

Pelham Elementary School



Kelly LaBonte, M. Ed.
Principal

Kerry Struth, M.Ed., CAGS
Assistant Principal

Beth Purcell
Special Education Coordinator

Christopher Corey, M. Ed.
Assistant Principal

January 2026

Dear Parents,

The preschool experience is very special for both you and your child and it is certainly one of mixed emotions. The staff at Pelham Elementary School is planning and preparing a positive experience for our newest Pelham Elementary Panthers.

Please complete the required documents that must be returned to the school by April 3, 2026 to be considered for our programming. The office staff is available to review your packet and complete your registration between 10:00 am and 2:00 pm daily. Please call Pelham Elementary School at (603) 635-8875 ext. 1008, and speak with Nicole Desmarais should you have any questions. **A lottery will determine enrollment and is not on a first-come, first-served basis.** You will receive a number when you come in to drop off your **completed** registration packet. We will draw numbers in April and parents will be contacted to confirm enrollment. A video of the lottery drawing will be available on our website. **At this time, our 4-year program is on a waitlist only for the 26-27 school year.**

**Students must be potty trained and no longer use pull ups during the day.

We look forward to making your child's first school experience the start of many successful years ahead.

Regards,



Principal

Date Received _____ Received by _____

Pelham Elementary School
2026-2027 Preschool Registration Checklist

Dear Parents,

Please use this checklist to ensure that you have completed and/or included all forms. Please bring this checklist with your completed packet to the front office on or before April 3, 2026, between 10:00am-2:00pm to register your child for the 2026-2027 school year.

*******Packets with any information missing will NOT be accepted*******

Student's Name: _____

Address: _____

Date Of Birth: _____ Phone #: _____

Email: _____

PARENT INITIALS

_____ Student Registration Information _____

_____ Special Learning Needs Survey _____

_____ Health History Survey _____

_____ Home Language Survey _____

_____ Physical Exam _____

Physicals must be dated within one year of the first day of school. If not available, please provide the most recent physical along with the date of the next physical.

_____ Copy of Current Immunizations _____

_____ Certified Birth Certificate with Seal _____
We will make a copy of your original

_____ 2 Forms of Pelham Residency _____
Dated within the last 90 days

_____ Any legal custody documents _____

_____ Tuition Procedure Form _____

_____ Residency Affidavit _____

OFFICE INITIALS

PELHAM SCHOOL DISTRICT
Pelham Elementary 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:

Parent/Guardian 1 Name: _____

Parent/Guardian 1 E-mail: _____

Parent/Guardian 1 Cell Phone: _____

Parent/Guardian 2 Name: _____

Parent/Guardian 2 E-mail: _____

Parent/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, PMS or PHS? YES or NO. Names _____

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

Office use only:

Student ID#: _____ SASID: _____



Special Learning Needs Survey

Please fill in this form below at the time of registration to help us identify students who might have special learning needs.

Your Child's Name _____ Date of Birth _____

Parent/Guardian's Name(s) _____

1. Has your child ever participated in Early Intervention/ Family-Centered Early Support and Services (ie. Easter Seals)? Yes _____ No _____
If yes, what were the services?
If yes, when were the services provided?

2. Is your child currently receiving Special Education Services? Yes _____ No _____
If yes, what services?

Does your child have an Individualized Education Plan? Yes _____ No _____
If yes, please provide a copy.

3. If you answered no to question 2, has your child ever been identified as being in need of Special Education Services? Yes _____ No _____
If yes, what were the services?
If yes, when were the services provided?

4. Has your child received therapies? Yes _____ No _____
If yes, please check type of therapy:
_____ occupational _____ physical
_____ speech _____ psychological/ counseling

5. Has your child ever received additional help such as instruction by a reading specialist, Title 1 Tutor, or speech/language therapist? Yes _____ No _____
If yes, what were the services?
If yes, when were the services provided?

6. Is your child on a 504 Plan? Yes _____ No _____
If yes, please provide a copy.

Policy Reference:

JEB Age of Entrance and IHBA Programs for Pupils with Disabilities
Form Revised: January 24, 2025

PELHAM SCHOOL DISTRICT PROCEDURE JLCA-R1 – HEALTH HISTORY

OFFICE OF SCHOOL NURSE

Please fill out and bring with you on the day you register your child along with your child's immunization record and physical exam (done within the last year and signed by the health care provider). Any child being admitted to the District must present proof of meeting immunization requirements, unless exempted (please see policy JLCB for details).

Print Student's Name: _____

Previous Illnesses (if any): _____

Previous Surgery (if any): _____

Speech Problems (if any): _____

Vision Problems(if any): _____

Does your child wear glasses? _____ No Yes

Has child had a vision screening in last year at a doctor's office? _____ No Yes

Hearing Problems (if any) _____

Does your child have a history of ear infections? _____ No Yes

Does your child have tubes in their ears? _____ No Yes

Has child had a hearing screening in last year at the doctor's office? _____ No Yes

Allergies (food, bee stings, medicines, etc.) _____

Does your child have a prescription for an EpiPen _____ No Yes

Asthma: _____

Does your child have a prescription for an inhaler or nebulizer? _____ No Yes

Does your child have any of these conditions?

Skin Conditions (hives, eczema): No Yes _____ No Yes

Heart Condition: No Yes _____ No Yes

Bloodborne Pathogens such as _____ No Yes

Hepatitis B or HIV: No Yes _____ No Yes

Kidney Infection: No Yes _____ No Yes

Diabetes: No Yes _____ No Yes

Convulsions or Seizures: No Yes _____ No Yes

Tuberculosis: _____ No Yes

Constipation or Diarrhea: _____ No Yes

Physical Handicaps: _____ No Yes

Orthopedic problems or restrictions

(feet, legs, etc.) _____ No Yes

Prenatal or Birth Condition _____ No Yes

Challenges with Toileting _____ No Yes

If you answered yes to any above, please explain: _____

Please share any other information or concerns you may have regarding your child's health as it relates to school. _____

Parent Signature

Date



Home Language Survey (HLS)

Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

Language Background (Please check all that apply.)				
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	specify _____	
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	specify _____	
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	specify _____	<input type="checkbox"/> Father	specify _____
	<input type="checkbox"/> Guardian(s)	specify _____		specify _____
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	specify _____	
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	specify _____ <input type="checkbox"/> Does not speak	
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	specify _____ <input type="checkbox"/> Does not read	
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	specify _____ <input type="checkbox"/> Does not write	

SCHOOL DISTRICT INFORMATION:	Student SASID
School Name	
Address	

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Preschool Tuition Procedure

2026-2027

Please sign and return this acknowledgement indicating that you have read and understand the Pelham Elementary School Preschool tuition procedures below:

This program is in session from September through June and follows the Pelham School District calendar. The classes are determined by age; three year old students will attend three days and four year old students will attend five days. *An invoice will be put in the student's daily folder for payment the first of each month, September through June. Checks are made payable to the Pelham School District and payments can be sent in with your student. If paying by cash please pay in person to the main office.* If payment is not received or we do not hear from you regarding payment, we will contact you to discuss your child's status in the program. Please contact me, Kelly LaBonte, if there is a family hardship that impacts your ability to pay the required tuition fees. Your child must be 3 or 4 years of age by September 30th of the entry year. Students must be potty trained and no longer use pull ups during the day.

Please indicate the days that your child will attend:

(4 year olds) 5 days/week @ \$210.00 per month (tuition and schedule are subject to change)

(3 year olds) 3 days/week @ \$180.00 per month (tuition and schedule are subject to change)

I/we _____ understand the PES Preschool tuition procedures.

I/we _____ understand that tuition and schedules are subject to change.

Student Name

Parent Signature

Date



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

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.

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;
- Current credit card bill.

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

Policy Reference:

See *Pelham School District Policy JFA – Residency*

Form Revised: January 24, 2025