



VALLEY WEST SCHOOL

269 Moore Street, Chicopee, MA 01013

(413) 592-6069

www.valleywestschool.com

We are looking forward to welcoming our students back on the first day of school which will be Thursday, August 28th. (School Hours are 7:45 A.M. to 2:10 P.M)

Please find enclosed the school calendar for the 2025-2026 school year, information regarding our *Parent Advisory Group* and our *Cell Phone/Technology Policy*.

Also enclosed in the packet are the following forms that need to be completed and returned:

- *VWS Admission Agreement (Indicating that you accept the information included in the Parent/Student Handbook and the Hazing Policy)*

**Please note:* The *Parent/Student Handbook* can be found on our website www.valleywestschool.com. If you would like a printed copy, please call the school to request one.

- *Emergency Medical Form/Over the Counter Medication Form*
- *Permission to Pick Up Form*
- *Release of Information Form*
- *Automated Call Form*
- *Photo Permission Form*

Please complete these forms and return them to the school as soon as possible since The Department of Elementary and Secondary Education requires the school to place new ones on file annually. If you have any questions or need any assistance, please feel free to contact the school.

As a reminder, our school website, www.valleywestschool.com will be updated with important announcements including weather cancellations or delays, report card dates, schedule changes or special events. Please check for updates throughout the school year.

On the "Parents" tab of our website, there is a link to all of these intake forms if you would like to use a digital copy. There is also a Medication Order form for any student requiring medication while in school.

Thank you for completing and returning these required forms in a timely manner. We look forward to another successful and productive school year at Valley West.

Enjoy the remainder of your summer!

VALLEY WEST SCHOOL 2025-2026 SCHOOL CALENDAR

TEACHER IN-SERVICE DAYS

Monday, August 25 – Wednesday, August 27

FIRST DAY OF SCHOOL

Thursday.....August 28, 2025

LABOR DAY

Monday.....September 1, 2025

School Closed

OPEN HOUSE - 1/2 Day

Thursday.....September 25, 2025

Dismissal at 11:00 a.m.

Open House 6:00 - 7:30 p.m.

INDIGENOUS PEOPLES DAY

Monday.....October 13, 2025

School Closed

TEACHER IN-SERVICE 1/2 DAY

Friday.....October 31, 2025

Dismissal at 11:00 a.m.

VETERANS DAY OBSERVANCE

Tuesday.....November 11, 2025

School Closed

THANKSGIVING

Wednesday.....Nov. 26, 2025

To Friday.....Nov. 28, 2025

HOLIDAY VACATION

Tuesday.....December 23, 2025

Dismissal at 11:00 a.m.

Wednesday.....December 24, 2025

To Friday.....January 2, 2026

MARTIN LUTHER KING DAY

Monday.....January 19, 2026

School Closed

WINTER VACATION

MondayFebruary 16, 2026

To Friday.....February 20, 2026

TEACHER IN-SERVICE DAY

Friday.....March 13, 2026

School Closed

GOOD FRIDAY

Friday.....April 3, 2026

School Closed

SPRING VACATION

MondayApril 20, 2026

To Friday..... April 24, 2026

MEMORIAL DAY

Monday.....May 25, 2026

School Closed

SENIOR GRADUATION DAY

Friday.....June 12, 2026

Dismissal at 11:00 a.m.

LAST DAY OF SCHOOL

Monday.....June 15, 2026

Dismissal at 11:00 a.m.

JUNETEENTH

Friday.....June 19, 2026

School Closed

Inclement weather & other emergency

closing make-up days

June.....16-23, 2026

August

S	M	T	W	T	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						

October

S	M	T	W	T	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	

December

S	M	T	W	T	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

S	M	T	W	T	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

April

S	M	T	W	T	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		

June

S	M	T	W	T	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				

September

S	M	T	W	T	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				

November

S	M	T	W	T	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						

January

S	M	T	W	T	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

March

S	M	T	W	T	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				

May

S	M	T	W	T	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						



Calendar includes 180 school days
and 5 additional days for inclement
weather or other emergency
circumstances.
School will close after we have been
in session 180 pupil school days.



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(413) 592-6069

www.valleywestschool.com

PARENT ADVISORY GROUP 2025-2026

The Parent Advisory Group shall advise the school on matters that pertain to the education, health, and safety of the students in the program. Valley West School will facilitate the meeting and provide the meeting space or establish a meeting link.

All meetings to take place at: Valley West School
269 Moore Street
Chicopee, MA 01013
Or: Google Meet

If you are planning on attending a meeting, please contact the school at 413-592-6069 or email LisaB@valleywestschool.com, so we can ensure for adequate meeting space, or create a meeting link for a virtual meeting.

Meetings are to take place on the following dates:

October 15, 2025 at 9:00 AM

January 14, 2026 at 9:00 AM

March 18, 2026 at 9:00 AM

May 13, 2026 at 9:00 AM

Summer School Meeting:

July 15, 2026 at 9:00 AM



PHONE/TECHNOLOGY POLICY

Cell phones are not allowed to be carried by students during the school day.

Students are required to hand in their cell phone (or any other internet capable device including, but not limited to: Apple Watches, iPads, or gaming devices) to a staff member when they arrive to school. They are stored in a secure location during the school day. At the end of the school day, they are returned to the student. If students decide to leave phones/devices at home, parents may be asked to confirm this fact to school staff. We greatly appreciate your ongoing support with this policy at Valley West School. It has been extremely successful thus far, and has resulted in an increase in student engagement and participation in academic and social activities.

If you need to reach your child while they are at school for any reason, please feel free to call the school directly at 413-592-6069, and we will relay any messages you may have, or provide an opportunity for you to speak to them.

Valley West School

269 Moore St.

Chicopee, MA 01013

ADMISSION AGREEMENT

*I have read, understand, and agree to all of the policies and procedures contained in the Valley West School Parent/Student Handbook (including: **Behavior Support Policies and Procedures, Physical Restraint Procedures, and the Bullying Intervention and Prevention Plan**) as they pertain to my child*

I understand and agree that my child is responsible for following the rules, regulations, and policies of Valley West School.

Signature of Parent/Guardian

Date

Signature of Student

Date

I understand and agree to the hazing policy and the hazing disciplinary policy, approved by the Valley West School Board of Directors contained within this handbook. (Current Massachusetts anti-hazing laws are outlined in the handbook.)

Signature of Parent/Guardian

Date

Signature of Student

Date

The Parent/Student Handbook is located on our website www.valleywestschool.com under the parents tab.



Valley West School

269 Moore Street, Chicopee, MA 01013 www.valleywestschool.com
phone 413.592.6069 fax 413.598.8430 Email: nurse@valleywestschool.com

2025-2026 EMERGENCY FORM

Please fill in the following information and return it to school prior to the first day of school year..
This information is important in case of illness, or emergency, during school or an emergency dismissal from school.
NO STUDENT WILL BE ALLOWED IN SCHOOL WITHOUT A SIGNED EMERGENCY FORM.

Student's name: _____ Birthdate: _____ Grade: _____
First Middle Last

Address: _____ City: _____ Zip code: _____

Parent/Guardian 1: _____ Relation: _____

Home #: _____ Cell #: _____ Work #: _____

(Please note: Parent/Guardian 1 will be contacted regarding student absences)

Parent/Guardian 2: _____ Relation: _____

Home #: _____ Cell #: _____ Work #: _____

Custody: _____ Living Arrangement: _____

Email of Parent/Guardian 1: _____ Email of Parent/Guardian 2: _____

Student's physician: _____ Phone #: _____ Date last visit: _____

Student's dentist: _____ Phone #: _____ Date last visit: _____

Student's therapist: _____ Phone #: _____ Date last visit: _____

Student's psychiatrist: _____ Phone #: _____ Date last visit: _____

Please list all medications that your child takes. **Please notify health office of any medication changes!**

Please circle the following that affect your child: Heart Condition Diabetes Asthma Seizure Disorder ADD ADHD

Migraines Depression Allergies Other _____

Allergies: Y or N To what? (Food, insects, medication, environment) Specify _____

Procedure _____ Epi-pen _____ Inhaler _____

I agree to have my son/daughter brought to the nearest hospital, E.R. or crisis center for evaluation and treatment, in the event of a medical/psychiatric emergency, which cannot be handled in the school setting. I give permission for the exchange of information with any of my child's service providers for the purpose of referral, diagnosis and treatment. I give consent to Valley West School to request a copy of my child's physical and immunization record from the sending school or physician's office. I give permission to the school nurse to share this information with the appropriate school personnel.

Signature of Parent/Guardian _____ Date _____ **OVER**

2025-2026

Parent/Guardian Authorization for Over the Counter Medication

When students have a minor injury or health issue during school hours they may be helped by over the counter medications. Valley West's School Physician has approved the administration of the medications listed below provided a nurse has assessed the student's condition, current medication profile, allergies, and need for medication. Please complete and return this permission form to the Health Office **crossing out any individual medication or topical preparation that you do not give permission to be used**. Please update the Health Office promptly of any changes in medications, allergies, or health conditions. No medications will be given unless current signed consent from parent/guardian is on file at school. Telephone permission cannot substitute for a signed, dated consent.

Student's Name (please print): _____ Date of Birth: _____

Allergies to food, medications, insect bites/stings, latex, or other? _____

Has your child ever been prescribed an Epi-Pen for an allergy? _____

List all medications your child takes including those taken outside of school hours: _____

Circle any of the following that affect your child: Heart Condition Diabetes Asthma Seizure Disorder ADD
ADHD Migraines Depression Other _____

Acetaminophen 325mg – <u>Over 12 years old</u> - Two tabs every 4-6 hrs, NTE 12 tabs/24 hrs. <u>Under 12 years old</u> -Use children's strength product. Follow package directions for age and weight.	Antacid liquid (Aluminum hydroxide 400mg/simethicone 40mg Magnesium hydroxide 400mg per 5ml) – <u>Over 12 years old</u> - 10 to 20ml between meals. NTE 120 ml/24hrs. <u>Under 12 years old</u> - only as directed by child's MD.
Ibuprofen 200 mg – <u>Over 12 years old</u> -One to two tabs every 4-6hrs. NTE 6 tabs/24 hrs. <u>Under 12 years old</u> - Use children's strength product. Follow directions for age/weight.	Antacid tablets (Calcium Carbonate 1000 mg/tablet). <u>Over 12 years old</u> - Chew 2-3 tablets as heartburn symptoms occur. NTE 7 tabs/24 hours. <u>Under 12 years old</u> -only as directed by child's MD.
Diphenhydramine 25 mg – for localized allergic reaction. <u>Over 12 years old</u> - 1 to 2 tabs. <u>For 6-12 yrs old</u> - one tab.	Cough drops – menthol/eucalyptus (one drop per hour) or menthol/Benzocaine (one drop every 2 hours).
Diphenhydramine Cream – for localized itching	Lip Balm – for chapped lips
Hydrogen Peroxide – superficial skin/wound care	Calamine Lotion – for mild, localized insect bites & rashes
Isopropyl Alcohol 70% – superficial skin/wound care	Oral-jel (IC 10% Benzocaine oral anesthetic) – for tooth/gum pain
Triple Antibiotic Ointment – (bacitracin zinc, neomycin sulfate, polymyxin B) signs of superficial wound infection	Sun Screen – as requested by student prior to going outside.
Hydrocortisone cream 1% – minor skin irritations.	Insect Repellent – as requested by student
Alcohol based Hand Sanitizer -(at least 60% Ethyl Alcohol)- for cleaning hands as alternative when handwashing with soap and water is not available. Dispense enough product onto your palm to thoroughly cover your hands. Rub hands together briskly until dry. Children under 6 years old should be supervised during use and application of hand sanitizer.	

Emergency Treatment

Poisoning- Treatment as directed by Poison Control 1-800-222-1222

Allergic Reaction - Diphenhydramine HCl 25-50mg

***Anaphylactic Reaction-** Epi-Pen Jr 0.15mg for child under 60 lbs. Epi-Pen 0.3mg for child/adult over 60 lbs.

***Opioid Overdose** – Naloxone intranasal 2 mg (1mg/1ml) initial dose for individuals ≥ 44lbs or ≥ 5 years of age.

***When Epi-Pen or Naloxone are administered 911 must be called to transport patient via ambulance to Emergency Room**

I give my permission for the school nurse, or their designee, to administer the medications approved by the school physician. I have crossed out any product that I do not want my child to receive. I give my permission for my son/daughter to be transported via ambulance to the nearest Emergency Room in the event of a medical emergency that cannot be handled in the school setting.

School Physician
Dr. Kristen Deschene

Signature of parent/guardian: _____ Date: _____

Relationship to student: _____


8/25/25
Physician Signature & Date

Signature of student (if 18 years): _____



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Permission to Pick-Up

In order to follow appropriate safety protocols, please provide
the names of anyone who is allowed to pick up the following student at the end of the day
or in an emergency situation:

Student Name: _____

Parent/Guardian: _____

INDIVIDUALS ALLOWED TO PICK UP STUDENT:

Please provide the names and contact information for anyone who is allowed to pick up
the above named student.

(Please note: ID will be required when picking up.)

NAME:	PHONE NUMBER:	RELATION:

Signature of Parent/Guardian: _____ Date: _____



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Release of Information Form

I, hereby give permission to the following agencies and/or providers to communicate, furnish, or receive all information regarding my child _____ as requested or provided by Valley West School: (NAME and DATE OF BIRTH)

AGENCY/PROVIDER/OTHER	PHONE NUMBER

Parent/Guardian Signature

Date

Except for the provisions in Section 7.3, no information in a student's record shall be disseminated to a third party without the specific informed written consent of the eligible student and his/her parent, or either one, as applicable, under the rules in Section 1 of these regulations. When granting consent, the eligible student and his/her parent, or either one, as applicable, shall have the right to designate which portions of the student record shall be disseminated to any third party.



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Dear Parent/Guardian,

Valley West School uses an automated call and text system to inform parents and guardians of important school information and updates, including delays and cancellations.

Please provide us with the primary number you would like our automated system to utilize.

STUDENT NAME: _____

PARENT/GUARDIAN: (please print) _____

Primary Phone: _____

Additional number for notifications:

NAME: _____

Secondary Phone: _____



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PHOTO PERMISSION

(Please check ONE)

_____ I hereby **give** permission for my child to be photographed while at Valley West School. I understand that these pictures may be displayed on our school website and included in the Valley West School yearbook.

_____ I hereby **give** permission for my child to be photographed while at Valley West School for the purposes of the yearbook **ONLY**.

_____ I **do not give** permission for my child to be photographed while at Valley West School.

CHILD'S NAME: _____

DATE: _____

PARENT/GUARDIAN

SIGNATURE: _____