



R E G I O N A L  
**CAPE COD**  
Technical High School

351 Pleasant Lake Avenue, Harwich, MA 02645  
P : (508) 432-4500 F : (508) 430-2438

**William P Terranova**  
Principal

**Jonathan W Roberts**  
Assistant Principal

**Annie L. Dolan-Niles**  
Technical Studies Director

## 2017-2018 School Year

9/5/17

### Dear Parents:

Your student will NOT receive a packet of information on the first day of school. All necessary forms are available on our website. Sign-up for Community Portal at our website [www.capetech.us](http://www.capetech.us) to automatically register your email address. Please be sure to **review the following** and **return the necessary forms and applications immediately.**

- Letter regarding Human Sexuality Education Curriculum and copy of policy
- ★Safety Policy and Procedures acknowledgement form: **required for all students**
- Fall Sports Schedule
- Student Accident Insurance information. (*this will be given to students with their Agenda/Handbook*)
- Free/Reduced Lunch application
- ★Student Health & Emergency Information Form: **required for all students**
- ★Authorization to administer Potassium Iodide Form: **required for all students**
- Free Dental Cleaning Consent Form
- Opt-out form in regards to publishing student information (*student handbook*)
- ★Student Agenda/Handbook – acknowledgement form: **required for all students**
- ★Home Language Survey: (*grade 9 and transfer students only*)
- ★Online Use Form (*see student handbook: required for all students*)
- **REMINDER TO SENIORS & SENIOR PARENTS: Completion of Senior Project is a graduation requirement**  
**see the following in the Senior Project Handbook:**
  - Parent-Student Acknowledgement Form
  - Timelines and due dates
  - Grading Policy

Make it a great school year!

Sincerely,

William Terranova  
Principal

*StudentInfoLetter NO PACKET 2017.2018*

# CAPE COD REGIONAL TECHNICAL HIGH SCHOOL CALENDAR 2017-2018

August 2017 0 days						
—	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September 2017 19 days						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October 2017 20 days						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November 2017 18 days						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December 2017 15 days						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

- 31
- ◇ = First/Last Teacher Day
  - = First/Last Student Day
  - = No School/Vacation/Holiday
  - ▲ = Professional Developmt /No School
  - = 1/2 student days
  - = Makeup days if needed
  - ★ = Graduation Day

**August**  
 29- 9th Grade Orientation  
 30 -First Day Teachers  
 31 - Professional Day

**September**  
 4 - Labor Day  
 5 - First Day Students  
 14 - 9th Grade Parent Night  
 18 - Exploratory Phase 1 begins

**October**  
 5- Tri 1 Mid-Term Maroon  
 9- Professional Day  
 9- Columbus Day  
 11 - PSATs 11th Grade  
 18-TECH NIGHT  
 20- Tri 1 Mid-Term Gold  
 24 - MSBA Building Project Vote  
 30 - Exploratory Phase 2 begins

**November**  
 (MCAS retests: ELA 11/8, 9 & 14. Math 11/15 & 11/16)  
 10- Veterans Day Observed  
 21- End of Tri 1 Maroon  
 22-24-Thanksgiving  
 28 - 10th Grade Parent Night

**December**  
 1- End of Tri 1 Gold  
 14 - Parent Teacher Conferences  
 15 - Tri 1 Honors Breakfast  
 22-31 Winter Recess

**January**  
 2 - Return to School  
 12- Tri 2 Mid-Term Gold  
 15 - Martin Luther King  
 25 - Faculty Extended Day  
 26- Tri 2 Mid-Term Maroon

**February**  
 19-23 February Vacation  
 26 - Freshmen join shops  
 (MCAS Retests: ELA 2/28, 3/1 & 3/2. Math 3/5 & 3/6)

**March (MCAS ELA 3/27, 28, 29)**  
 9- End of Tri 2 Gold  
 16- End of Tri 2 Maroon  
 30 - Spring Holiday

**April**  
 16-20 Spring Vacation  
 27- Tri 3 Mid Term Gold

**May (MCAS Math 5/23 & 5/24)**  
 4- Tri 3 Mid Term Maroon  
 18- Senior Project Presentations  
 28- Memorial Day

**June (MCAS STE 6/6 & 6/7)**  
 2- Graduation  
 14-19: Finals Schedule TBA  
 19- \*Last Day Students  
 \*Make-up Days for Cancellations: June 21-27  
 20-Last Day Teachers

January 2018 21 days						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February 2018 15 days						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March 2018 21 days						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April 2018 16 days						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2018 22 days						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June 2018 13 days						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30



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**Jonathan W Roberts**  
Assistant Principal

**Annie L. Dolan-Niles**  
Technical Studies Director

Dear Parent or Guardian:

The following is a copy of a document entitled **Human Sexuality Education Curriculum Policy of Cape Cod Regional Technical High School District**. This document needs to be read carefully by all parents. Simply put, a parent has the right to request the school to provide a display for your inspection and study of the varied resources used by a teacher in a course that may address human sexuality. For Cape Cod Tech this means, in a practical sense, three health courses entitled, **Survey of Health** for freshmen, **Contemporary Health I** for juniors and **Contemporary Health II** for seniors. There are course instructional objectives dealing with sexually transmitted diseases including HIV and AIDS, another on reproduction, pregnancy, contraception and abstinence, and finally male and female anatomy. All together these topics comprise about 20% of the 9<sup>th</sup> and 11<sup>th</sup> grade course. In the Contemporary Health II for seniors, there are no formal activities on human sexuality. Students in our Health Tech and Dental Assistant shops, by the very nature of training and needs of the trade, do receive specific instruction in human sexuality education.

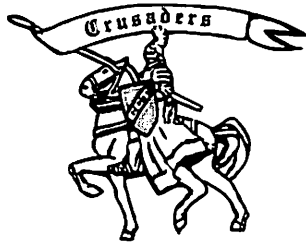
In the past there have been legitimate parental concerns. Each and every time parent and teacher have resolved the problem. Students may be excused from that portion of the lesson and assigned an equally valuable topic. The exempted student still works with the teacher, conferences are set up, and the work is completed in the library. The student is graded and returns to class after the topic of concern has been covered.

Please call me with any concerns or questions you may have.

Sincerely,

*William P. Terranova*

William Terranova  
Principal



## **HUMAN SEXUALITY EDUCATION CURRICULUM POLICY OF CAPE COD REGIONAL TECHNICAL HIGH SCHOOL DISTRICT**

### **I. Purpose of Policy**

The purpose of this policy is to implement Massachusetts General Laws Chapter 71, Section 32A, which requires every school district that implements or maintains curriculum that primarily involves human sexual education or human sexuality issues to adopt a policy ensuring parental/guardian notification.

### **II Parental/Guardian Notification**

The school principal shall give parents and guardians of students effective notice, not less than once a year, of all courses offered in which the curriculum primarily involves human sexual education or human sexuality issues. Effective notice means a notice that is reasonably likely to inform parents and guardians, including those with disabilities and those whose primary or home language is not English, of their rights.

### **III. Inspection of Instructional Materials**

To the extent practicable, all instructional material, including teacher's manuals, films, tapes, or other supplementary material, for curriculum that primarily involves human sexual education or human sexuality issues shall be available for inspection by parents, guardians, educators, school administrators and others.

### **IV. Exemption from Curriculum**

The parent or guardian of any student may exempt the student from any portion of a course in which the curriculum primarily involves human sexual education or human sexuality issues by written notice to the school principal (using a form approved by the principal.) No student who is so exempted may be penalized because of the exemption but may be required to leave and return to class at a time and in a manner that is least disruptive to the education of other students.

### **V. Adult Students**

If a student is an adult, the student may exercise all the rights afforded to parents and guardians under this policy.

### **VI. Local Process for Dispute Resolution**

A parent or guardian who is dissatisfied with a decision of the principal concerning notice, access to instructional materials, or exemption for the student under this policy may send a written request to the superintendent/director for review of the issue. The superintendent/director or his or her designee will review the issue and give the parent or guardian a timely written decision preferably within two weeks of the request. A parent or guardian who is dissatisfied with the superintendent/director's decision may send a written request to the School Committee for review of the issue. The School Committee will review the issue and give the parent or guardian a timely written decision, preferably within four weeks of the request. A parent or guardian who is still dissatisfied after this process may send a written request to the Commissioner of Education for review of this issue in dispute.

CAPE COD REGIONAL TECHNICAL HIGH SCHOOL

This notice is to serve as a reminder of the safety related policies of our school. Specifically:

◆ SAFETY GLASS PROTECTION

All students in safety glass designated shops must wear Industrial Quality Safety Glasses at all times in these shops (see attached list of shops.) The only exceptions are shop theory classrooms. Students entering a safety glass designated area, as well as all staff, visitors, and exploratory students must comply with this policy.\*

◆ WORK BOOTS/SHOES

Students in the shops designated as safety glass shops on the attached listing, with the exception of Dental Assistant and Graphic Arts must come to their shop week cycle properly dressed with appropriate clothing and hard/protected toe work boots. Sneakers are not acceptable. Students failing to comply with this policy will be sent to In-School Suspension or sent home being unprepared for work.

◆ JEWELRY/OTHER BODY ORNAMENTS

Shop instructors will notify students of their shop policies regarding the wearing of jewelry and other body ornaments that are considered a danger to the student or to others in that shop program due to the nature of the trade.

THE FOLLOWING DISCIPLINARY ACTION WILL BE TAKEN WITH STUDENTS WHO FAIL TO COMPLY WITH THESE POLICIES:

- 1<sup>ST</sup> OFFENSE      Verbal Warning (exception: work boots, see above)
- 2<sup>ND</sup> OFFENSE      Disciplinary Report with a Detention
- 3<sup>RD</sup> OFFENSE      In-School Suspension with a Safety Packet
- 4<sup>TH</sup> OFFENSE      Out of School Suspension

Grade 10, 11 and 12 students must purchase safety glasses at the start of the school shop year.

Grade 10, 11 and 12 students: Return this signed acknowledgement to your shop teacher on the first day of your shop cycle.

Grade 9 students will be issued safety glasses during their Exploratory cycle.

Grade 9 students: Return this signed acknowledgement to your Guidance Counselor.



ACKNOWLEDGEMENT FORM

I have received, read and I understand and will comply with the above Safety Policies and Procedures and fully realize the consequences for non-compliance.

Student Name: \_\_\_\_\_ Shop: \_\_\_\_\_  
(Please PRINT clearly)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ (if student is under age 18)

\*All students in safety glass designated shops must wear Industrial Quality Safety Glasses at all times in these shops:

# Cape Cod Tech

## Student Health & Emergency Information Form

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent Guardian With Whom Parent Resides: \_\_\_\_\_

Resident's Address: \_\_\_\_\_  
Street Town State Zip Code

Mailing Address: (If different from above) \_\_\_\_\_

#1 Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

#2 Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### Alternate Emergency Contact

#1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Does your child have health insurance?  Yes  No

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Dentist Name: \_\_\_\_\_

Please list all the medication that your child takes: \_\_\_\_\_

Has your child been diagnosed with any of the following:

Heart Condition  Diabetes  Asthma  Seizure Disorder  ADD / ADHD

Migraines  Depression  Other: (Specify) \_\_\_\_\_

Allergies (food, insect, medication, environment) Specify: \_\_\_\_\_

Hearing Problems  Left Ear  Right Ear  Hearing Aids

Vision Problems (Specify)  Wears Glasses  Wears contact lenses

Do you give the nurse permission to administer Tylenol?  Yes  No Ibuprofen?  Yes  No

Tums?  Yes  No Cough drops?  Yes  No

Does your child require an Epipen  Yes  No

Does your child require an inhaler?  Yes  No

In the event of a medical emergency, I give permission for school officials to transport my child to the hospital if non of the personal emergency contacts provided can be reached.  Yes  No

I give permission to the school nurse to share information relevant to my child's health condition with school personnel when necessary to meet my child's health and safety needs.  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Technical Studies Director

Dear Parent/Guardian:

Upon recommendation of the Massachusetts Department of Public Health and the Massachusetts Emergency Management Agency, The Cape Cod Regional Technical High School Committee has agreed to stockpile Potassium Iodide (KI) tablets for administration to students and employees in the event of a nuclear emergency during school hours. A policy has been developed to assure that Potassium Iodide will be administered in a timely manner to all students who have parental permission to receive it.

It is important to note that KI is only effective against exposure to radioactive iodine and only protects the thyroid. Numerous other radionuclides may be released in an accident situation and KI would not protect individuals from these other types of radioactivity. Please read the attached information about KI from the Department of Public Health.

Participation in the school KI distribution is voluntary and requires parent/guardian permission for KI to be given at school by the School Nurse and school personnel.

**Please return the attached consent form to the school** whether or not you give your permission for your child to receive KI.

If you have any questions, please feel free to contact me at 508-432-4500 ext. 275.

Sincerely,

*Marge Maurukas*

Margaret Maurukas, R.N.  
School Nurse



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Technical Studies Director

Margaret Maurukas, RN, BSN, M.Ed.  
School Nurse

**Authorization to Administer Potassium Iodide**

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

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please sign this form and return it to Cape Cod Regional Technical High School immediately.

**I authorize the designated individuals at Cape Cod Regional Technical High School to administer Potassium Iodide to the above named student in the event of a nuclear accident.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

**I do NOT authorize the designated individuals at Cape Cod Regional Technical High School to administer Potassium Iodide to the above named student in the event of a nuclear accident.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
Use of Potassium Iodide (KI) During Radiological Emergencies  
Information for the Public



*This fact sheet is about a new policy for people, especially those who live within ten miles of a nuclear power plant, who may be exposed to radiation from a nuclear plant emergency. In December 2001, the federal Food and Drug Administration (FDA) said if there was a radiological emergency, people should take a drug that would help protect them from thyroid cancer. This drug is called potassium iodide (KI). The Massachusetts Department of Public Health agrees. The questions and answers below will give you more information.*

**1. What is potassium iodide (KI) and what is it used for?**

If there is a radiological emergency from a nuclear plant, large amounts of something called radioiodine could be put into the air, and this could hurt your thyroid gland, or even cause thyroid cancer later on. You could breathe in the radioiodine or eat food that has some radioiodine in it. When you take the KI pill, it protects your thyroid gland from being harmed.

**2. How does potassium iodide work?**

When you take the KI pill, it fills your thyroid with a kind of iodine that prevents your thyroid gland from taking in any of the radioactive kind of iodine.

**3. What age group has the highest risk from exposure to radioiodine?**

Young children have the highest risk. We have learned this from looking at children in Russia and other areas who were exposed to the radioiodine from the Chernobyl nuclear power plant accident.

**4. When should KI be taken?**

You need to take KI before or just after you are exposed to radioiodine. You can also take it 3 or 4 hours later, but it will not be as helpful.

**5. How will I know if I should take KI?**

If there is an emergency, you will hear an announcement from your local or state health officials. Your local health department will tell you when you should start taking KI and they will also tell you when you can stop taking it.

**6. Does KI work in all radiation emergencies?**

KI will only protect you from radioactive iodine. It does not protect you from other kinds of radioactive material. KI works very well to protect your thyroid gland. However, it protects only your thyroid, not other parts of your body.

**7. What will happen in an emergency?**

You will be told what, if any, actions you should take to protect yourself. This might include leaving the area, staying inside with your windows closed and/or taking KI.

**8. Can people have reactions to KI?**

In general, most people who have taken KI have not had any reactions (side effects). If people did have a reaction, it did not last very long. In a few cases, babies had a reaction in their thyroids. Adults who had reactions had stomach problems or a rash. The federal government thinks the benefits of taking KI are much greater than the risks.

**9. Are there some people who should not take KI?**

Most people can take KI, but you should talk to your doctor before taking it. Talk to your doctor before an emergency occurs. It is not a good idea to take it if you have certain medical conditions or problems. Babies need to be watched carefully if they take KI.

**10. How much KI do I take?**

The table below shows the smallest KI dose that different age groups can take which will protect the thyroid. At the moment, the pill only comes in a 130 mg tablet. In an emergency, it is safe for children at school or day care centers to take the whole pill.

For children or babies who cannot take pills, parents and caregivers can cut or crush the pill to make lower doses. For example, if a 130 mg pill were dissolved in 8 ounces of juice or other liquid, one ounce would contain 16 mg of KI.

Age Group	KI Dosage	Number of 130 mg tablets
Adults over 18 years	130 mg	1
Over 3 – 18 years	65 mg	1/2
Over 1 month to 3 years	32 mg	1/4
Birth-1 month	16 mg	1/8

**11. How often should KI be taken?**

KI is helpful for about 24 hours. You should keep taking it until the health department says to stop, or you are out of the emergency area.

**12. Does KI come in liquid or pill form?**

KI can come as a pill or a liquid, but right now it is only available as a pill. It may also be available as a liquid soon.

**13. If KI has been stored for a while, is it still OK to use?**

The manufacturers say KI stays “fresh” for 3-5 years. If you keep it in a dry, dark and cool place, it should last for many years.

**14. Do you need a prescription to get KI?**

No. You are allowed to get it over-the-counter.

**15. Can KI be purchased at local pharmacies?**

It is not widely available in drugstores yet, but since it is not a prescription drug, you can buy it over the Internet. We intend to pre-distribute KI to individuals living within 10 miles of a nuclear power plant in Massachusetts who want to have the pills available for emergencies.

**For additional information contact:**

Massachusetts Department of Public Health’s Radiation Control Program 617-727-6214

Or [www.state.ma.us/dph/rcp](http://www.state.ma.us/dph/rcp)

**Other sources of information:**

[www.fda.gov/cder/guidance/4825fnl.htm](http://www.fda.gov/cder/guidance/4825fnl.htm)

[www.who.int/environmental\\_information/Information\\_resources/documents/Iodine/guide.pdf](http://www.who.int/environmental_information/Information_resources/documents/Iodine/guide.pdf)

[www.health.state.ny.us/nysdoh/consumer/environ/homeenvi.htm](http://www.health.state.ny.us/nysdoh/consumer/environ/homeenvi.htm)

[www.HealthyVermonters.info](http://www.HealthyVermonters.info)

JUNE 2002



## CAPE COD TECH

Cape Cod Regional Technical High School  
351 Pleasant Lake Avenue, Harwich, MA 02645

Phone: (508) 432-4500  
(508) 771-2600  
Fax: (508) 430-2438

William P. Teranova  
*Principal*  
Jonathan W. Roberts  
*Assistant Principal*  
Annie L. Dolan-Niles  
*Technical Studies Director*

Dear Parents/Guardians of Cape Cod Tech Students:

Cape Cod Regional Technical High School is proud to announce that Polished, LLC, a program that provides preventative dental care, will once again be offering free dental services to the students in our school. After watching this team in action, I highly recommend that every student take advantage of this free program.

They will provide these dental services to all students, whether or not they have dental insurance.

The following dental services will be provided:

- ✓ Dental cleaning
- ✓ Sealants (as needed)
- ✓ Fluoride varnish application
- ✓ Toothbrush and toothpaste
- ✓ Referrals to local dentists
- ✓ Temporary fillings if needed

These services will be provided by Public Health Hygienists and/or Dentists. A report will be issued to Mrs. Maurukas, the School Nurse, and forwarded on to you as soon as possible. You will be contacted immediately if your child requires urgent dental care.

Attached you will find a two-sided form to be completed by you and returned to the School Nurse immediately. Once you return this form to Mrs. Maurukas, she will schedule two appointments (one in the fall and one in the spring) for your child. Please consider signing your child up for this convenient free service.

Please visit [www.polishedteeth.com](http://www.polishedteeth.com) to see the dates that the dental team will be in our school.

Sincerely,

*Margaret Maurukas, R.N.*

Margaret Maurukas, RN, BSN, M.Ed.  
School Nurse



### Informed Consent and Privacy Policy

Polished, LLC may provide the following services at your child's school:

1. **A dental hygiene examination:** To check the teeth, mouth, and gums (2 times in the school year)
2. **Tooth cleaning:** To remove plaque and other deposits (2 times in the school year)
3. **Fluoride treatment:** Painted on the teeth to protect them from cavities (4 times in the school year)
4. **Sealants:** Placed on the chewing surface of the teeth to prevent cavities (when needed)
5. **Health education:** To teach children how to care for their teeth (2 times in the school year)
6. **Temporary fillings:** This is a temporary filling to decrease sensitivity and to maintain your child's normal bite, until your child can see their dentist for further care.

The materials used are the same as those in dental offices. Licensed dentists and/or dental hygienists will provide all of the care listed above. Safety standards include: sterilized instruments, wearing gloves and face masks. All materials are latex free.

**Emergencies:** Polished, LLC staff will follow the appropriate school protocols for emergencies.

**Agreement:** I read and understood this Consent Form. I agree to allow my child to participate in this program and authorize the dental program to provide a written summary of the examination/services to an official designated by my child's school. I understand that treatment provided may affect future rights and benefits of private insurance, Medicaid, or the children's health insurance program. I understand I may continue to obtain dental care through any other provider. I understand participation is voluntary and I may withdraw my child at any time. The care provided by the Polished, LLC dental hygienists is not a substitute for a dental examination by a dentist. I have read Polished LLC privacy policy below and have a right to a copy at my request.

**Notice of Privacy Practices Effective: August 20, 2010 Your rights:** You have a right to: inspect and copy your child's health information, receive information how your child's health information was disclosed, obtain a paper or electronic copy of this notice, register a complaint: see File a Complaint, request that we restrict how we use or disclose your child's health information and the use of a specific telephone number or address to communicate with you. **Our Responsibilities:** To ensure that identifying health information about your child is kept private, to provide notice of our legal duties and privacy practices with respect to health information, to communicate any changes made to current privacy practices. **File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services: Office of Civil Rights, United States Department of Health and Human Services Government Center JFK Federal Building 1875 Boston, MA 02203 (617) 565-1340 or TDD (617) 565-1348. No action may be taken against you for filing a complaint. **Use and Disclosure of Information:** We may use health information as follows: documented treatment services may be shared with other healthcare providers involved in meeting a student's oral health needs, to communicate with family members involved in meeting the student's oral health care needs, to conduct normal business practices and management, to provide payment/billing information about services provided to third parties in order to receive payment, to communicate regarding visits to your child's school by telephone, mail, email or with your child, there are limited times when we are permitted or required to disclose health information without your signed permission. These situations could include but are not limited to: Public Health activities such as tracking diseases or medical data, to protect victims of abuse or neglect, Federal or state health oversight activities such as fraud investigations. When required to do so by Federal, State or local law. Other uses and disclosures not previously described may only be done with your signed authorization. You may revoke your authorization in writing at any time.

If you have questions about this notice, please contact: Ellen Gould, 508-237-5378, polishedcheckin@gmail.com

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Child's Birth Date: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Parent/Guardian First Name: \_\_\_\_\_ Parent/Guardian Last Name: \_\_\_\_\_

I have read and received a copy of the Polished, LLC privacy policy.



Signature: \_\_\_\_\_

Date \_\_\_\_\_

**Please fill out both sides of this paper.**

# Polished, LLC Health History

## Child's Information (Please print):

Child's Name: \_\_\_\_\_ M  F  Child's Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(first) (last) (month) (day) (birth year)

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's primary language: \_\_\_\_\_ Parent's primary language: \_\_\_\_\_

Parent's name and address: \_\_\_\_\_

Email \_\_\_\_\_ Parent's day time phone: \_\_\_\_\_

## Dental Information:

1. Date of last dental check-up: \_\_\_\_\_
2. My child has a local dentist YES  NO  Dentist name: \_\_\_\_\_  
If not, please see the list of dentists provided with the enrollment packet.
3. My child needs to take antibiotics before having dental treatment  YES Why? \_\_\_\_\_  NO
4. Please tell us about your child's dental experience. \_\_\_\_\_

## Medical Information:

1. My child has had serious health problems YES  NO
2. My child is under a doctor's care now. YES  for \_\_\_\_\_ NO
3. My child has now or had before: Anemia  Asthma  Convulsions  Diabetes  Epilepsy  Seizures   
Glaucoma  Heart Problems:  Heart Murmur  Heart valve replacement  Hepatitis  Kidney/ Liver  Rheumatic  
Fever  Joint replacement  Immune Disorder /HIV/ AIDS  Tuberculosis  Other: \_\_\_\_\_
4. My child is taking medicine YES  name of medicine \_\_\_\_\_ NO
5. My child is allergic to: Penicillin  Antibiotics  Aspirin  Latex  Foods  Other: \_\_\_\_\_

## Other Demographic Information:

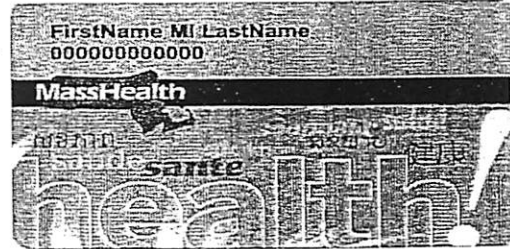
The following information is for the Commonwealth of Massachusetts.

My child is: Black/ African American  White  Asian  American Indian/Alaskan Native   
Native Hawaiian/ Pacific Islander  Hispanic  More than one race   
I do not wish to answer

## Insurance Information

My child has the following dental insurance:

- No Dental Insurance
- MassHealth RID Number: \_\_\_\_\_
- Delta  BC/BS  Other \_\_\_\_\_
- Individual Policy# \_\_\_\_\_
- Group Policy # \_\_\_\_\_



## Subscriber Information

Subscriber Name: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Subscriber Date of Birth: Month \_\_ Day \_\_ Year \_\_\_\_

I agree that the above health information is correct.

I give permission for Polished LLC to provide preventive care and to bill my insurance for care provided.



SIGN HERE Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

## Contact Information

Greater Boston: Ellen Gould RDH email: [gould.ellen@gmail.com](mailto:gould.ellen@gmail.com); phone (508) 237-5378  
Central and Western MA: Valerie Osborn RDH [valerie.rdh@gmail.com](mailto:valerie.rdh@gmail.com) phone (617) 571-1697

Please fill out both sides of this form. Thank you!





REGIONAL  
**CAPE COD**  
Technical High School

351 Pleasant Lake Avenue, Harwich, MA 02645  
P : (508) 432-4500 F : (508) 430-2438

**William P Terranova**  
Principal

**Jonathan W Roberts**  
Assistant Principal

**Annie L. Dolan-Niles**  
Technical Studies Director

September 2017

Dear Parents/Guardians of Freshmen and Transfer Students:

Welcome to Cape Cod Tech and to the 2017-2018 school year! Please find attached a Home Language Survey that must be filled out by new students at Cape Cod Tech. This form is used to determine the dominant language(s) spoken by your child so that we may provide meaningful instructional programs.

Please answer these questions and return the form to Kendra Sarabia, care of the Cape Cod Tech Guidance Office no later than Friday, September 15, 2017. You may send it in by mail, or your child can bring it to the Guidance Office directly. Thank you in advance for your prompt attention to this matter.

You have made a wonderful choice in Cape Cod Tech and I wish you and your child much success in the coming school year!

Please do not hesitate to contact me at 508-432-4500 extension 294 with any questions or concerns that you may have.

Thank you.

***Kendra Sarabia***

Kendra Sarabia  
English Language Learner Teacher  
Cape Cod Regional Technical High School

**For Freshmen and Transfer Students only!!**  
Cape Cod Regional Technical High School  
Home Language Survey  
**Please return to Kendra Sarabia in the Guidance Office**  
**by Friday, September 15, 2017**

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

Relationship of person completing survey:

Mother  Father  Guardian  Other  \_\_\_\_\_

1. Does anyone in your home speak a language other than English? YES NO  
please circle one

If yes, what language? \_\_\_\_\_

2. What language did student learn when he or she first began to talk? \_\_\_\_\_

3. What language does the parent(s) speak to the student most of the time? \_\_\_\_\_

4. What language does the student speak to his/her parent(s) most of the time? \_\_\_\_\_

5. Which language is spoken most often in your home? \_\_\_\_\_

6. Does the student speak a language other than English? YES NO  
please circle one

If yes, what language(s)? \_\_\_\_\_

Can the student read in this language(s)? YES NO

Can the student write in this language(s)? YES NO

7. Does the student:

Understand spoken English? YES NO

Speak English? YES NO

Read in English? YES NO

Write in English? YES NO

8. Which language does the student speak most often with his/her brothers/sisters? \_\_\_\_\_

9. Which language does the student speak most often with his/her friends? \_\_\_\_\_

10. At what age did your child start attending school? \_\_\_\_\_

11. Has your child attended school every year since that age? YES NO

If no, please explain: \_\_\_\_\_

12. Where did the student attend school last year? \_\_\_\_\_

13. Was this student in a bilingual or ESL/ELL program during the last school year? YES NO

14. Was this student *ever* in a bilingual or ESL/ELL program?

If yes, what grade(s)? \_\_\_\_\_ Where? (school/city) \_\_\_\_\_

15. If you speak a language other than English, would you be willing to occasionally translate at school if needed?

YES NO

16. Do the parents/guardians request written communication from the school to be in a language other than English?

YES NO If yes, what language? \_\_\_\_\_

Parent / Guardian Name: (Please print) \_\_\_\_\_

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

Robert P. Sanborn, III  
Superintendent - Director

Erin Orcutt  
Business Administrator



# CAPE COD TECH

Cape Cod Regional Technical High School  
351 Pleasant Lake Avenue, Harwich, MA 02645

Phone: (508) 432-4500

Fax: (508) 432-7916

Email: [bsanborn@capetech.us](mailto:bsanborn@capetech.us)

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## ANNUAL ASBESTOS NOTIFICATION LETTER

TO: Parents/Guardians  
FROM: Cape Cod Regional Technical High School  
RE: Asbestos Inspection/Management Plan  
Date: August 12, 2017

Dear Parents/Guardians:

This letter is to inform you of the school's compliance with the Asbestos Hazard Emergency Response Act (AHERA), administered by the U.S. Environmental Protection Agency (EPA) and implemented by the Massachusetts Department of Public Health and the Environment. This law relates to asbestos in school buildings and its purpose is to assure building occupants that any asbestos-containing material that may be present in the building are kept in a "safe, undamaged" condition.

As required, Cape Cod Regional Technical High initiated a program to identify and manage all asbestos-containing building materials. Cape Cod Tech employed qualified firms to conduct the required building inspections. These building inspections resulted in the identification and evaluation of asbestos-containing building materials in our school building and the development of a written plan to properly manage these materials. This plan includes:

- a. the ongoing observation and maintenance of all asbestos-containing materials;
- b. the clear identification of asbestos building materials with warning signs;
- c. the training for custodial, maintenance, and service personnel concerning the proper procedures and methods to be used when cleaning, maintaining, and working around asbestos-containing materials;
- d. the regular surveillance and re-inspection of all asbestos-containing building materials in the school in order to monitor any change in condition;
- e. provisions to record all activities related to or affecting the asbestos-containing materials within our school. These records are kept as part of the ongoing Asbestos Management Plan.

The written Asbestos Management Plans are kept in the Business Office and are available for public review during normal school hours. We ask you to call 508-432-4500 x 234 to make an appointment to review these documents.

Sincerely,  
**Robert P. Sanborn, III**  
Robert P. Sanborn III  
Superintendent/Director





R E G I O N A L  
**CAPE COD**  
Technical High School

351 Pleasant Lake Avenue, Harwich, MA 02645  
P : (508) 432-4500 F : (508) 432-1343

**Kathleen M. Clemens**  
Director of Student Services

**Julie Gammon**  
Guidance Chair

**Non-Release of “Directory Information” Form**

Cape Cod Regional Technical High School has a proud tradition of celebrating students and school accomplishments by sharing them with our community. These announcements include student scholarships, athletic achievements, awards, community programs, technical program achievements, SkillsUSA participation, FFA participation, Senior Projects, etc. For us to do so, we periodically submit news releases to local media and post announcements on our district website and social media pages, in our electronic newsletters, district sponsored publications, community events and displays at school functions that include students “Directory Information.”

“Directory Information” is information that is NOT classified as sensitive, and which includes a student’s name, image, grade, technical program of study, athletic participation, town of residence, etc.

Our goal is to recognize the achievements of Cape Cod Tech students and to promote these within the Cape Cod Tech community and to the wider Cape community.

***If you DO NOT wish your student’s directory information to be shared by Cape Cod Regional Technical High School, please complete, sign and return this form to Cape Cod Regional Technical High School by Friday, September 15, 2017.***

***Please note that this will result in your child’s academic and/or athletic achievements not being publicized – including honor roll, graduation, etc.***

*By completing the information below, I assert that I **DO NOT** wish for the Directory Information of the student named below to be made available by Cape Cod Regional Technical High School.*

Student’s Name (print) \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian’s Name (print) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

If you wish for us to include your student’s name in school announcements, please disregard this form.



# GOT A JOB?

## **STEPS FOR GETTING A WORK PERMIT:**

1. Obtain a job offer from an employer

**For 14 and 15 year olds:** (if you are 16 or over see below)

2. Ask the employer to complete a promise of employment form – available in the Superintendent’s Office
3. Return the promise of employment form to the Superintendent’s Office for an Employee Permit – information required listed below.

**For 16 and 17 year olds:**

1. Ask for an Educational Certificate from the Superintendent’s Office – information required listed below.

You will need the following:

1. Your date of birth
2. Your place of birth (town/state)
3. Evidence of your age (birth certificate, driver’s license or permit, passport)
4. Address of employer

*You may go to the Superintendent’s Office before school, after school, or during your lunch period.*