

# Pelham Elementary School



Jessica Van Vranken, M.Ed., CAGS  
Principal

Kerry Struth, M.Ed., CAGS  
Assistant Principal

Beth Purcell, M.Ed.  
Special Education Coordinator

Kelly LaBonte, M.Ed.  
Assistant Principal

January 2025

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 4, 2025 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 25-26 school year.**

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

Regards,

A blue ink handwritten signature of Jessica Van Vranken. The signature is fluid and cursive, with the first name 'Jessica' and last name 'Van Vranken' clearly legible.

Principal

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

**Pelham Elementary School**  
**2025-2026 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 4, 2025, between 10:00am-2:00pm to register your child for the 2025-2026.

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

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**In Packet:**

**Parent Initials**

**Office Initials**

_____	Student Registration 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	_____
_____	Copy of Current Immunizations	_____
_____	Certified Birth Certificate (We will make a copy of your original)	_____
_____	2 Forms of Pelham Residency	_____
_____	Any legal documents	_____

(\*\*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.\*\*)

**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:** \_\_\_\_\_

# Pelham Elementary School



Jessica Van Vranken, M.Ed., CAGS  
Principal

Kerry Struth, M.Ed., CAGS  
Assistant Principal

Beth Purcell, M.Ed.  
Special Education Coordinator

Kelly LaBonte, M.Ed.  
Assistant Principal

## 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)?  
If yes, what were the services? \_\_\_\_\_  
If yes, when were the services provided? \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Is your child currently receiving Special Education Services?  
If yes, what services? \_\_\_\_\_  
Does your child have an Individualized Education Plan?  
If yes, please provide a copy. \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. If you answered no to question 2, has your child ever been identified as being in need of Special Education Services?  
If yes, what were the services? \_\_\_\_\_  
If yes, when were the services provided? \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Has your child received therapies?  
If yes, please check type of therapy:  
\_\_\_\_\_ occupational \_\_\_\_\_ physical  
\_\_\_\_\_ speech \_\_\_\_\_ psychological/ counseling  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Has your child ever received additional help such as instruction by a reading specialist, Title 1 Tutor, or speech/language therapist?  
If yes, what were the services? \_\_\_\_\_  
If yes, when were the services provided? \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_
6. Is your child on a 504 Plan?  
If yes, please provide a copy. \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_

### Policy Reference:

See Pelham School District Policy JEB Age of Entrance and Policy 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.*

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 an 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 \_\_\_\_\_

Heart Condition: No \_\_\_\_\_ Yes \_\_\_\_\_

Bloodborne Pathogens (Hep. B/ HIV etc.): No \_\_\_\_\_ Yes \_\_\_\_\_

Kidney Infection: No \_\_\_\_\_ Yes \_\_\_\_\_

Diabetes: No \_\_\_\_\_ Yes \_\_\_\_\_

Convulsions or Seizures: 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.*

Please write clearly when completing this section.		
<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
		<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
Last Name	First Name	Relation to Student

<b>Language Background</b> (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 _____ <small>specify</small>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ <small>specify</small>	<input type="checkbox"/> Father _____ <small>specify</small>
	<input type="checkbox"/> Guardian(s) _____ <small>specify</small>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
		<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
		<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
		<input type="checkbox"/> Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:	
<b>SCHOOL DISTRICT INFORMATION:</b>	<b>Student SASID</b>
School Name _____	Address _____

## Home Language Survey (HLS)—Page Two

### Educational History

8. Indicate the total number of years that your child has been enrolled in school \_\_\_\_\_

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes\*    No    Not sure

☐    ☐    ☐

\*If yes, please explain: \_\_\_\_\_

How severe do you think these difficulties are?    ☐ Minor    ☐ Somewhat severe    ☐ Very severe

10a. Has your child ever been referred for a special education evaluation in the past?    ☐ No    ☐ Yes\* \*Please complete 10b below

10b. \*If referred for an evaluation, has your child ever received any special education services in the past?

☐ No    ☐ Yes – Type of services received: \_\_\_\_\_

Age at which services received (Please check all that apply):

☐ Birth to 3 years (Early Intervention)    ☐ 3 to 5 years (Special Education)    ☐ 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)?    ☐ No    ☐ Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school? \_\_\_\_\_

Month:    Day:    Year:

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Relationship to student:    ☐ Mother    ☐ Father    ☐ Other: \_\_\_\_\_

### OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLS

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

### NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLS AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

ORAL INTERVIEW NECESSARY:    ☐ No    ☐ Yes

\*\*DATE OF INDIVIDUAL  
INTERVIEW:

MO.    DAY    YR.

OUTCOME OF  
INDIVIDUAL  
INTERVIEW:

☐ ADMINISTER STATE APPROVED WIDA Screener  
☐ NOT ELIGIBLE FOR EL SERVICES

### NAME/POSITION OF NH ESOL AND WIDA CERTIFIED PERSONNEL ADMINISTERING WIDA SCREENER

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

DATE OF WIDA  
SCREENER  
ADMINISTRATION:

MO.    DAY    YR.

PROFICIENCY  
LEVEL ACHIEVED  
ON WIDA  
SCREENER:

Overall Composite Score: \_\_\_\_\_

Does the student qualify for EL support?    ☐ No    ☐ Yes

Please attach a copy of the student's WIDA screener score report and file in student's cumulative folder.

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP:



## 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;
- Public assistance card;
- 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*

# Pelham Elementary School



Jessica Van Vranken, M.Ed., CAGS  
Principal

Kerry Struth, M.Ed., CAGS  
Assistant Principal

Beth Purcell, M.Ed.  
Special Education Coordinator

Kelly LaBonte, M.Ed.  
Assistant Principal

## Preschool Tuition Procedure 2025-2026

Please sign and return this acknowledgment 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 on the first of each month, September through June. Checks are made payable to the Pelham School District, and payments can be made to 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 @ \$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