



WINDHAM SCHOOL DISTRICT REGISTRATION FORM FOR PRESCHOOL
(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)

Gender: Male _____ Female _____

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

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: _____

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: Parent 1 ~ Parent 2 ~ Both Parents ~ Guardian

Who should receive the August Infosnap email? ____ Parent 1 ____ Parent 2

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: __ Proof Residency __ Birth Cert __ Driver's License __ Imm./Physical. __

Form(s) enclosures: __ Registration __ Affidavit __ Health Mandate __ Release of records