



WINDHAM SCHOOL DISTRICT STUDENT REGISTRATION INFORMATION

All school registrations take place at the Central Registration Office, located at Windham High School – 64 London Bridge Road.

Please read through this registration packet, noting the necessary, acceptable forms of registration documents, and call for a registration appointment.

Appointments

Please call Diane Figaro, Registrar, to schedule your appointment. Appointments are scheduled on Tuesdays and Fridays between 8am – 3:00pm.
(603) 845-1558 ext. 5840

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

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

Other registration requirements include:

- Birth Certificate (original needed for grades K-1. It will be returned to you)
- 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:

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

Please call (603) 845-1558 x 5840 if you have any questions.

WINDHAM SCHOOL DISTRICT REGISTRATION

GBS

WCS

WMS

WHS

Student Name: _____
Last First Middle

Address: _____

Town State: Zip:

Date of Birth: _____ Incoming Grade Level: _____

Gender: Male Female (circle one). Ethnicity of Student: _____

Has this student ever attended a Windham Public School before? YES NO If yes, when _____

Are Court Orders in place that pertain to this student? YES NO If YES, please provide a valid Order

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)

Parent/Guardian #1 Name: _____ Phone _____

Relationship to Student: _____

Parent/Guardian #1 Email: _____

Parent/Guardian #2 Name: _____ Phone _____

Relationship to Student: _____

Parent/Guardian #2 Email: _____

Student lives with: P1 P2 Both Guardian

Do you have other children enrolled in this district?

Name _____ Grade _____ Name _____ Grade _____



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: _____

RELEASE OF RECORDS

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

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

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

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

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

Today's Date: _____

Student Name: _____

DOB: _____

Transferring from:

SCHOOL NAME & ADDRESS _____

_____ Phone _____ Fax _____

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**)
- 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, at your Registration Appointment. Thank you.*

Windham School District SAU #95
19 Haverhill Road
Windham, NH 03087
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, without the consent of the district or of the school board...legal residence is where his or her parents reside..."

<u>Student Name(s)</u>	<u>DOB</u>	<u>Age</u>	<u>Grade</u>

Parent(s)/Legal Guardian(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

Verification by School Official

Date