North Hampton School
Student Registration

Student registration for North Hampton is open daily. In order to complete the registration process, the student’s parent or legal guardian must provide the following:

✓ A copy of the child’s birth certificate
✓ A recent copy of immunization records
✓ A copy of most recent physical
✓ A copy of IEP/504 plan (if applicable) – We may assist you in getting a copy of this if needed.
✓ Parent/Legal Guardian Identification
✓ Completed registration paperwork
✓ Proof of residency (2 items)

Items **Accepted** to prove residency:

- Lease agreement or rent receipt indicating your legal residence, landlord’s address and phone number.
- Copy of fully executed closing statement
- Telephone, Electric or Cable bill indicating your name and legal residence
- Envelope with yellow forwarding postal sticker
- Billing or mailing address from current; doctors bill, bank statement, or payroll check.

Items **NOT accepted** to prove residency:

- Property tax bill
- Water/sewer bill
- Voter registration
- Vehicle registration
- Drivers license
- Post Office Box

Please be advised that it takes 24-48 hours after receiving the completed registration paperwork for your student to start school.

If you have any questions or concerns please feel free to call Kelly Ford at 603-964-5501 ext.200 or email her at kford@sau21.org

201 Atlantic Ave ~ North Hampton, NH ~ 03862 ~ Phone (603) 964-5501 ~ Fax (603) 964-9018
North Hampton School
North Hampton, New Hampshire
ENROLLMENT / REGISTRATION FORM

Should this information change during the school year, please notify the office immediately.

Please print clearly (using ink):

Today’s Date: ____________  Child’s Grade Level: ______  Start Date: ____________

Student Information

Student Name ___________________  M/F ________

Last Name  First Name  Middle Name

Date of Birth ____________  Place of Birth ____________  Home Phone ____________

Date  Month/Day/Year  Place of Birth  Town/City, State

Address: __________________________________________________________

Street  City  State  Zip

Mailing Address (If different):

__________________________________________________________

Last School Attended: __________________________________________

School  City  State  Grade: ________

Mother/Legal Guardian  Shares Custody Y/N  Father/Legal Guardian  Shares Custody Y/N

Name ____________________________  Name ____________________________

Address (If different) __________________________________________

Address (If different) __________________________________________

Please put a 1, 2, or 3 next to each phone to indicate the order in which you would like us to call if needed.

Cell Phone ____________________________  Cell Phone ____________________________

Work Phone ____________________________  Work Phone ____________________________

Home Phone ____________________________  Home Phone ____________________________

Email Address ____________________________  Email Address ____________________________

Please be aware that both parents/legal guardians have equal parenting rights to their child unless we have a court order on file.

Is there any court paperwork restricting a parent/guardian rights: Yes ___  No ___

Please elaborate:

________________________________________________________________________

Does this student have any siblings currently attending NHS?  If yes, please list their names below:

________________________________________  __________________________________________
My student is currently receiving the following special services:

- IEP ____
- 504 ____
- Other ____
- None ____

Student’s Ethnicity

A. Hispanic/Latino Yes_____ No____

B. Race (Select one or more races from the following five racial groups):

1. American Indian/Alaskan Native
2. Asian
3. Black/African American
4. Native Hawaiian/Other Pacific Islander
5. White

Parent/Guardian Military Status

1. Neither parent/guardian is active military ____
2. Active Duty in Armed Forces (not including National Guard) ____
3. Full Time National Guard ____
4. Has Parent or Guardian in both 2 & 3 ____

Does your child have any health Concerns:

Yes_____ No____
Please explain: ______________________________________________________________________
________________________________________________________________________________

Please provide the name, phone numbers, and relationship of someone that may be contacted in case of emergency if you cannot be reached (please print clearly)

Name ____________________________ Phone ____________________________ Relationship ____________________________
North Hampton School
201 Atlantic Avenue ~ North Hampton, NH ~ 03862
Telephone: 603-964-5501 / Fax: 603-964-9018

RELEASE OF INFORMATION FORM

Date: ___________________

Name of Student: ___________________________ Date of Birth: ___________ Grade ___________

I hereby give my permission to the North Hampton School to request the following information regarding my child for the purpose of programming and placement:

_____ Cumulative record with anecdotal notes

_____ Health Records

_____ Grades to date of withdrawal

_____ Discipline Records

_____ Guidance / Counseling Records

_____ Testing

_____ Special Education Records / 504 Plan / Title 1 / Gifted & Talented (if applicable)

*** Please include student’s SASID number when sending records. ***

Name and Address of Previous School:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

School Telephone: __________________________ School Fax Number: __________________________

Parent/Legal Guardian Name: (Please Print) __________________________

Parent/ Legal Guardian Signature: __________________________

For Office Use: Date Request Sent to Previous School __________________________

A copy of this permission shall have the same force as the original.

It is not necessary for parents to sign a release when records are being passed from public school to public school. NOTE: Federal Register, June 17, 1976, Part II H.E.W. Privacy Right of Parents and Students. Final rule on education records; Vol. 41, #118, 24676, “99.31 prior consent for disclosure not required.” An educational agency or institution may disclose personally identifiable information from the education records of a student without written consent of the parent of the student or eligible student if the disclosure is to other school officials, including teachers, within the educational institution or legal educational agency who have been determined by the agency or institution to have legitimate educational interest; to officials of another school or school system in which the student seeks or stands to enroll, subject to the requirements set forth in 99.34
Health History
(To be completed by parent)

Student's Name __________________________ Date of Birth __/__/__ Gender _____

My child's health information may be shared with those people who work with my child if it affects their medical care or education. If you have other confidential information you do not wish to list here but may affect your child's health care, please contact the school nurse directly.

Does your child have allergies? _____ If yes, explain to what, how they react and how it is treated.

__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Does your child have now (or in the past) any ear/hearing problems? _____ If yes, please explain.

__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Does your child have now (or in the past) any vision problems? _____ If yes, please explain.

__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Does your child have now (or in the past) any issues with speech? _____ If yes, please explain.

__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Does your child take any medication? _____ If yes, please list medication name, when it is taken and reason.

__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Is your child presently under medical care? _____ If yes, please explain.

__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Has your child experienced any emotional trauma? _____ If yes, please explain.

__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Is there any reason your child cannot participate in a full program of activities at school? _____ If yes, please explain.

__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________
North Hampton School
Health History
(To be completed by parent)

Has your child had a dental exam in the past 6 months (Please circle one)? Yes  No

Please check any of the following that your child has/had:

___ RAD (Reactive Airway Disease)  ___ Asthma  ___ ADD/ADHD
___ Orthopedic Problems  ___ Diabetes  ___ Skin Disorders
___ Seizure Disorder/convulsions  ___ Behavioral Issues  ___ Heart Disease
___ Serious Illness/Injuries  ___ Hospitalizations  ___ Surgery
___ Nutritional Concerns

Please give us more information about any of the items you have checked above: __________________________

__________________________
__________________________
__________________________

I, ___________________________, authorize and request my child’s primary care provider to exchange information about my child’s health and development as pertains to this form with representatives of North Hampton Elementary School. The information may be provided by phone, fax, mail, or in person. I understand that the disclosed information will be considered confidential and will be used only for the health and educational benefit of my child and family. Except as needed to comply with federal and state regulations, it will not be re-disclosed to any other person, school, or agency without my consent. I understand that this form will expire in one year unless I choose to cancel my permission in writing before that time.

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian

North Hampton School
201 Atlantic Ave.
North Hampton, NH 03862

Nurse: Mara Derosier
Phone: 603-964-5501 ext. 213
Fax: 603-964-9018
Home Language Survey

School: ___________________ District: ___________________ Date: ________

Instructions for survey administrator:
1. Please ensure this survey is in a language which is comprehensible to the parent/guardian who is completing it, and provide an interpreter to translate the survey when necessary.
2. If responses indicate a language other than English, contact the Student Services Coordinator or ESOL/ELL Program Coordinator in your school or district immediately.
3. Note the date of referral to Student Services/ESOL Program: Month: _____ Day: _____ Year: _____ (initial)
4. File the original Home Language Survey in the student’s cumulative folder.

Information for parents and guardians:
All public school districts in the United States are required to provide language assistance to the parents and guardians of students in their local schools. In addition, it is the school’s responsibility to identify any and all students who may have a language influence other than English. This is in order to determine whether the school is obligated to provide additional academic language services. In New Hampshire, these services are usually called ESOL or ELL Services.

Student Information: Please complete this general information about your son or daughter.

<table>
<thead>
<tr>
<th>First name:</th>
<th>Last name:</th>
<th>Date of Birth:</th>
<th>Gender: ☐ female ☐ male</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country of Birth:</th>
<th>Date first enrolled in a U.S. school: Month: Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current grade:</th>
<th>Would you like school notices translated? If yes, in which language: ______________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Family Information: Please complete this information about your family.

Name of parent/legal guardian: ___________________ Phone number: ___________________

Address: ____________________________________________ Would you like school notices translated? If yes, in which language: ______________

Questions about Language: Please answer the following questions about the languages that you and your family use.

What language(s) does your child hear or speak in your home?

Which language(s) did your child first hear or speak?

If English is the only language listed above, you may skip over the next questions.
If another language is listed, please answer the following questions.

What language(s) do you use with your child?

What language(s) does your child hear or use at home with relatives and friends?

What language(s) does your child use with people in your community?

Parent/Guardian Signature: ___________________ Date: ________

Revised 10.7.16