estudiantes para así identificar sus necesidades específicas relacionadas con el idioma. Esta información es esencial para que las escuelas puedan proveer instrucción que todos los estudiantes puedan aprovechar. Si en su hogar se habla otro idioma que no sea inglés, se requiere que el Distrito evalúe a su hijo más a fondo. Ayúdenos a cumplir con este importante requisito respondiendo a las siguientes preguntas. Gracias por su ayuda.

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Información del estudiante			
Nombre _____	Segundo nombre _____/_____/_____ / /	Apellido _____/_____/_____ / /	F <input type="checkbox"/> M <input type="checkbox"/> Sexo
País de nacimiento _____	Fecha de nacimiento (mm/dd/aaaa) ____/____/____	Fecha de matriculación inicial en CUALQUIER escuela de EE.UU. (mm/dd/aaaa) ____/____/____	
Información de la escuela			
_____/_____/20 Fecha de comienzo en la escuela nueva (mm/dd/aaaa)		_____ Nombre de la escuela y ciudad anterior	_____ Grado actual
Preguntas para los padres/encargados			
¿Cuál es el idioma principal que se habla en el hogar, independientemente del idioma que hable el estudiante? _____		¿Qué idioma(s) se habla(n) con su hijo? (incluya parientes -abuelos, tíos, tías, etc. - y encargados del cuidado) _____ infrecuentemente / algunas veces / frecuentemente / siempre _____ infrecuentemente / algunas veces / frecuentemente / siempre	
¿Cuál fue el primer idioma que entendió y habló su hijo? _____		¿Qué idioma usa usted principalmente con su hijo? _____	
¿Cuántos años ha asistido el estudiante a escuelas en los Estados Unidos (sin incluir el pre-kínder)? _____		¿Qué idiomas usa su hijo? (encierre uno en un círculo) _____ infrecuentemente / algunas veces / frecuentemente / siempre _____ infrecuentemente / algunas veces / frecuentemente / siempre	
¿Requerirá usted la información impresa de la escuela en su idioma natal? Sí <input type="checkbox"/> No <input type="checkbox"/>		¿Requerirá usted un intérprete/traductor en reuniones de padres y maestros? Sí <input type="checkbox"/> No <input type="checkbox"/>	
Si contesto que sí, ¿qué idioma? _____		Si contesto que sí, ¿qué idioma? _____	
Firma del padre/la madre/encargado: X		____/____/20 Fecha de hoy: (mm/dd/aaaa)	

Spanish