



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 _____
Month/Day/Year Town/City, State

Address: _____
Street City State Zip

Mailing Address (If different): _____

Last School Attended: _____ Grade: _____
School City State

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:

School use only

LASID _____ SASID _____

HR ___ BUS ___ Sue ___ Mara ___

Physical ___ Immunizations ___ Birth Certificate ___ Residency ___

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 Hawaiiin/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.

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.			
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: 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?
<i>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.</i>
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: _____