

## Pelham Elementary School 2021-2022 Registration Checklist

Dear Parents,

Please use this checklist to ensure that you have completed and/or included all forms. Please bring this checklist with your completed packet to the front office between 10am-2pm to register your child for the 2021-2022.

**\*\*\*\*Packets with any information missing will NOT be accepted\*\*\*\***

Student's Name: \_\_\_\_\_

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

Date Of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

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**Parent Initials**

**Office Initials**

\_\_\_\_\_ Student Emergency Information \_\_\_\_\_

\_\_\_\_\_ Special Learning Needs Survey \_\_\_\_\_

\_\_\_\_\_ Health History Survey \_\_\_\_\_

\_\_\_\_\_ Home Language Survey \_\_\_\_\_

\_\_\_\_\_ Student Transportation Form \_\_\_\_\_

\_\_\_\_\_ Physical Exam \_\_\_\_\_

(\*\*Physicals must be dated within one year of the first day of school. If not available, please provide the most recent physical along with the date of the next physical. \*\*)

\_\_\_\_\_ Copy of Current Immunizations \_\_\_\_\_

\_\_\_\_\_ Certified Birth Certificate (We will make a copy of your original) \_\_\_\_\_

\_\_\_\_\_ 2 Forms of Pelham Residency \_\_\_\_\_

\_\_\_\_\_ Any legal documents \_\_\_\_\_

\_\_\_\_\_ Residency Affidavit \_\_\_\_\_

Pelham Elementary School  
Student Emergency Information

**Student Information**

Name (Last, First)	Student ID
Address	Grade Entering
	Bus No.
Home Phone	Homeroom
Parent/Guardian	Gender
EMAIL	Date of Birth
Ethnicity	Place of Birth
1. American Indian Alaska    2. Asian Pacific    3. Hispanic    4.Black    5. White	

Please list all emergency contacts, phone numbers and employers including parent/guardian, physician and at least two additional emergency contacts in the event that a parent cannot be reached.

<b>Mother's Name</b> _____ Employer _____ Work Phone _____ Cell Phone _____ Home Phone _____	<b>Father's Name</b> _____ Employer _____ Work Phone _____ Cell Phone _____ Home Phone _____	<b>Step Parent Name</b> _____ Employer _____ Work Phone _____ Cell Phone _____ Home Phone _____
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**Person Legally responsible for Student (Circle One) legal documentation may be required.**

Parents                  Mother                  Father                  Foster Parents                  Guardian  
Stepmother                  Stepfather                  Grandparents

<b><u>Emergency Contact 1</u></b> Name _____ Phone _____ Relationship _____  Doctor _____	<b><u>Emergency Contact 2</u></b> Name _____ Phone _____ Relationship _____  Doctor's Phone _____	<b><u>Emergency Contact 3</u></b> Name _____ Phone _____ Relationship _____
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Are there any restrictions regarding dismissals, visitation, information on your child? If yes, please explain:

If restrictions exist are court orders filed with school? \_\_\_\_\_

**Please notify the school nurse if there are issues you wish to keep confidential.**

Is your child on any medication at home or school? \_\_\_\_\_

**May we have permission to give your child Tylenol for pain, headache or fever?**                  YES                  NO

**NOTE: In the event of a medical emergency and we are unable to reach you the school will call an ambulance to transport your child to the nearest hospital.**

Last School Attended \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

For Office Use:  
Assigned to Grade: \_\_\_\_\_ Teacher \_\_\_\_\_

**IT IS YOUR RESPONSIBILITY TO NOTIFY THE SCHOOL AT ONCE IF THE ABOVE INFORMATION CHANGES.**

PELHAM ELEMENTARY SCHOOL  
PELHAM, NH 03076  
SPECIAL LEARNING NEEDS SURVEY

To help us identify children with possible special learning needs, please fill in the information on the form below at time of registration.

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_

1. Has your child ever been identified as being in need of Special Education Services?

Y \_\_\_\_\_ N \_\_\_\_\_

If Yes, what were those services?

If Yes, when were these services provided? \_\_\_\_\_

Has your child ever been tested? Yes \_\_\_\_\_ No \_\_\_\_\_

When? \_\_\_\_\_ Reason \_\_\_\_\_

2. Is your child currently receiving Special Education Services Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what services? \_\_\_\_\_

Does your child have an Individualized Education Program (IEP)? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Is/has your child received therapies? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please check type of therapy:

\_\_\_\_\_ occupational \_\_\_\_\_ physical \_\_\_\_\_ speech \_\_\_\_\_ psychological

4. Has your child ever received additional help such as instruction by a reading specialist, Title 1 Tutor, or a speech and language specialist? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Is your child on a 504 Plan? Yes \_\_\_\_\_ No \_\_\_\_\_

OFFICE OF SCHOOL NURSE

Pelham, N.H.

**HEALTH HISTORY**

*Please fill out and bring with you on the day you register your child.*

Print Student's Name \_\_\_\_\_

Previous Illnesses: \_\_\_\_\_

Previous Operation: \_\_\_\_\_

Speech Problems: \_\_\_\_\_

Vision Problems: \_\_\_\_\_

Has child had a vision screening in last year at doctor's office? No \_\_\_ Yes \_\_\_

Hearing Problems: \_\_\_\_\_

History of Ear infections No \_\_\_ Yes \_\_\_

Tubes Yes \_\_\_ Year(s) \_\_\_\_\_

Has child had a hearing screening in last year at doctor's office? No \_\_\_ Yes \_\_\_

Has your child had Chicken Pox? No \_\_\_ Yes \_\_\_ Year \_\_\_

Allergies (food, bee stings, medicines, etc.) \_\_\_\_\_

\*Food restrictions \_\_\_\_\_

Does this child have an Rx for an EpiPen No \_\_\_ Yes \_\_\_

Asthma: \_\_\_\_\_

Does your child have an Rx for a nebulizer or inhaler No \_\_\_ Yes \_\_\_

Skin Conditions (hives, eczema): \_\_\_\_\_

Heart Disease: \_\_\_\_\_

Blood Born Pathogens (Hep. B/ HIV etc.): \_\_\_\_\_

Kidney Infection: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Convulsions or Seizures: \_\_\_\_\_

Tuberculosis: \_\_\_\_\_

Has constipation or diarrhea ever been a problem? \_\_\_\_\_

Physical Handicaps: \_\_\_\_\_

Orthopedic problems or restrictions (feet, legs, etc.) \_\_\_\_\_

Was pre-natal period and birth considered normal? \_\_\_\_\_

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Home Language Survey

School: \_\_\_\_\_ District: SAU #28 Date: \_\_\_\_\_

Student Information			
First name:	Last name:	Date of Birth:	Gender: <input type="checkbox"/> female <input type="checkbox"/> male
Country of Birth:	Date of entry in U.S.:	Date first enrolled in a U.S. school: Month          Year	Current grade:

Family Information	
Name of parent/legal guardian:	Phone number:
Address:	<input type="checkbox"/> Please translate school notices. Language _____

Questions for Parents/Guardians	Response
Please list all languages spoken in your home.	
Which language did your child first hear or speak?	
<b>If English is the only language listed, stop here. If another language is listed, please answer the rest of the questions.</b>	
Which language(s) do you speak to your child?	
Which language(s) does your child speak at home with adults?	
Which language(s) does your child speak at home with other children?	

For parents and guardians: If a language other than English is listed above, an ESOL teacher will test your child to find out if he or she can speak, understand, read, and write well in English. The results will be sent to you within 30 days. Based on the results of the test, your child may be eligible to enroll in an English language (ESOL) class at school. Parents/guardians may accept or decline ESOL program services for their child.

**Instructions for survey administrator:**

1. Please provide an interpreter when necessary.
2. If responses indicate a language other than English, please contact the ESOL teacher and provide her/him with a copy of this survey. Date of referral to ESOL teacher: \_\_\_\_\_
3. File original Home Language Survey in student's cumulative folder.

**2021-2022**  
**Student Transportation Information Form**

Please complete this form regarding your transportation plans for the 2022-2023 school year. In our continuing efforts to ensure student safety, we have implemented a procedure for car pick-up. Anyone wishing to pick up students from car pick-up must display the official Pelham Elementary School placard. If you will be doing car pick-up, please fill out the car placard request form at the bottom of the page.

**At Dismissal your student will take: (Please check one)**

Car Pick-Up \_\_\_\_\_ Bus \_\_\_\_\_

*\*\* (if you checked bus, please provide on the line below the name and address of the daycare/extended day program which must be in Pelham)\*\**

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**Car Placard Request Form**

**\*\*Please fill out only ONE FORM PER FAMILY\*\***

- Only **two (2)** placards issued per family, more are available upon request.
- Anyone without a placard will be asked to present ID at the main office.
- If you are picking up children other than your own, you will need that child's car placard to do so.

**Parent Name (print)** \_\_\_\_\_  
Last First

Child's Name (print) \_\_\_\_\_  
Last First

Child's Name (print) \_\_\_\_\_  
Last First

Child's Name (print) \_\_\_\_\_  
Last First

Child's Name (print) \_\_\_\_\_  
Last First



# Pelham School District Residency Affidavit

revised 04.09.21

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

Student's Home Address: \_\_\_\_\_  
(use actual street address)

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

New Hampshire law provides that no one may send a pupil to school in any school district in which the pupil is not a "legal resident" without the consent of the School Board. The "legal residency of a minor child" is determined by RSA 193:12 as follows:

(Circle which one applies)

1. Parents live together. The legal residence of a minor student is where his or 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 divorced with joint decision-making authority or joint legal custody. Residence is the residence of the parent with whom the child resides.
4. Parents are divorced and the decree or parenting plan specifies the student will go to school in Pelham and one of the parents resides in Pelham.
5. Parents are divorced and court ordered sole or primary residential responsibility or physical custody is awarded to one parent, residence of a child is the residence of that parent.
6. Parents are divorced and court order is for equal or approximately equal periods of residential responsibility. Residence is as stated in the court order.
7. Guardian appointed by court. Legal residence is the residence of the guardian.
8. Children in court ordered residential placements, foster homes or group homes are determined in accordance with RSA 193:28.

Initial

\_\_\_\_\_ I (We) understand and acknowledge that the truth of the information contained in this Affidavit will be relied upon by the School District in determining the legal residence of the student and the student's right to be provided with a free education at the expense of the Pelham School District in accordance with the education laws of the State of New Hampshire.

\_\_\_\_\_ I (We) certify, swear, and affirm that the information contained herein is true, accurate and complete under pains and penalties of New Hampshire law.

\_\_\_\_\_ I (We) understand that providing misleading or false information about a student's residence is a criminal offense under RSA 641:2, RSA 641:3, and RSA 641:7. In addition, if this Affidavit is untrue, I (we) agree to pay tuition for my (our) child/children to the Pelham School District.

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

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

Please attach copies of two documents establishing residence acceptable to the district (see reverse) and a copy of a guardianship order, parenting plan or parent custody order, if applicable.

### **Proof of Residency Documents**

Proof of residency documents are documents that indicate where a parent or guardian currently resides. Drivers licenses and passports are not listed as proof of residency documents because they remain in effect for long periods of time and may not list a current address even though the law requires that the addresses be kept up to date. Pelham requires two different proofs of residency.

Acceptable proofs of residency include:

- Recent property tax bill;
- Current signed lease agreement;
- Current purchase and sale agreement (if moving into the District);
- Recent rent receipts;
- Recent electric, gas, oil, and/or water bill;
- Bank statement;
- Public assistance card;
- Recent credit card bill.

For parents who are divorced or for guardians, the District requires copies of the parenting and guardianship orders.