

Pelham Elementary School



Jessica Van Vranken, M.Ed., CAGS
Principal

Kerry Struth, M.Ed., CAGS
Assistant Principal

Nicole Covart, M.Ed.
Special Education Coordinator

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Assistant Principal

January 27, 2023

Dear Parents:

We are delighted to welcome your child to our Pelham Elementary School family as they begin their educational journey into first grade. We know this transition can bring many mixed emotions for both students and families. Our staff is excited to be a part of the journey and committed to help make it a positive experience for all.

Please complete the required registration documents that need to be returned to the school by **April 21, 2023**. We will continue to accept registration packets after this deadline. The deadline is for the incoming students to be screened to ensure a classroom placement that meets their needs. To register your child for first grade, they must be 6 years old by September 30, 2023.

Our office staff is available to accept registrations between the hours of 10:00 a.m. and 2:00 p.m. daily beginning January 30, 2023. When you deliver your registration packet and paperwork, we will schedule a one hour assessment for your student. 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 2023-2024 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

2023-2024 1st 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 on or before April 21, 2023 between 10am- 2pm to register your child for the 2023-2024 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	_____
_____	Parent Questionnaire	_____

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) _____

Address _____

Student ID _____

Grade Entering _____

Bus No. _____

Homeroom _____

Home Phone _____

Parent/Guardian _____

Gender _____

EMAIL _____

Date of Birth _____

Ethnicity 1. American Indian Alaska 2. Asian Pacific 3. Hispanic 4. Black 5. White

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's Name _____

Employer _____

Work Phone _____

Cell Phone _____

Home Phone _____

Father's Name _____

Employer _____

Work Phone _____

Cell Phone _____

Home Phone _____

Step Parent Name _____

Employer _____

Work Phone _____

Cell Phone _____

Home Phone _____

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

Parents

Mother

Father

Foster Parents

Guardian

Stepmother

Stepfather

Grandparents

Emergency Contact 1

Name _____

Phone _____

Relationship _____

Emergency Contact 2

Name _____

Phone _____

Relationship _____

Emergency Contact 3

Name _____

Phone _____

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.) _____

*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: _____

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

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.

<p>_____ Parent/Guardian Signature Date</p>	<p>_____ Parent/Guardian Signature Date</p>
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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

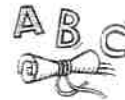
Proof of residency documents are documents that indicate where a parent or guardian currently resides. Drivers licenses and passports are not listed as proof of residency documents because they remain in effect for long periods of time and may not list a current address even though the law requires that 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 School District
Parent Questionnaire



Dear Parents,

We feel that as parents you have valuable information to share with us. This information, along with the results of our spring assessment and the Kindergarten Questionnaire, will help us to determine the best placement for your child next year.

Name of person filling out form _____
Child's Name: _____ Nickname: _____

Kindergarten Name: _____

Child's status in family: Oldest _____ Middle _____ Youngest _____ Only _____



Please put a check next to the words that best describe your child:

Cooperative _____	Self-Confident _____	Outgoing _____	Talkative _____
Demanding _____	Inquisitive _____	Attentive _____	Quiet _____
Responsible _____	Perfectionist _____	Sensitive _____	Impulsive _____
Independent _____	Considerate _____	Stubborn _____	Shy _____

Please check under the "Yes" or "No" columns to indicate whether or not your child can do the following:

	Yes	No
1. Does your child button, snap, and zip his/her own clothes?	_____	_____
2. Does your child tie his/her 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 two 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?	_____	_____
Do you read to your child on a regular basis? If so, how often? _____	_____	_____

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 student?
We will do our best to accommodate any requests but it is not guaranteed.