

# Pelham Elementary School

61 Marsh Road  
Pelham, New Hampshire. 03076  
(603) 635-8875



Jessica L. Van Vranken  
Principal

Kelly LaBonte  
Assistant Principal

Kerry Struth  
Assistant Principal

Nicole Covart  
Special Education  
Coordinator

January 27, 2023

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 need to be returned to the school by March 31, 2023 . The office staff is available to review your packet and complete your registration between the hours of 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. **Enrollment will be determined by a lottery and is not on a first come, first served basis.** At the time you come in to drop off your **completed** registration packet, you will receive a number. We will draw numbers on Wednesday, April 5, 2023 and parents will be contacted the following week to confirm enrollment. A video recording of the drawing will be available on our website after the drawing. **At this time, our 4 year program is waitlist only for the 23-24 school year.**

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

Regards,

A handwritten signature in blue ink that reads "Kelly LaBonte". The signature is written in a cursive, flowing style.

Kelly LaBonte  
Assistant Principal  
Preschool Coordinator

Date Received \_\_\_\_\_ Received by \_\_\_\_\_

**Pelham Elementary School**  
**2023-2024 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 March 31, 2023. between 10:00am-2:00pm to register your child for the 2023-2024.

**\*\*\*\*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	_____
_____	Tuition Procedure	_____

**Please bring from home:**

**Parent Initials**

**Office Initials**

\_\_\_\_\_ 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 (We will make a copy of your original)	_____
_____	2 Forms of Pelham Residency	_____
_____	Any legal documents	_____

## Peiham Elementary School

### Student Emergency Information

#### Student Information

Name (Last, First)

Address

Home Phone

Parent/Guardian

Relationship

EMAIL

Student ID:

Grade

Bus No.

Homeroom

Gender

Date of Birth

Ethnicity

Place of Birth

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

Employer

Work Phone

Cell Phone

Home Phone

#### Father

Employer

Work Phone

Cell Phone

Home Phone

#### Step Parent

Employer

Work Phone

Cell Phone

Home Phone

#### Emergency Contact 1

Name

Phone

Cell Phone

Relationship

#### Emergency Contact 2

Name

Phone

Cell Phone

Relationship

#### Emergency Contact 3

Name

Phone

Cell Phone

Relationship

Doctor

Doctor's Phone

Are there restrictions regarding dismissals, visitations, information on your child? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

If restrictions exist are court orders filed with school? \_\_\_\_\_

Should school nurse be aware of any medical problems, allergies or restrictions? If yes, please note: \_\_\_\_\_

(Please notify the school nurse if there are issue you wish to keep confidential)

Is 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.

I have confirmed and/or corrected all the above information concerning my child as of this date.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*Please return this form to your child's homeroom teacher as soon as possible.\*\*\*

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.) \_\_\_\_\_

\*Food restrictions \_\_\_\_\_

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: \_\_\_\_\_

<b>Student Information</b>			
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:

<b>Family Information</b>	
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?	
<b>If English is the only language listed, stop here. If another language is listed, please answer the rest of the questions.</b>	
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

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:

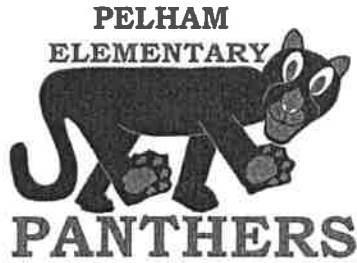
- Recent property tax bill;
- Current signed lease agreement;
- Current purchase and sale agreement (if moving into the District);
- Recent rent receipts;
- Recent electric, gas, oil, and/or water bill;
- Bank statement;
- Public assistance card;
- Recent credit card bill.

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



# Pelham Elementary School

61 Marsh Road  
Pelham, New Hampshire. 03076  
(603) 635-8875



Jessica L. Van Vranken  
Principal

Kelly LaBonte  
Assistant Principal

Kerry Struth  
Assistant Principal

Nicole Covart  
Special Education  
Coordinator

## Pelham School District

### Preschool Tuition Procedure 2023-2024

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 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.

Please indicate the days that your child will attend:

\_\_\_\_\_ (4 year olds) 5 days/week @ \$150.00 per month (tuition and schedule are subject to change)

\_\_\_\_\_ (3 year olds) 3 days/week @ \$130.00 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