

# GOLDEN BROOK SCHOOL

2020-2021 SCHOOL YEAR

## KINDERGARTEN REGISTRATION INFORMATION



## REGISTRATION PACKET

**How do I learn about the Curriculum?**

Please refer to: <http://windhamsd.org/curriculum>

**What is the best way to keep up with school/district information?**

Windham District Website [www.windhamsd.org](http://www.windhamsd.org)

GBS Facebook page [www.facebook.com/GoldenBrookSchool](https://www.facebook.com/GoldenBrookSchool)

GBS Twitter page <https://twitter.com/goldenbrookwsd>

WSD Facebook page <https://www.facebook.com/windhamsd>

WSD Twitter page <https://twitter.com/windhamsd>

# Golden Brook School

112B Lowell Road  
Windham, NH 03087

Christopher Hunt  
Principal

B. J. Martin  
Assistant Principal

Christopher Blair  
Assistant Principal

Karen Baldasaro  
Director of Special  
Education

Jessica Benson  
Director of  
Curriculum K-4

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Phone: (603) 845-1552 ☐ Fax: (603) 845-1553 ☐ [www.windhamsd.org](http://www.windhamsd.org)

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January 2020

Dear Parents and Guardians:

It is with great pleasure that we welcome you and your child to Golden Brook School! The primary years of a child's education are critically important. Our talented and dedicated staff are extremely proud to provide a comprehensive curriculum that meets the needs of each of our learners. This year promises to be filled with exciting firsts for both you and your child. Several important events will take place prior to the first day of school for students this upcoming 2020-2021 school year.

- Parent Registration Information Night for Kindergarten students coming to Golden Brook School will be held on **Thursday, January 9, 2019 @ 6:30 pm** in the GBS Cafeteria.
- Registration days for incoming Kindergarten students, *who are not currently enrolled in Pre-K at Golden Brook School*, will be offered on **Wednesday, January 22, 2020** and **Tuesday, January 28, 2020**, from 4-7 pm in the GBS Gym (walk-in, no appointments necessary).
- This Registration Packet can also be found on the Windham School District website by visiting [www.windhamsd.org](http://www.windhamsd.org) from here, navigate to the **Parents** tab at the top, **New Student Registration**. If you are unable to attend one of the registration evenings, please call Diane Figaro to arrange an appointment at the WHS Central Registration Office @ 64 London Bridge Road. Appointments can be scheduled beginning January 30, 2020.

Please feel free to contact our school if you have any questions. We hope to see you soon!

Sincerely,



Christopher Hunt  
Principal

## 2020-2021 School Year Kindergarten Registration Process

We invite you to attend our Kindergarten Registration Parent Information Night, Thursday, January 9, 2020 @ 6:30pm in the GBS Cafeteria. (Snow Date: Wednesday, January 15, 2020)

Golden Brook is offering the following evening registration dates and times: **Wednesday, January 22, 2020 and Tuesday, January 28, 2020 from 4-7 pm in the GBS Gymnasium, walk-in registrations, (Snow Date: Wednesday, January 29, 2020).**

A parent or legal guardian **MUST** be present at one of the registration dates with all the required documentation items listed below. We are unable to register your student if you have not secured residency in Windham.

Registration documents are also available through the Windham School District website <http://www.windhamsd.org>. Please download the appropriate registration packet, print, complete forms and bring it with you along with the outlined items below:

### Required Items Due at Time of Registration for Kindergarten and New First Grade Students:

- **Completed** Reg. Form; **Completed** Res. Affidavit; **Completed** Health Form; **Completed** Release: **Completed** Home Language Survey.
- Original Birth Certificate with raised seal (copies will not be accepted). Original will be returned.
- Immunization records with updated vaccinations. Registration cannot proceed if immunizations are not up-to-date or missing! (Please check with the doctor's office prior to registration day).
- Proof of physical examination dated September 1, 2019 or later. A recent physical exam form will be accepted if your child has a physical scheduled between January 2, 2020 and September 1, 2020. You must note the date of the upcoming exam for the school nurse on the health form, and submit the exam documentation before school begins.
- Copy of parent/guardian's drivers' license parent/guardian enrolling the student.
- **Two proofs of residency** for the Town of Windham. These must be in the name of at least one of the parent/guardian who is registering the student. Each proof must note a street address. **P.O. Boxes will not be accepted.**

One from each category please:

**Category A**  
Current Mortgage Statement  
Warranty/Closing Deed  
Fully Signed/Executed Lease/Rental Agreement

**Category B**  
Current Utility Bill  
Current Car Registration

Please call Diane Figaro prior to the evening registration dates if you have any questions about any of the required documentation (603) 845-1558 x 5840. If you are unable to attend one of the registration evenings, please call Diane to arrange a separate registration appointment at the WHS Central Registration Office @ 64 London Bridge Road. Appointments can be scheduled beginning January 30, 2020.

We look forward to welcoming our new Golden Brook Kindergarten students for the 2020-2021 school year!



## STATE MANDATED HEALTH REQUIREMENTS FOR KINDERGARTEN/NEW STUDENTS

Dear Parent or Guardian:

Welcome to Golden Brook School. We would like to be able to assist you and your child with adjusting quickly and comfortably into a new school setting. Of special importance to us is your child's health and prevention of communicable disease.

New Hampshire State law requires all children to have a physical examination before entering school. Please submit the most recent copy of the physical examination and immunization records when registering your child, along with the date of the next scheduled physical examination. All final physical exams must be dated no earlier than September 1, 2019 (**You must provide the date of the upcoming exam to the school nurse before school begins**). Any information made available regarding allergies, physical disabilities and so forth, would become part of your child's record.

New Hampshire State Law, RSA 141-C: 20 requires all students in New Hampshire to be immunized against diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, Hepatitis B and Varivax (chicken pox) **before enrollment in school**.

Acceptable immunizations include:

- Four (4) or five (5) doses of DTP/DT/DtaP/TD, last dose on or after 4<sup>th</sup> birthday.
- Three (3) or four (4) doses of Polio vaccine, with the last dose after the 4<sup>th</sup> birthday of an all IPV or all OPV Schedule.
- As of April 1, 2016, all Polio vaccines administered must specify that it was an IPV does, not OPV, on the child's immunization record.
- Two (2) doses of measles, mumps, rubella (MMR) on or after 12 months of age.
- Dose 2 at least 28 days after the first dose.
- Three (3) doses of Hepatitis B (required if born on or after 1/1/1993). Dose 1 and 2 separated by at least 28 days. Dose 3 shall be administered on or after age 24 weeks and be separated by a minimum of 16 weeks from the first dose and 8 weeks from the second dose.
- Two (2) doses of varicella or varivax vaccine (chicken pox) with the first dose given on or after 12 months of age. Dose two at least 3 months after the first dose.

For all minimum intervals and age requirements, a 4-day grace period is acceptable.

If your child does not have the required vaccines she/he may be conditionally enrolled if she/he has received at least one dose of the required vaccines. This requirement may be waived for medical reasons if evidence is presented from your physician that immunization will be detrimental to her/his health or for religious reasons, when a written notarized statement is presented to the school. If you have any questions, please feel free to contact us.

Also, please be aware that if your child is sick, it is very important to keep them home. We ask that they remain at home for at least 24 hours after having a fever, vomiting or have been started on antibiotics.

Sincerely,

A handwritten signature in blue ink that reads "Charlene Sousa".

Charlene Sousa, R.N.

## Important Dates to Remember - 2020-2021 School Year

<p>Thursday, January 9, 2020 6:30 pm</p>	<p><b>Kindergarten Parent Orientation Meeting</b> Question and Answer Information Session. This session is for parents of entering Kindergarten students.</p>
<p>Wednesday, January 22, 2020 4:00 pm – 7:00 pm</p> <p style="text-align: center;">and</p> <p>Tuesday, January 28, 2020 4:00 pm – 7:00 pm</p> <p>Snow date, if needed, Wednesday, January 29, 2020</p>	<p><b>Open Registration at Golden Brook School for all grade levels for 2020-21</b> For incoming Kindergarten students and students new to the district Please bring all the required paperwork.</p> <p><b>Registrations will not be accepted before these dates for the 2020-21 school year.</b></p> <p>Parents will have an opportunity at the time of registration to schedule their child's incoming assessment date.</p> <p><i>If you are unable to attend one of the evening registration dates, please call Diane Figaro (603) 845-1558 X5840 to schedule an appointment after January 30, 2020. These appointments take place at the Central Registration Office located at Windham High School.</i></p>
<p>Thursday, May 14, 2020</p>	<p><b>Teddy Bear Picnic</b> Session 1: 4:00 pm – 5:30 pm Session 2: 6:00 pm – 7:30 pm This is a special event for incoming <b>Kindergarten</b> students and their parents. This evening will be your child's initial introduction to their new school and will include story-telling, crafts, and snacks.</p>
<p>Mid-August</p>	<p><b>INFOSNAP (Registration Verification)</b> All parents of newly registered students will receive an email in mid-August, before the start of school, to update their student's information and view their student's classroom teacher assignment. <b>Please call the school office if your email address has changed before the start of the 2020-2021 school year.</b> If your email is incorrect, parents will not receive the InfoSnap link to update your student's information on the school database.</p>
<p><b>Withdrawal From This Enrollment Process</b></p>	<p>If circumstances change after registration and you no longer reside in Windham or you decide to enroll your child in a private/charter school setting, <b>please</b> notify Diane Figaro as soon as possible or at least 2 weeks before the start of the school year! (603) 845-1558 X5840 <a href="mailto:dfigaro@windhamsd.org">dfigaro@windhamsd.org</a></p>
<p><b>How do I learn about the Curriculum?</b> Please refer to: <a href="http://windhamsd.org/curriculum">http://windhamsd.org/curriculum</a></p>	
<p><b>What is the best way to keep up with school/district information?</b> Windham District Website <a href="http://www.windhamsd.org">www.windhamsd.org</a> Facebook page <a href="https://www.facebook.com/GoldenBrookSchool">www.facebook.com/GoldenBrookSchool</a> Twitter page <a href="https://twitter.com/goldenbrookwsd">https://twitter.com/goldenbrookwsd</a> WSD Facebook page <a href="https://www.facebook.com/windhamsd">https://www.facebook.com/windhamsd</a> WSD Twitter page <a href="https://twitter.com/windhamsd">https://twitter.com/windhamsd</a></p> <p>Additionally, weekly newsletters will be sent home during the school year via email.</p>	



# WINDHAM SCHOOL DISTRICT REGISTRATION FORM

(Please Print Clearly – Using One Form for Each Child You Are Registering)

Student Name: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_  
Windham, NH 03087

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

Kindergarten  
 Other grade \_\_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_

Ethnicity of Student: African-American    American Indian    Asian    Hispanic    White  
 (Please Circle One)

Has the student ever attended the Windham Preschool Program?                      YES    NO

Are Court Orders in place that pertain to this student?                                YES    NO

(If yes, please provide a valid court order to the School Office prior to first day of school)

Language spoken at home:    English \_\_\_\_\_ Other: \_\_\_\_\_

Does your student receive Special Education services?                                      YES    NO

Does your student have an active 504 plan in place?    YES    NO

(If yes, please provide an up-to-date, signed IEP or 504 plan)

Parent/Guardian 1 Name: \_\_\_\_\_

*Relationship to Student:* \_\_\_\_\_

Parent/Guardian 1 Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian 1 Email: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

*Relationship to Student:* \_\_\_\_\_

Parent/Guardian 2 Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian 2 Email: \_\_\_\_\_

Student lives with: P1 \_\_\_\_ P2 \_\_\_\_ Both \_\_\_\_ Guardian \_\_\_\_

Who should receive the August Infosnap email? P1 \_\_\_\_ or P2 \_\_\_\_

Do you currently have other child(ren) in the Windham School District?    YES    NO

If YES, what are their name(s) and grade level? \_\_\_\_\_  
Name Grade

**Office Use Only** \_\_\_\_\_  
 Items Owed: Residency    Birth Cert    Imms/Exam    Driver's License    Form(s): REG. AFF. HLS. RELEASE

Student ID # \_\_\_\_\_ Classroom Placement \_\_\_\_\_



Windham School District SAU #95  
19 Haverhill Road  
Windham, NH 03087  
[www.windhamsd.org](http://www.windhamsd.org)

### 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...legal residence is where his or her parent(s) reside...”*

<u>Student Name(s)</u>	<u>DOB</u>	<u>AGE</u>	<u>GRADE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent(s)/Legal Guardian(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Windham, NH 03087

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.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District Registrar

\_\_\_\_\_  
Date



**GOLDEN BROOK SCHOOL NEW STUDENT INFORMATION  
HEALTH OFFICE FORM**

**(Please Print Clearly – Using One Form for Each Child You Are Registering)**

**Student Name:** \_\_\_\_\_  
Last, First MI

**Address:** \_\_\_\_\_  
Windham, NH 03087

**Incoming Grade Level:** \_\_\_\_\_ **Upcoming Physical Exam Date:** \_\_\_\_\_  
(if occurring after registration day)

**Gender:** Male Female (circle one)

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
mm/dd/yyyy

**Parent/Guardian 1 Name:** \_\_\_\_\_  
*Relationship to Student:* \_\_\_\_\_

**P1 Email:** \_\_\_\_\_

**P1 Phone:** \_\_\_\_\_

**Parent/Guardian 2 Name:** \_\_\_\_\_  
*Relationship to Student:* \_\_\_\_\_

**P2 Email:** \_\_\_\_\_

**P2 Phone:** \_\_\_\_\_

**Primary Emergency Phone Number:** \_\_\_\_\_

Does the student have any medical needs the school should be aware of? YES NO

If yes, briefly explain: \_\_\_\_\_

Allergies: Does your child have physician-documented allergy? YES NO

Does the student require the use of an Epi-pen? YES NO

If yes, does the student require placement in an allergy-aware classroom? YES NO

**Student lives with:** P1 P2 Both Other \_\_\_\_\_  
(Circle one)

*School Use Only:*

**Start Date:** \_\_\_\_\_





## RELEASE OF RECORDS

### Golden Brook School

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

**Sending school, please mail all records to the school address listed above**

Today's Date: \_\_\_\_\_

Student Name:

\_\_\_\_\_

DOB: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Transferring from:

SCHOOL

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

SCHOOL

ADDRESS: \_\_\_\_\_

SCHOOL PHONE: \_\_\_\_\_

FAX #: \_\_\_\_\_

Sending school, 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 records
- Attendance History
- Discipline
- Health
- Psychological (if applicable)
- Special Education evaluation and programming (if applicable)
- Active 504 Plan (if applicable)
- State testing results

Parent Signature \_\_\_\_\_

Parent(s): Please **return** this signed form, along with your other Registration Documentation.  
Thank you.

## Home Language Survey

School: \_\_\_\_\_ District: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for survey administrator:**

1. Please ensure this survey is in a language which is comprehensible to the parent/guardian who is completing it, and provide an interpreter to translate the survey when necessary.
2. If responses indicate a language other than English, contact the Student Services Coordinator or ESOL/ELL Program Coordinator in your school or district immediately.
3. Note the date of referral to Student Services/ESOL Program: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ (initial)
4. File the original *Home Language Survey* in the student's cumulative folder.

**Information for parents and guardians:**

All public school districts in the United States are required to provide language assistance to the parents and guardians of students in their local schools. In addition, it is the school's responsibility to identify any and all students who may have a language influence other than English. This is in order to determine whether the school is obligated to provide additional academic language services. In New Hampshire, these services are usually called ESOL or ELL Services.

**Student Information:** Please complete this general information about your son or daughter.

First name:	Last name:	Date of Birth:	Gender: <input type="checkbox"/> female <input type="checkbox"/> male
Country of Birth:		Date first enrolled in a U.S. school: Month _____ Year _____	Current grade:

**Family Information:** Please complete this information about your family.

Name of parent/legal guardian:	Phone number:
Address:	Would you like school notices translated? If yes, in which language: _____

**Questions about Language:** Please answer the following questions about the languages that you and your family use.

What language(s) does your child hear or speak in your home?
Which language(s) did your child first hear or speak?
<i>If English is the only language listed above, you may skip over the next questions. If another language is listed, please answer the following questions.</i>
What language(s) do you use with your child?
What language(s) does your child hear or use at home with relatives and friends?
What language(s) does your child use with people in your community?

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_