

Pelham Elementary School



Jessica Van Vranken, M.Ed., CAGS
Principal

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Assistant Principal

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Special Education Coordinator

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Assistant Principal

February 2, 2024

Dear Parents:

Starting Kindergarten is an important time, and we are committed to supporting this transition to ensure it is a positive and successful experience for our students and their families. Our staff is honored to be a part of the journey, and we are excited to welcome you and your child to our Pelham Elementary School family.

To register your child for kindergarten, they must be 5 years old by September 30, 2024.

Our office staff is available to accept registrations between the hours of 10:00 a.m. and 2:00 p.m. daily beginning February 5, 2024. We will schedule a 45 minute observation that will take place in May for your student when you deliver your registration packet and paperwork. To complete your registration packet, please bring the following items with you to Pelham Elementary School.

- Completed Registration Paperwork Forms (online forms attached)
- Updated Physical and Immunizations
- Original Birth Certificate (we will photocopy for you)
- 2 Proofs of Residency
- Any legal paperwork (if applicable)

Please continue to follow our website for up-to-date information regarding upcoming events and the 2024-2025 school year. If you have any questions or concerns, please call Pelham Elementary School at 635-8875, x1005 and speak to Danielle Pilato.

Respectfully,

Jessica Van Vranken
Principal

Pelham Elementary School 2024-2025 Kindergarten 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 between 10am-2pm to register your child for the 2024-2025 school year.

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

Student's Name: _____

Address: _____

Date Of Birth: _____ Phone #: _____

Email: _____

please print clearly

In Packet:

Parent Initials

Office Initials

_____	Student Emergency Information	_____
_____	Special Learning Needs Survey	_____
_____	Health History Survey	_____
_____	Home Language Survey	_____
_____	Residency Affidavit	_____
_____	Kindergarten Questionnaire	_____

Please bring from home:

Parent Initials

Office Initials

_____	Physical Exam	_____
<small>(**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. Please note the physical must be signed/electronically signed by the physician. A "patient summary" printed off the portal is not accepted**)</small>		
_____	Copy of Current Immunizations	_____
_____	Certified Birth Certificate (We will make a copy of your original)	_____
_____	2 Forms of Pelham Residency	_____
_____	Any legal documents	_____

Pelham Elementary School
Student Emergency Information

Student Information

Name (Last, First)	Student ID
Address	Grade Entering
	Bus No.
	Homeroom
Home Phone	Gender
Parent/Guardian	Date of Birth
EMAIL	Place of Birth
Ethnicity	1. American Indian Alaska 2. Asian Pacific 3. Hispanic 4. Black 5. White

Please list all emergency contacts, phone numbers and employers including parent/guardian, physician and at least two additional emergency contacts in the event that a parent cannot be reached.

Mother's Name _____	Father's Name _____	Step Parent Name _____
Employer _____	Employer _____	Employer _____
Work Phone _____	Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____	Cell Phone _____
Home Phone _____	Home Phone _____	Home Phone _____

Person Legally responsible for Student (Circle One) legal documentation may be required.

Parents Mother Father Foster Parents Guardian
 Stepmother Stepfather Grandparents

<u>Emergency Contact 1</u>	<u>Emergency Contact 2</u>	<u>Emergency Contact 3</u>
Name _____	Name _____	Name _____
Phone _____	Phone _____	Phone _____
Relationship _____	Relationship _____	Relationship _____
Doctor _____	Doctor's Phone _____	

Are there any restrictions regarding dismissals, visitation, information on your child? If yes, please explain:

If restrictions exist are court orders filed with school? _____

Please notify the school nurse if there are issues you wish to keep confidential.

Is your child on any medication at home or school? _____

May we have permission to give your child Tylenol for pain, headache or fever? YES NO

NOTE: In the event of a medical emergency and we are unable to reach you the school will call an ambulance to transport your child to the nearest hospital.

Last School Attended _____

Address _____ Phone _____

Signature of Parent

For Office Use:

Assigned to Grade: _____ Teacher _____

IT IS YOUR RESPONSIBILITY TO NOTIFY THE SCHOOL AT ONCE IF THE ABOVE INFORMATION CHANGES.

Pelham Elementary School
Pelham, NH 03076
Special Learning Needs Survey

To help us identify students with possible special learning needs, please fill in the information on the form below at the time of registration.

Student's Name _____ D.O.B. _____

Parent/Guardian's Name(s) _____

1. Has your student 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 student currently receiving Special Education Services? Yes _____ No _____
If Yes, what services? _____

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

3. If no to question 2, has your student 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? (years?) _____

4. Is/has your student received therapies? Yes _____ No _____
If Yes, please check type of therapy:
_____ occupational _____ physical
_____ speech _____ psychological/ counseling

5. Has your student ever received additional help such as instruction by a reading specialist, Title 1 Tutor, or speech and language therapist? Yes _____ No _____
Please specify _____

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

OFFICE OF SCHOOL NURSE

Pelham, N.H.

HEALTH HISTORY

Please fill out and bring with you on the day you register your child.

Print Student's Name _____

Previous Illnesses: _____

Previous Operation: _____

Speech Problems: _____

Vision Problems: _____

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

Hearing Problems: _____

History of Ear infections No ___ Yes ___

Tubes Yes ___ Year(s) _____

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

Has your child had Chicken Pox? No ___ Yes ___ Year ___

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

Does this child have an Rx for an EpiPen No ___ Yes ___

Asthma: _____

Does your child have an Rx for a nebulizer or inhaler No ___ Yes ___

Skin Conditions (hives, eczema): _____

Heart Disease: _____

Blood Born Pathogens (Hep. B/ HIV etc.): _____

Kidney Infection: _____

Diabetes: _____

Convulsions or Seizures: _____

Tuberculosis: _____

Has constipation or diarrhea ever been a problem? _____

Physical Handicaps: _____

Orthopedic problems or restrictions (feet, legs, etc.) _____

Was pre-natal period and birth considered normal? _____

If no, please explain _____

Parent Signature

Date

Home Language Survey

School: _____ District: SAU #28 Date: _____

Student Information			
First name:	Last name:	Date of Birth:	Gender: <input type="checkbox"/> female <input type="checkbox"/> male
Country of Birth:	Date of entry in U.S.:	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?	

For parents and guardians: 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 enroll in an English language (ESOL) class 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 teacher and provide her/him with a copy of this survey. Date of referral to ESOL teacher: _____
3. File original Home Language Survey in student's cumulative folder.



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.

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 Elementary School
Parent Questionnaire for Incoming Students



Dear Parents,

We feel that as parents you have valuable information to share with us. This information will help us to determine the best placement for your child next year.

Incoming students name: _____

Name of person completing this form: _____

Child's Status in family:

Oldest		Middle		Youngest		Only	
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Please check YES or NO to indicate whether or not your child can do the following:

	YES	NO
1. Does your child button, snap, and zip their own clothes?		
2. Does your child tie their own shoes without help?		
3. Does your child complete a task without being reminded?		
4. Does your child have any jobs or responsibilities at home?		
5. Does your child follow 2-step directions? (ex. Wash your hands AND brush your teeth?)		
6. Does your child like to color?		
7. Does your child like to put puzzles together?		
8. Does your child cut with scissors?		
9. Does your child like listening to a story?		
10. Does your child talk easily with adults?		
11. Does your child talk easily with other children?		
12. Does your child adjust easily to new situations?		

Is there a child that should NOT be placed in the same classroom as your child?

If Possible, is there a child that you would like in the same classroom as your students? We will do our best to accommodate any requests, but it is **not guaranteed**.

2024-2025 Kindergarten Frequently Asked Questions

- Will there be an opportunity for my student to view the school before the new school year begins?

Yes, Pelham Elementary will be hosting a “Showcase” Night on Thursday, March 7th 5-7pm. During this event you can visit the school and see the building on showcase. We will be accepting registrations during this event if you are unable to make it during our office hours. Students will also have an opportunity to see the kindergarten classrooms during the observations in May.

- When is the first day of school for the 24-25 school year?

Tuesday, August, 27th 2024

- Where can I find more information about the district, school calendar, announcements and general school information?

Please visit- <https://www.pelhamsd.org>

- What is the school phone number, and what are the school day hours?

Pelham Elementary School- 603-635-8875

School Day Hours- 8:45am-3:00pm.

Arrival time is 8:30am-8:45am and Dismissal time is 3:00pm-3:15pm

- How will I know what school bus my student is assigned to?

In mid-August, the bus company will post all pickup routes, times and locations on our district website.

District website-<https://www.pelhamsd.org/Transportation.aspx>

- Where can I find a classroom supply list for my student before the first day of school?

A classroom supply list can be found on your student’s teacher website under Academics in the grade level tab.

<https://www.pelhamsd.org/Kindergarten.aspx>

- What else should I be aware of before the first day of school?

In early August, all families in our district will receive an important email regarding their PowerSchool account and student verification, as well as our Pick Up Patrol system. This email will ask you to confirm your student’s information in our systems, allow you to review our district’s policies and technology agreements, learn about our lunch program and complete the form to get your student’s car pick up placard. We will be hosting a Meet and Greet event in August (Date TBD). During the Meet and Greet students will be able to meet their classroom teacher, visit the school and experience what it is like to get on and off the bus.