

**PELHAM ELEMENTARY SCHOOL
2020-2021 REGISTRATION CHECKLIST**

Dear Parents,

Please use this checklist to insure that you have completed and/or included all forms. Please bring your completed packet to the front office to register your child for the 2020-2021 school year. *Only complete packets will be accepted.*

*****Packets with any information missing will not be accepted*****

Student's Name _____

Address: _____

Date of Birth: _____ Phone #: _____

PARENT INITIALS

OFFICE INITIALS

_____	Student Emergency Information	_____
_____	Special Learning Needs Survey	_____
_____	Health History Survey	_____
_____	Home Language Survey	_____
_____	Student Transportation Form	_____
_____	Physical Exam	_____
	Physical must be dated within one year of first day of school. If not available, please provide the most recent physical along with date of next physical.	
_____	Copy of Current Immunizations	_____
_____	Certified Birth Certificate with Seal (We will make a copy of your original)	_____
_____	2 Forms of Pelham Residency	_____
_____	Any legal custody documents	_____

Received by _____

Pelham Elementary School
Student Emergency Information

Student Information

Name (Last, First)	Student ID
Address	Grade Entering
	Bus No.
	Homeroom
Home Phone	Gender
Parent/Guardian	Date of Birth
EMAIL	Place of Birth
Ethnicity	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.

Mother's Name _____	Father's Name _____	Step Parent Name _____
Employer	Employer	Employer
Work Phone	Work Phone	Work Phone
Cell Phone	Cell Phone	Cell Phone
Home Phone	Home Phone	Home Phone

Person Legally responsible for Student (Circle One) legal documentation may be required.

Parents Mother Father Foster Parents Guardian
Stepmother Stepfather Grandparents

<u>Emergency Contact 1</u>	<u>Emergency Contact 2</u>	<u>Emergency Contact 3</u>
Name	Name	Name
Phone	Phone	Phone
Relationship	Relationship	Relationship
Doctor	Doctor's Phone	

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 Borne 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?	
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.

2020-2021
Student Transportation Information Form

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.

Your student will arrive by: (Please check one)

Car _____ Bus _____

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) ***

Car Placard Request Form

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

- Only two (2) placards issued per family.
- This placard is good for the entire time your child attends PES. They will not be re-issued each year.
- Anyone without a placard will be asked to present an 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

PROOF OF RESIDENCY TWO (2) FORMS OF PROOF ARE NEEDED

- Home Purchase Contract
Must contain seller's name, address of property, purchaser's name and signature and anticipated date of occupancy.
- Legal – valid lease agreement
Must contain property owner's name, address and signature: the name and signature of the parent/guardian at the new address.
- Current Utility Bill
A gas, electric, oil, home telephone (land line), cable or water bill that has been mailed to the parent/guardian at the new address.
- Vehicle Registration – Must be current with new address.
- Proof of Banking – checking/savings or credit card statement showing mailing address (copy of a preprinted check with a valid address listed).
- House Deed – New property.
- Car or Property Insurance Bill
- Paycheck – with new address noted
- Passport – with current address
- Mail/Bill – mailed to the new residence (credit card bill, etc.)

****Tax bills or licenses are NOT acceptable proofs of residency.****