

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 Memorial School

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

RELEASE OF STUDENT RECORDS


| | | |
|---------------|---------------|----------------|
| Name of Child | Date of Birth | Grade Entering |
|---------------|---------------|----------------|

The above named student has enrolled as a student in this school. Please forward the following documents:

- _____ 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.

Sincerely,


Stacy Maghakian
Principal

Parent/Guardian, please complete the following:

- () Yes, my child _____ has received: () special education services
() Chapter 1 services
Beginning in Grade _____ and ending (if applicable) in Grade _____.
- () No, my child _____ has never received special education or Chapter 1 Services.

I give my permission for the transfer of all school records regarding the above named student to the Pelham School District.

Signature of Parent/Guardian: _____ Date: _____



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.

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



English for Speakers of Other Languages Home Language Survey

| Student Information | | | |
|---------------------|------------|---|--|
| First name: | Last name: | Date of Birth: | Gender: <input type="checkbox"/> female <input type="checkbox"/> male |
| Country of Birth: | | 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? | |

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 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)