

# SAU 24 Pre-Registration Form

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

Last

First

Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Date 1<sup>st</sup> Entered into US School (if born outside of US): \_\_\_\_\_

School: \_\_\_\_\_ Incoming Grade: \_\_\_\_\_ Year: \_\_\_\_\_ Start Date: \_\_\_\_\_

## Parent Information

Mother/Legal Guardian Name \_\_\_\_\_

Mother/Legal Guardian Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father/Legal Guardian Name: \_\_\_\_\_

Father/Legal Guardian Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Stepparent Name: \_\_\_\_\_

Stepparent Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student Lives with: \_\_\_\_\_

Are there any court order restrictions? \_\_ Yes \_\_ No **If yes, court documentation required.**

Email address to use for registration notification (please circle one) - Mother - Father - Stepparent

**The McKinney-Vento Act** provides additional services to students living in transitional/temporary housing:

Is the student in temporary living arrangements due to loss of housing or economic hardship? \_\_ Yes \_\_ No

If Yes, where is the student living: \_\_ w/friends/family members \_\_ motel/hotel \_\_ shelter \_\_ campsite \_\_ other

**Proof of Residency:** #1 \_\_\_\_\_

#2 \_\_\_\_\_

- Release of Records
- Residency Affidavit
- Race/Ethnicity Form
- Home Language Form
- Birth Certificate
- Immunization Record

## School Transferring from:

School Name \_\_\_\_\_

Student has an IEP? \_\_ YES \_\_ NO Student covered under 504? \_\_ YES \_\_ NO

Does the student have a sibling already enrolled in an SAU 24 school? Name \_\_\_\_\_

## Office Use Only:

Student ID #: \_\_\_\_\_

Classroom Placement: \_\_\_\_\_

PS Parent Portal Info: Username: \_\_\_\_\_ Password: \_\_\_\_\_

## SAU 24 – Residency Statement

In order to be admitted to any school district in SAU 24, a pupil must reside in Henniker, Stoddard or Weare and must attend the school in their district of residence.

New Hampshire state law is quite specific in that no person who lives outside of a district may attend school without the consent of the local school board. The fact that an individual pays taxes to a district, but has an established residence elsewhere, does not extend the privilege of attending local schools.

Parents who intend to move into the community during the school year may request, through the Superintendent's Office, enrollment of their children prior to the establishment of residence, giving written notice of the anticipated date of residence. The local school board can either grant or deny the request.

Please acknowledge that you have read and agree by initialing the appropriate lines below and signing at the bottom of this form. This attests that you are registering the child in their district of residence.

       **Residency Affidavit:** The facts set forth on this registration form are true and complete. I understand that providing misleading or false information about residence is a criminal offense. In addition, if this affidavit is untrue, I agree to pay tuition for my child/children to the district. I also acknowledge my obligation to keep the school informed immediately of any change in residency. If it is found that the pupil and the legal guardian reside outside of the district, the parent/guardian will be held responsible for the payment of tuition commensurate with the number of days of attendance. There is also the risk of criminal charges.

New Hampshire Statute clarifies definitions of "legal residency of a minor child" (RSA 193) (Initial the appropriate line)

- 1. Parents live together. The legal residence of a minor student is where his/her parents reside.
- 2. Parents live apart but are not divorced. Legal residence is the residence of the parent with whom the child resides.
- 3. Parents are not married. Legal residence is the residence of the parent with whom the child resides.
- 4. Parents are divorced with joint legal custody. Residence is the residence of the parent with whom the child resides.
- 5. Parents are divorced and one parent has been given sole or primary physical custody by a court. Legal residence of the child is the residence of the parent with sole or primary physical custody.
- 6. Child is living with a legal guardian. Legal documentation of guardianship must be provided to the school. A notarized letter is NOT legal documentation. This must have been approved by the court system.

Is an adult prohibited from seeing/taking this child?       yes       no

If yes, name of restricted person(s) \_\_\_\_\_

If yes, and the person is a biological parent, please provide documentation that specifically denies parental rights.

Physical Street Address \_\_\_\_\_

- I am a resident of Henniker
- I am a resident of Stoddard
- I am a resident of Weare
- I plan to establish residency by \_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**For Office Use:** initial and date next to items used as proof of residency. Two items are required with at least one from category A. Any proof must include the street address and the name of the resident on it. PO Box mailing addresses are not acceptable. Make copies of originals for the student file.

Category A - At LEAST one of the following and a B		Category B	
Tax Bill or mortgage statement		Utility bill	
Lease/Rental Agreement		Bank/Credit Card Statement	
Notarized letter from property owner		Auto registration	
Completed purchase and sale agreement			

# Race/Ethnicity Questionnaire

Dear Parents:

Each year, every school district in New Hampshire is required to report student data by race and ethnicity categories set by the federal government to the New Hampshire Department of Education (NHDOE). Though the NHDOE does not report individual student data to the federal government, the total number of students in various categories of each school is reported. Recently, the federal government adjusted the student data reporting categories. With the new reporting categories, you will need to update your child's data.

Please update your child's student data by completing the form below. If we do not receive a response from you, an employee of the district will be required to provide this information based on observation. (Note that federal regulations no longer permit districts to use a "not reported" code.) Please contact your child's school office if you would like to check the student data currently on file for your child.

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please answer **BOTH** part A and B.

**Is this student Hispanic/Latino?** (Choose only one)

- No, not Hispanic/ Latino
- Yes, Hispanic/ Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's (or your) race to be.

**What is the student's race?** (Choose one or more)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

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



## Home Language Survey (HLS)

*Dear Parent or Guardian:  
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

### Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ <i>specify</i>	<input type="checkbox"/> Father _____ <i>specify</i>
	<input type="checkbox"/> Guardian(s) _____ <i>specify</i>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not write

### THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:	Student SASID		
<table border="1"> <tr> <td>School Name</td> <td>Address</td> </tr> </table>	School Name	Address	
School Name	Address		

## Home Language Survey (HLS)—Page Two

### Educational History

8. Indicate the total number of years that your child has been enrolled in school \_\_\_\_\_

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes\*  No  Not sure

\*If yes, please explain: \_\_\_\_\_

How severe do you think these difficulties are?  Minor  Somewhat severe  Very severe

10a. Has your child ever been referred for a special education evaluation in the past?  No  Yes\* *\*Please complete 10b below*

10b. *\*If referred for an evaluation*, has your child ever received any special education services in the past?

No  Yes – Type of services received: \_\_\_\_\_

Age at which services received *(Please check all that apply):*

Birth to 3 years (Early Intervention)  3 to 5 years (Special Education)  6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)?  No  Yes

11. Is there anything else you think is important for the school to know about your child? *(e.g., special talents, health concerns, etc.)*

\_\_\_\_\_

\_\_\_\_\_

12. In what language(s) would you like to receive information from the school? \_\_\_\_\_

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Relationship to student:  Mother  Father  Other: \_\_\_\_\_

#### OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLS

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

#### NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLS AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

ORAL INTERVIEW NECESSARY:  No  Yes

\*\*DATE OF INDIVIDUAL INTERVIEW: \_\_\_\_\_

Mo. DAY YR.

OUTCOME OF INDIVIDUAL INTERVIEW:

ADMINISTER STATE APPROVED WIDA Screener  
 NOT ELIGIBLE FOR EL SERVICES

#### NAME/POSITION OF NH ESOL AND WIDA CERTIFIED PERSONNEL ADMINISTERING WIDA SCREENER

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

DATE OF WIDA SCREENER ADMINISTRATION: \_\_\_\_\_

Mo. DAY YR.

PROFICIENCY LEVEL ACHIEVED ON WIDA SCREENER:

Overall Composite Score: \_\_\_\_\_

Does the student qualify for EL support?  No  Yes

Please attach a copy of the student's WIDA screener score report and file in student's cumulative folder.

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP:

\_\_\_\_\_



# Center Woods Elementary School

*Where we learn and grow together!*

*Center Woods Elementary School, in partnership with families, is dedicated to ensuring the social, emotional and academic growth of every student in a safe, respectful environment.*

14 Center Road, Weare, NH 03281 Phone: (603) 529-4500 Fax: (603) 529-0446 Website: [www.centerwoods.net](http://www.centerwoods.net)

Jessica Potter, Principal

Jacqui Cornwell, Assistant Principal

Morgan Hallock, Student Service Coordinator

## AUTHORIZATION TO RELEASE STUDENT RECORDS

STUDENT: \_\_\_\_\_ Grade: \_\_\_\_\_

Name and Address of School \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Release all student records including health records, test results, special education information, and all other pertinent information concerning the above named student.

To:

**CENTER WOODS ELEMENTARY SCHOOL**  
14 Center Road  
Weare, New Hampshire 03281

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

\_\_\_\_\_  
Date

Apart from sharing with school personnel, I agree not to release these files or information contained herein to any other individual or agency unless I have obtained parental permission. The Educational Rights and Privacy Act of 1974 requires that parents "be notified of the transfer of school records to another school, receive a copy of the records if desired, and have an opportunity for a hearing to challenge the content of the record." If you wish to have the requested records sent without receiving or challenging them at this time, please complete the form above.



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Jessica Potter, Principal

Jacqui Cornwell, Assistant Principal

Morgan Hallock, Special Education Coordinator

## School Registration Requirements

Dear Parents and Guardians,

Center Woods Elementary School health office's goal is to ensure the health and safety of all students. In order to achieve a healthy learning environment the State of NH State Law requires that all children attending public or private schools show documentation of the following, which must be provided prior to school entry:

- A copy of a physical exam by the child's doctor – must be within 1 year of school entry and every year thereafter.**
- Updated immunization record – on file before the child is physically in school**
- Please make sure your child has the following immunizations:**
  - **DTap, DT/DTP, Tdap/Td → 6 years and younger need 4-5 doses, with the last dose on or after the 4th birthday. 7 years and older need 3, 4 or 5 doses with the last dose given on or after the 4th birthday**
  - **Polio → 3- 4 doses, with the last dose given on or after the 4th birthday and the last 2 doses separated by 6 months or more**
  - **Measles, Mumps and Rubella (MMR) → 2 doses, first dose must be given on or after the 1st birthday, the second dose given at least one month after the initial dose**
  - **Hepatitis B → 3 doses, the first and second dose must be at least 28 days apart. The third dose must be after the child turns 6 months of age**
  - **Varicella (chicken pox) → 2 doses with the first dose given on or after the 1st birthday or documentation of immunity by laboratory test**

Children may be excluded from school if there is no **physical exam** and **immunization** record on file in the school health office prior to the start of school, per NH state statutes.

**Health History Form** - please answer all questions, explaining answers as needed. Any other information regarding your child that may impact their school experience would also be helpful at this time. Please include your own observations, any previous testing (visual, auditory, medical, psychological or developmental screenings).

**All requirements must be completed before your child can enter school. If you have any questions, please call me at 529-4511. Thank you.**

Sincerely,

Nikki Chapman, RN

School Nurse

[nikki.chapman@sau24.org](mailto:nikki.chapman@sau24.org)

603-529-4511 fax: 603-529-0446

**CENTER WOODS ELEMENTARY SCHOOL  
STUDENT HEALTH HISTORY**

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ Age \_\_\_\_\_ Gender: male / female  
Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ Grade Entering \_\_\_\_\_  
Home Address \_\_\_\_\_ Home # \_\_\_\_\_  
Father/Guardian Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Mother/Guardian Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Type of Insurance \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Does your child have a physician or primary care provider? Yes \_\_\_\_\_ No \_\_\_\_\_  
Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Date of last Well-Child Visit/Physical \_\_\_\_\_ Date of next Well-Child Visit/Physical \_\_\_\_\_

**\*\*PLEASE ATTACH A COPY OF LAST PHYSICAL EXAM BY PHYSICIAN DATED WITHIN A  
YEAR OF STARTING AT CENTER WOODS\*\***

Is your child up to date on immunizations? Yes \_\_\_\_\_ No \_\_\_\_\_ **\*\*PLEASE ATTACH A COPY\*\***

Does your child have a dentist? Yes \_\_\_\_\_ No \_\_\_\_\_  
Dentist Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Date of last dental exam \_\_\_\_\_

Does your child follow with an eye provider? Yes \_\_\_\_\_ No \_\_\_\_\_  
Eye Provider Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Date of last exam \_\_\_\_\_  
Wear glasses for distance? Yes \_\_\_\_\_ No \_\_\_\_\_  
Wear glasses for reading? Yes \_\_\_\_\_ No \_\_\_\_\_  
Wear contact lenses? Yes \_\_\_\_\_ No \_\_\_\_\_  
Any other eye problems? \_\_\_\_\_

Does your child follow with a hearing provider? Yes \_\_\_\_\_ No \_\_\_\_\_  
Hearing Provider Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Date of last exam \_\_\_\_\_  
Wear any hearing devices? Yes \_\_\_\_\_ No \_\_\_\_\_  
Any other hearing problems? \_\_\_\_\_

Does your child have any of the following:  
Allergy to medications (please list)? \_\_\_\_\_  
Reaction \_\_\_\_\_  
Allergy to bee sting or insect bites? \_\_\_\_\_  
Reaction \_\_\_\_\_  
Treatment Needed \_\_\_\_\_  
Allergy to foods (please list)? \_\_\_\_\_  
Reaction \_\_\_\_\_  
Treatment Needed \_\_\_\_\_  
Any other allergies not listed above? \_\_\_\_\_



Reaction \_\_\_\_\_

Treatment Needed \_\_\_\_\_

Taking any prescribed medications? \_\_\_\_\_

Will it be needed during school hours? \_\_\_\_\_

**IMPORTANT:** If your child will need a prescription medication, such as epi-pen, asthma inhaler or any other type of medication, to be kept and administered at school, the health office will need the following:

- A physician order for each medication on file for each new school year
- The medication needs to be in the original packaging with the prescription tag still attached
- All medications need to be brought in by a parent or guardian and handed to the nurse, please do not send in medications with your child in their backpack.

If your child needs any over the counter medication such as cough drops, creams, lotions etc. there is a form in the health office that can be filled out. Please feel free to reach out via email or phone and I can get that form over to you. Again all medications even over the counter ones need to be dropped off by a parent or guardian.

<b>PAST HEALTH CONCERNS</b>		<b>IF YES, PLEASE EXPLAIN</b>
Any complications during birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your child born prematurely?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child ever had surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any serious accidents or injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child ever been hospitalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any trauma history (death of parent, abuse, fears etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have any other health concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>CURRENT HEALTH CONCERNS</b>		<b>IF YES, PLEASE EXPLAIN</b>
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Congenital Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heart Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Down Syndrome	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cerebral Palsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Attention Deficit Hyperactivity Disorder (ADD or ADHD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Learning Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Autism	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other developmental delays	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any mental health diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last seizure
Scoliosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Spina Bifida	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Three or more ear infections in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tubes in his/her ears ↳ are they still in place	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Strep throat 2 or more times in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Frequent nosebleeds	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Poor appetite	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Frequent stomach aches	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trouble with constipation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Problems with kidneys	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bladder or bowel control problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Seasonal allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tires easily	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have any physical restrictions or limitations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Speech understandable	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have any concerns regarding your child's entrance into this school system? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other concerns or comments that you feel the health office should be aware of \_\_\_\_\_

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Parent/Guardian Signature

Date

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Reviewed by

School Nurse

Date