

PELHAM MEMORIAL SCHOOL

New Students Registration Information

Name: _____
Last First Middle

Address: _____

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

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

Incoming Grade: _____ **Date 1st entered U.S. if born outside U.S.:** _____

What is the student's race?

___ American Indian or Alaskan Native: ___ Asian or 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 Email: _____

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 PMS?

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

Office use only:

Student ID#: _____ **SASID:** _____

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;
- Public assistance card;
- Current credit card bill.

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



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
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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.



Todd Kress
 Assistant Principal

Zackary Medlock
 Principal

Cheryl Northrup
 Special Ed. Coordinator

AUTHORIZATION FOR RELEASE OF RECORDS

Student's Name	Date
Date of Birth	Grade
School Address	Previous School Attended
School Phone	City, State, Zip
	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
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*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 of enrollment 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 _____

Question for Parents/Guardians	Response
Please list all languages spoken in your home.	
Which language did your child first hear or speak?	
<i>If English is the only language listed, stop here. If another language is listed, please answer the rest of the questions.</i>	
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 contract 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.#: _____

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 48 HRS TO PROCESS REQUEST)

Student's name (Please Print): _____

PERMISSION TO PUBLISH AND PHOTOGRAPH

Dear Parents/Guardians:

As part of your son's/daughter educational program, (s)he will have the opportunity to publish documents and participate in projects on the World Wide Web. We think this is an exciting and enriching opportunity for our students. These documents might include:

- a story, article, poem
- artwork
- a science or research project
- a photograph from an activity, a sport, or a club
- a collaborative project
- student's name (middle and high school only)

We will publish these documents only with your written permission. Please consider the following guidelines, then sign and return this form to your child's school. Thank you for your cooperation.

Pelham School District Guidelines:

- Published documents may not include a student's phone number, street address or box number.
- Documents may not include any information that indicates the physical location of a student at a given time other than attendance at a particular school or participation in after school activities.
- Documents must conform to Pelham School District Policy and established school guidelines.

Additionally, documents to be published on the World Wide Web must be edited and approved by a referring teacher and school principal before publication.

My child, (please print) _____,

____ **HAS my permission**

____ **DOES NOT HAVE my permission**

____ **HAS permission to publish in the YEARBOOK**

Parent/Guardian signature: _____ **Date:** _____



Todd Kress
Assistant Principal

Zack Medlock
Principal

Cheryl Northrup
SPED Coordinator

August 2024

Form for Parents/Guardians to confirm that their child will not bring Notification Enabled Electronic Devices (NEEDs) to School

For the coming school year, Pelham Memorial School will be a “Notification Enabled Electronic Device” (NEED) free environment. NEEDs are things like smart phones, smart watches, and wireless headphones. The purpose is to improve teaching and learning. We believe that NEEDs can have great utility. At the same time, we have found that learning and social behavior improve drastically when students are fully engaged with their teachers and classmates.

We also recognize that not all families have their child bring NEEDs to school. We created this form for parents to confirm that their child will not bring NEEDs to school.

If you are one of these families, please complete this form and return it to the main office. That way we may let teachers know that your child will not need to use the pouch.

In case your child does get a NEED, please let us know. We will have a pouch ready to assign to your child.

Student’s Name: _____ Grade _____

Parent’s Name: _____

I confirm that my child will not have access to a notification enabled electronic device while at school.

Signature: _____ Date: _____