

# Pelham Elementary School



Jessica Van Vranken, M.Ed., CAGS  
Principal

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January 27, 2023

Dear Parents:

Starting Kindergarten is an important time, and we are committed to supporting this transition to ensure it is a positive and successful experience for our students and their families. Our staff is honored to be a part of the journey, and we are excited to welcome you and your child to our Pelham Elementary School family.

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 kindergarten, they must be 5 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. We will schedule a one hour screening for your student when you deliver your registration packet and paperwork. 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 Kindergarten 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	_____
_____	Kindergarten Questionnaire	_____

### Please bring from home:

#### Parent Initials

#### Office Initials

_____	Physical Exam	_____
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(\*\*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 \_\_\_\_\_

Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

5. White \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

EMAIL \_\_\_\_\_

Ethnicity    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** \_\_\_\_\_

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 \_\_\_\_\_

Doctor \_\_\_\_\_

**Emergency Contact 2**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

**Emergency Contact 3**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

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?	
<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**  
**Parent Questionnaire for Incoming Students**

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 will help us to determine the best placement for your child next year.

Incoming students name: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Child's Status in family:

Oldest		Middle		Youngest		Only	
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Please check YES or NO to indicate whether or not your child can do the following:

	YES	NO
1. Does your child button, snap, and zip their own clothes?		
2. Does your child tie their 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 2-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?		

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