

Pelham School District Residency Affidavit

Student Name:		
(use a	nt's Home Address: ctual street address) nt Lives with:	
the pu minor	lampshire law provides that no one may send a pupil to school in any school district in which pil is not a "legal resident" without the consent of the School Board. The "legal residency of a child" is determined by RSA 193:12. In some situations, parents will be required to submit as 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	
2.	reside. Parents live apart but are not divorced. Legal residence is the residence of the parent with	
3.	whom the child resides. 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):	
1 '0 1		
<u>Initial</u>	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.	
 Paren	t/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.

Pelham School District

NEW Students Registration Information

Name:			
Last		First	Middle
Address:			
City:	_State:	ZipHome l	Phone:
Date of Birth	E	Birthplace (City State)	Genderif born outside U.S
Incoming Grade:_		Date 1st entered U.S. i	if born outside U.S
What is the student's	s race?		
American Indian or	· Alaskan Nat White (Not	ive: Asian or Pacific Islander : of Hispanic Origin); Hispanic	; Black (Not of Hispanic Origin):
			Start Date:
<u></u>			
Parent Informati	on:		
Mother/Guardian	1 Name:		
Mother/Guardian	1 E-mail:		
Mother/Guardian	1 Cell Phon	ne:	
Father/Guardian 2	Name:		
Father/Guardian 2	E-mail:_		
Father/Guardian 2	Cell Phon	e:	
Step-Parent:			
Step-Parent E-mar	П;		
Step-Parent Cell F	hone:		
n	11.4		
Proof of Residen	cy: #1		
T	#2	Delega of Decorder	Pivth Contificate:
Immunization Re	ecora:	_Release of Records:	Birth Certificate:
School Transferring	as from		
	_		
School Address:			(*)
Dhone:		Fax:	Last grade attended:
riiolie.		Tax.	Dust grade attended
Siblings at PES of	r PMS?		
Sibilings at 1 10 t	- I III.		
Student Lives W	ith (circle)	: Both Parents, Mother, Fa	ather, Guardian, Other
	,		
Office use only:			
Student ID#		SASID:	



Pelham Memorial School

59 MARSH ROAD
PELHAM, NEW HAMPSHIRE 03076
Telephone (603) 635-2321
Fax (603) 635-2369
www.pelhamsd.org

RELEASE OF STUDENT RECORDS

Name of Child	Date of Birth	Grade Entering	
The above named student has enrolled documents:	as a student in this school.	Please forward the following	
Transcripts Health Records Special Education Records (if applicable) Additional information regarding special services this student may have received.			
Your prompt attention to this request would be greatly appreciated.			
Stacy Maghakian Principal			
Parent/Guardian, please complete the fo	ollowing:		
() Yes, my child			
Beginning in Grade and en	ding (if applicable) in Grad	er 1 services e	
() No, my child Services.	has never received special	education or Chapter 1	
I give my permission for the transfer of the Pelham School District.	all school records regarding	g the above named student to	
Signature of Parent/Guardian:		Date:	

Parent/Guardian Military Status	
Select all that apply for the Parents or Guardians:	
Active Duty in Armed Forces (not including Army, Navy, Air Force, Marine Corps, and	ng National Guard) including I Coast Guard
Full Time National Guard	•



English for Speakers of Other Languages Home Language Survey

Spicent information 2.		建筑 图 2011年 11 15 16 18			
First name:	Last name:	Date of Birth:	Gender:		
THAT HAIRC.	Laut name.		☐ female ☐ male		
			L'Onidio d'India		
		7 7 1 11 11 110	Course and a		
Country of Birth:		Date first enrolled in a U.S.	Current grade:		
		school:			
		Month Year			
Panisky lindomikicom (a)					
Name of parent/legal gua		Phone number:	Phone number:		
14ame of parenoiegar gua	acum.				
Address:		☐ Please translate school notices.			
Audress:					
		Language	- -		
		Residente			
Offstos to Partis G		10 To 10 CONTRACTOR OF THE PARTY OF THE PART			
Please list all languages	spoken in your home.				
Which language did your child first hear or speak?					
-16 English is the and dan	gangee ligredt, stop hone lit anemer.				
Tanguage a baica fileas	emiswe therest of the questions				
Which language(s) do yo	ou speak to your child?				
,,					
Which language(s) does your child speak at home with adults?					
The man miles and the man all					
Which language(s) does your child speak at home with other					
children?	your china speak at none with our				
cimuren?		27			

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 receive services from an English for Speakers of Other Languages (ESOL) Tutor 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 Coordinator and provide her/him with a copy of this survey. Date of referral to ESOL Coordinator:
- 3. File original Home Language Survey in student's cumulative folder.

STUDENT CHANGE FORM

DATE: EFFECTIVE DATE:
STATUS (CHECK ONE):NEW STUDENTADDRESS CHANGEDELETE
SCHOOL (CHECK ONE):H.SM.SELEM
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)

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 to publish	documents on the Pelham School
District web site as described above.	
Parent/Guardian signature	Date