

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

February 2024

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 April 5, 2024. 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 Monday, April 8, 2024 and parents will be contacted that 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 24-25 school year.**

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

Regards,

Jessica Van Vranken
Principal

Date Received _____ Received by _____

Pelham Elementary School
2024-2025 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 5, 2024, between 10:00am-2:00pm to register your child for the 2024-2025.

******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 _____

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	5. White

1. American Indian Alaska 2. Asian Pacific 3. Hispanic 4. Black

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.

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Pelham School District- Tuition Procedure

2024-2025

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, Jessica VanVranken, 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 @ \$180.00 per month (tuition and schedule are subject to change)

_____ (3 year olds) 3 days/week @ \$150.00 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.

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.