

Pelham School District

NEW Students Registration Information

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip _____ Home Phone: _____

Date of Birth _____ Birthplace (City State) _____ Gender _____

Incoming Grade: _____

What is the student's race?

American Indian; Alaskan Native Asian; Pacific Islander; Black (Not of Hispanic Origin);

Native Hawaiian; White (Not of Hispanic Origin); Hispanic

School: _____ School Year _____ Start Date: _____

Parent Information:

Mother/Guardian 1 Name: _____

Mother/Guardian 1 E-mail: _____

Mother/Guardian 1 Cell Phone: _____

Father/Guardian 2 Name: _____

Father/Guardian 2 E-mail: _____

Father/Guardian 2 Cell Phone: _____

Step-Parent: _____

Step-Parent E-mail: _____

Step-Parent Cell Phone: _____

Proof of Residency: #1 _____

#2 _____

Immunization Record: _____ **Release of Records:** _____ **Birth Certificate:** _____

School Transferring from:

School Name: _____

School Address: _____

Phone: _____ Fax: _____ Last grade attended: _____

Siblings at PES or PHS?

Student Lives With (circle): Both Parents, Mother, Father, Guardian, Other _____

Office use only:

Student ID# _____ **SASID:** _____



Pelham School District Residency Affidavit

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. In some situations, parents will be required to submit portions of court decrees or parenting plans relevant to residency to the school.

(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. Other (Please provide details):

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.

Documents must be recent, within the past 90 days.

Acceptable proofs of residency include:

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

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

Policy Reference:

See Pelham School District Policy JFA – Residency

Form Revised: January 24, 2025



Zachary Medlock
Interim Principal

Cheryl Northrup
Special Ed. Coordinator

AUTHORIZATION FOR RELEASE OF RECORDS

Student's Name Date

Date of Birth

Grade

Previous School Attended

School Address

City, State, Zip

School Phone

School Fax

The above named school has my permission to release the following information concerning my child:

SASID (for NH schools only)

Grades to Date of Withdrawal

Transcript Standardized Intelligence Test Scores-Standardized Achievement Test Scores

Health Records

Special Education Records

This release is in accordance with the provisions of the Family Educational Rights

and Privacy Act.

Parent/Guardian Signature* Relationship to Student

*Parental permission is no longer required when authorized school personnel request records. Records also cannot be withheld due to obligations; reference Family Educational Rights and Privacy Act, Final Rule of Education Records, Federal Register, June 17, 1976, Vol. 1, No. 319, Page 24673.

Please forward records to Pelham Memorial School

Parent/Guardian Military Status

Select all that apply for the Parents or Guardians:

Active Duty in Armed Forces (not including National Guard) including Army, Navy, Air Force, Marine Corps, and Coast Guard

Full Time National Guard

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?	
If English is the only language listed, stop here. If another language is listed, please answer the rest of the questions.	
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.

STUDENT CHANGE FORM

DATE: _____ EFFECTIVE DATE: _____

STATUS (CHECK ONE): NEW STUDENT ADDRESS CHANGE DELETE

SCHOOL (CHECK ONE): H.S. M.S. ELEM

STUDENT NAME: _____

STUDENT I.D. # _____ GRADE: _____

NEW ADDRESS: _____

OLD ADDRESS: _____

NOTES:

TO BE COMPLETED BY BUS COMPANY:

DATE RECEIVED: _____ PROCESSED BY: _____

BUS # _____ BUS STOP: _____

ESTIMATED A.M PICK-UP TIME: _____ START DATE: _____

(PLEASE ALLOW 48HRS TO PROCESS REQUEST)