



STUDENT REGISTRATION INFORMATION

To begin the registration process, please contact:

Elaine Soucy
Pre-K Registrar
(603) 845-1552 ext. 2803
esoucy@windhamsd.org

Please carefully read through this registration packet, noting the necessary, acceptable forms of registration documents.

The parent/guardian who is registering the student(s) must provide **(2) Proofs of Residency** for the Town of Windham, (1) from each category. All provided documentation must show a valid street address, **(P.O. Boxes are not acceptable)**.

Category A

Category B

- Current Mortgage Statement
- Warranty/Closing Deed
- Fully signed/executed Lease/Rental Agreement

- Current Utility Bill Current
- Car Registration

Other registration requirements

- Birth Certificate
- Up-to-date immunization records & copy of recent yearly physical
- Copy of parent/guardian driver's license

The parent/guardian should obtain the following records from their previous school in order to expedite the course scheduling process for grades 6-12.

- Unofficial Transcript, including final grades & credits (for students entering grades 10-12)
- Most up-to-date report card (for students entering grades 6- 9)

For students where appropriate, please provide a recent copy of the following

- I.E.P. (if applicable)
- 504 Plan (if applicable)
- Any current court order(s) that pertain to the student(s) you are enrolling.



WSD REGISTRATION FORM

GBS WCS WMS WHS
Grades: (Pre-K-4) (5-6) (7-8) (9-12)

STUDENT INFORMATION

STUDENT'S LEGAL NAME

LAST	FIRST	MIDDLE

Student's Preferred First Name if Different from Legal Name: _____

ADDRESS

	Windham	NH	03087
STREET (No PO Box)	CITY	STATE	ZIP CODE

Female Male

GENDER

DATE OF BIRTH

INCOMING GRADE

ETHNICITY

Language(s) Spoken at home:

Has your child ever attended school in the Windham School District? Yes No If yes, when? _____

Are there current court orders in place for this child? Yes No **If yes, please provide valid court documents.**

If you answer yes to the following question(s), please provide an up-to-date signed IEP or 504 Plan

Does your child have an active 504 plan in place? Yes No

Does your child receive Special Education services? Yes No

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1

NAME	PHONE	EMAIL	RELATIONSHIP

PARENT/GUARDIAN 2

NAME	PHONE	EMAIL	RELATIONSHIP

Student Lives with: Parent 1 Parent 2 Both Guardian

Do you have other children enrolled in the Windham School District? Yes No

NAME	GRADE	NAME	GRADE

FOR OFFICE USE ONLY

START DATE:	CID1:	ACCESS ID:
LASID:	CID2:	ACCESS PIN:

Parent/Guardian Signature: _____ Date: _____



RELEASE OF RECORDS

This form must be completed, signed, and returned along with your other Registration Documentation

Please select the school your child is transferring to; this will be where the departing school needs to mail all records:

Golden Brook School (Pre-K - 4)

112B Lowell Road
Windham, NH 03087
Phone: (603)845-1552
Fax: (603)845-1553

Windham Middle School (7 - 8)

112A Lowell Road
Windham, NH 03087
Phone: (603)845-1556
Fax: (603)845-1557

Windham Center School (5 - 6)

2 Lowell Road
Windham, NH 03087
Phone: (603)845-1554
Fax: (603)845-1555

Windham High School (9 - 12)

64 London Bridge Road
Windham, NH 03087
Phone: (603)845-1558
Fax: (603)845-1571

TODAY'S DATE

STUDENT'S LAST NAME

STUDENT'S FIRST NAME

DATE OF BIRTH

The school your child is transferring from:

SCHOOL NAME

PHONE:

STREET ADDRESS

FAX:

CITY

STATE

ZIP CODE

Please accept this form as permission to forward the **entire** education and health records of the above-named student; including but not limited to the following:

- Academic (including an **Official Transcript for Grades 9-12**)
- Recent Report Card for Grades 5-8 for scheduling purposes
- Attendance History
- Discipline
- Health
- Psychological (if applicable)
- Special Education evaluation and programming (if applicable)
- Active 504 Plan (if applicable)
- State testing results

Parent/Guardian Signature: _____

Date: _____



WINDHAM RESIDENCY AFFIDAVIT

NH RSA 193:12

"Notwithstanding any other provision of law, no person shall attend school, or send a pupil to the school, in any district of which the pupil is not a legal resident, without the consent of the district or of the school board. Legal residence is where his or her parents reside..."

STUDENT INFORMATION

STUDENTS' NAMES

CHILD(S) NAMES	DATE OF BIRTH	GRADE

Please clearly print the Windham, NH 03087 street address where the student(s), listed above Reside/Live:

STREET:

Student(s) Lives with: Parent 1 Parent 2 Both Guardian

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1

NAME	PHONE	EMAIL	RELATIONSHIP

PARENT/GUARDIAN 2

NAME	PHONE	EMAIL	RELATIONSHIP

I hereby certify and swear that this information is true and correct. I understand that the information I have provided will be used and relied upon by the Windham School District to determine enrollment. If after enrollment, I move out of the Town of Windham, I will give proper notification to the school. I authorize the Windham School District to independently verify this information when necessary.

Parent/Guardian Signature: _____ Date: _____

Verification/Signature will occur after all registration documents are received and verified

Verification by School Official: _____ Date: _____



WSD HEALTH OFFICE FORM



COMPLETE AND RETURN ALONG WITH CHILD'S IMMUNIZATION RECORDS AND PHYSICAL EXAM

STUDENT INFORMATION

[]		[]		[]
LAST NAME		FIRST NAME		MIDDLE
<input type="radio"/> Female	<input type="radio"/> Male	[]	[]	[]
GENDER		DATE OF BIRTH	PLACE OF BIRTH	INCOMING GRADE
ADDRESS				
STREET (No PO Box):		[]		
WINDHAM, NH 03087				

Does your child have any medical conditions/needs we should be aware of? Yes No

If Yes, please explain:

Does your child have a physician-documented allergy? Yes No

If Yes, please explain:

Does your child require the use of an Epi-pen? Yes No

If Yes, you will be required to provide the school Nurse with Doctor's orders.

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1

[]	[]	[]	[]
NAME	PHONE	EMAIL	RELATIONSHIP

PARENT/GUARDIAN 2

[]	[]	[]	[]
NAME	PHONE	EMAIL	RELATIONSHIP

Student Lives with: Parent 1 Parent 2 Both Guardian

HOME LANGUAGE SURVEY (HLS)

This form is required for ALL Registrations

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

STUDENT INFORMATION

			<input type="radio"/> Female <input type="radio"/> Male
FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER

PARENT/PERSON IN PARENTAL RELATION INFORMATION

LAST NAME	FIRST NAME	RELATION TO STUDENT

LANGUAGE BACKGROUND (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	<i>Specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<i>Specify</i>
3. What is the Home Language of each parent/guardian ?	<input type="checkbox"/> Mother		<i>Specify</i>
<input type="checkbox"/> Guardian _____	<input type="checkbox"/> Father		<i>Specify</i>
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<i>Specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<i>Specify</i>
5. What language(s) does your child Read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<i>Specify</i>
5. What language(s) does your child Write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	<i>Specify</i>

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED

SCHOOL DISTRICT INFORMATION:	Student SASID
School Name _____ Address _____	



HOME LANGUAGE SURVEY (HLS)

EDUCATIONAL HISTORY

8. Indicate the total number of years your child has been enrolled in school: _____

9. Do you think your child may have difficulties or conditions that effect 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? (If Yes, please complete 10b below) Yes No

10b. If **referred for an evaluation**, has your child ever **received** any special education services in the past?
 Yes No If 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 individual Education Program (IEP)? Yes No

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

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

SIGNATURE OF PARENT/GUARDIAN

DATE

RELATIONSHIP TO STUDENT: Mother Father Guardian 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: Yes No

DATE OF INDIVIDUAL INTERVIEW: _____

OUTCOME OF INDIVIDUAL INTERVIEW: ADMINISTER STATE APPROVED WIDA SCREENER
 NOT ELIGBLE FOR EL SERVICES

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

NAME: _____ POSITION: _____

DATE OF WIDA SCREENER ADMINISTRATION: _____

PROFICIENCY LEVEL ACHIEVED ON WIDA SCREENER: Overall Composite Score: _____
Does the student qualify for EL Support?
 Yes No

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:



Session Preference

(please pick one)

3 yr. old 2 -day T/TH-AM

3 yr. old 2 -day W/F- AM

4 yr. old 4 - day AM
PM

No Preference

OFFICE USE ONLY
Lottery Position #

Placement:
AM or PM

STUDENT NAME _____

First

Last

DOB _____

Parent (Guardian) _____

Parent Address _____ Windham, NH

Parent phone _____

Email Address _____

PRESCHOOL