

# Pelham Elementary School

## 2024-2025 1st - 5th Grade 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 \_\_\_\_\_

\_\_\_\_\_ Release of Information \_\_\_\_\_

**Please bring from home:**

\_\_\_\_\_ 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.

Please note the physical must be signed/electronically signed by the physician. A "patient summary" printed off the portal is not accepted\*\*)

\_\_\_\_\_ 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.

<b>Mother's Name</b> _____	<b>Father's Name</b> _____	<b>Step Parent Name</b> _____
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

---

<b><u>Emergency Contact 1</u></b>	<b><u>Emergency Contact 2</u></b>	<b><u>Emergency Contact 3</u></b>
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: \_\_\_\_\_

<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

**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*

61 MARSH ROAD  
PELHAM, NEW HAMPSHIRE 03076

Telephone: 603-883-8875

*Kelly LaBonte, M.Ed*  
*Assistant Principal*

*Jessica Van Vranken, M.Ed. CAGS*  
*Principal*

*Kerry Struth, M.Ed*  
*Interim Assistant Principal*

*Nicole Covart, M.Ed*  
*Special Education Coordinator*

## **AUTHORIZATION FOR RELEASE OF PUPIL INFORMATION**

\_\_\_\_\_

Name of Child	Date of Birth	Date
---------------	---------------	------

Please send a copy of all educational records, including any special education records, on the above named child. Parental permission is no longer required, when records are requested by authorized personnel (Family Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976: Vol. 41, No. 118, Page 24673.)

Sincerely,



Jessica Van Vranken  
Principal

Please forward all records to:

Pelham Elementary School  
61 Marsh Road  
Pelham, NH 03076

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date