

## Nashua School District Residency Verification and Registration Form

**Only the child's parent or legal guardian can register his/her own child for school.**

<b>Neighborhood School</b>					<b>Date</b>				
<b>Student</b>					<b>Birth Date</b> MM/DD/Year				
		<i>(Last)</i>		<i>(First)</i>		<i>(Middle)</i>			
<b>Parent</b>					<b>Primary Telephone</b> <small>with area code</small>		(   )   -		
					<b>Secondary Telephone</b>		(   )   -		
<b>Street</b>					<b>Zip Code</b>				
<b>Has Student ever been registered with the Nashua School District? Yes or No</b> If Yes, which school?									
<b>Please enter the date Student first entered a United States school:</b>									
<b>Has Student received following service(s) in previous school:</b>									
504 Accommodations			ELL or ESL Services			Special Education			
<b>Registration Documentation: FOR OFFICE USE ONLY</b> The following documentation is required at registration.									

- |  |   |
|--|---|
| <p>_____ Original or certified Birth Certificate or other legal document that includes student's name, date of birth, such as passport, court documents or adoption papers</p> <p>_____ Immunization Record</p> <p>_____ Medical Physical Examination within Year of Enrollment</p> <p>_____ Proof of Residency<br/>Two different recent utility bills (electric, cable, or gas bill) <b>or</b> current lease agreement or mortgage agreement in parent name</p> | <p>_____ Legal Paperwork, if applicable<br/>(guardianship, court decree, court placement)</p> <p>_____ If child is living with a host:<br/>( parent/guardian unable to provide proof of residence)</p> <p>_____ Notarized Host Residency Form</p> <p>_____ Host must accompany parent at time of registration</p> <p>_____ Host must show photo identification and proof of residency (two different recent utility bills <i>or</i> current lease or mortgage agreement in host name)</p> |
|--|---|

<b>Kindergarten Registration</b> <b>COMPLETE THE BOX BELOW ONLY IF YOU ARE REGISTERING A KINDERGARTEN STUDENT</b> <i>The school principal will notify parents by letter the date of Kindergarten orientation.</i>	
<b>The Nashua School District provides a full-day Kindergarten program and also permits a pupil to attend Kindergarten for a half day.</b> You are registering your child for:      Full Day _____ Half Day _____	
<b>Schools</b>	
Amherst Street Elementary Bicentennial Elementary Birch Hill Elementary	Broad Street Elementary Charlotte Avenue Elementary Dr. Crisp Elementary
Fairgrounds Elementary Ledge Street Elementary Main Dunstable Elementary	Mount Pleasant Elementary New Searles Elementary Sunset Heights Elementary
<b>Students will attend Kindergarten at his/her neighborhood school</b>	
Did your child attend preschool?      Yes _____ No _____      Half-Day or Full Day? _____	
What is the name of the school(s)? _____	

<b>FOR OFFICE USE ONLY:</b>	Neighborhood School Street Address Check	Date _____	Initials _____
	Birth Certificate or Passport (Raised Seal)	Date _____	Initials _____
	Immunization Records	Date _____	Initials _____
	Physical Exam	Date _____	Initials _____
	Proof of Residency	Date _____	Initials _____
	Date Received: _____	Grade: _____	Academic Year: _____

# STUDENT INFORMATION UPDATE FORM

## Student Information

First Name:		Middle Name:	Last Name:	
Gender: M / F	Date of Birth	City of Birth	State of Birth	Country of Birth
Hispanic/Latino? <input type="checkbox"/>	RACE: Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/>			
Parent Language		Student Language		
Interpreter required <input type="checkbox"/> Yes <input type="checkbox"/> No		Translation requested <input type="checkbox"/> Yes <input type="checkbox"/> No		

Physical Home Address	City/State	Zip Code
Address:		
Mailing Address (if different)	City/State	Zip Code
Address:		

**Parent/Guardian Military Status:**

☐ Active Duty in Armed Forces
 ☐ Full Time National Guard
 ☐ Both Apply
 ☐ Does Not Apply

Are any siblings of this student currently enrolled in the Nashua School District? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide sibling(s) name, date of birth, and current school. _____	
Are there family legal issues/restraining order/custody issues we need to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, Please explain (copies of legal documentation required). _____	
Student has permission to be photographed/videotaped (except school-wide events on Nashua ETV)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please note that by selecting "No" to the above, your child may not appear in school yearbooks.	
Student has permission to be interviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have reliable access to the Internet at home? <input type="checkbox"/> Yes <input type="checkbox"/> No      Do you have a computer at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Contact Information

(Please list each person as a separate contact in the order of preference to be called.)

### Contact #1

First Name:		Last Name:	
Relationship:		Email Address:	
Home Address:			
Primary Phone:		Secondary Phone:	
Other Phone:			
Lives with Student: <input type="checkbox"/>	Legal Guardian: <input type="checkbox"/>	Can Pick Up Student: <input type="checkbox"/>	Receives Automated Phone Calls: <input type="checkbox"/>
Receives Grades: <input type="checkbox"/>	Receives Conduct: <input type="checkbox"/>	Receives Attendance: <input type="checkbox"/>	Receives Other: <input type="checkbox"/>

### Contact #2

First Name:		Last Name:	
Relationship:		Email Address:	
Home Address:			
Primary Phone:		Secondary Phone:	
Other Phone:			
Lives with Student: <input type="checkbox"/>	Legal Guardian: <input type="checkbox"/>	Can Pick Up Student: <input type="checkbox"/>	Receives Automated Phone Calls: <input type="checkbox"/>
Receives Grades: <input type="checkbox"/>	Receives Conduct: <input type="checkbox"/>	Receives Attendance: <input type="checkbox"/>	Receives Other: <input type="checkbox"/>

### Contact #3

First Name:		Last Name:	
Relationship:		Email Address:	
Home Address:			
Primary Phone:		Secondary Phone:	
Other Phone:			
Lives with Student: <input type="checkbox"/>	Legal Guardian: <input type="checkbox"/>	Can Pick Up Student: <input type="checkbox"/>	Receives Automated Phone Calls: <input type="checkbox"/>
Receives Grades: <input type="checkbox"/>	Receives Conduct: <input type="checkbox"/>	Receives Attendance: <input type="checkbox"/>	Receives Other: <input type="checkbox"/>

**Parent/Guardian Signature**

**Date**

Students attending Nashua Public Schools must be legal residents of the City. Legal residence can be verified by producing two current utility bills and any other documentation deemed necessary by the administration. If a student moves out of Nashua during the school year and wishes to continue attending school in Nashua, the School District must be notified by the student's parents and/or by the student if over the age of 18. If space is available, students will be allowed to remain in the Nashua School District at a prorated tuition. Families who do not reside in Nashua, or move out of Nashua, but send their children to Nashua Public Schools without giving proper notification to the School District and receiving written permission for their child's enrollment in the Nashua Public Schools, will be assessed the cost of tuition for the period of time in question and may face appropriate civil and criminal sanctions, including, but not limited to, complaints for Theft of Services.

**Nashua School District  
Home Language Survey**

Dear Parents 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 section below entitled Language Background and Educational History. We greatly appreciate your assistance in answering these questions.

**Name of Student:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

<b>Language Background</b> (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 _____ (Specify)
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ (Specify)
3. What is the Home Language of each parent/guardian?	Mother _____ Father _____ Guardian: _____ ( Please specify for each person)	
4. What languages(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ (Specify)
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ ( Specify) <input type="checkbox"/> Does not Speak
6. What languages(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ (Specify) <input type="checkbox"/> Does not Read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ (Specify) <input type="checkbox"/> Does not Write

<b>Educational History</b>
8. Indicate the total number of years your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.  <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Not sure   If yes, please explain: _____  How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes*   *Please complete 10a. 10a. *If referred for an evaluation, has your child ever received any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes Type of service received: _____ Age at which services were received: <input type="checkbox"/> Birth to 3 years (Early intervention) <input type="checkbox"/> 3 to 5 years ( Special Education) <input type="checkbox"/> 6 years or older 10b. Does your child have an individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes
11. In what language(s) would you like to receive information from the school? _____
12. Is there anything else you think is important for the school to know about our child? _____

**Parent/Guardian Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Relationship to child:**   ☐ Mother   ☐ Father   ☐ Other : \_\_\_\_\_

**Home Language Survey – Page 2 –**  
**Office use only**

<b>Name/Position of personnel administering HLS</b>	
Name: _____ Position: _____	
If an interpreter is provided, list name, position and credentials:	
<b>Name/Position of qualified personnel reviewing HLS and conducting individual interview</b>	
Name: _____ Position: _____	
Oral Interview necessary: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Date of Individual interview: _____	Outcome of Individual Interview: <input type="checkbox"/> Administer state approved WIDA Screener <input type="checkbox"/> Not eligible for ELL services
<b>Name/Position of NHESOL and WIDA certified personnel administering WIDA Screener</b>	
Name: _____ Position: _____	

**Screening Information for X2**

**Student Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth Country: \_\_\_\_\_

Yrs. Of Schooling outside of US schools: \_\_\_\_\_ Highest grade completed: \_\_\_\_\_

Date entered US: Schools : \_\_\_\_\_ Screener Test date: \_\_\_\_\_

Screener Name: \_\_\_\_\_ K Model or Model Screener

**Scores**

Listening \_\_\_\_\_ Speaking \_\_\_\_\_ Reading \_\_\_\_\_ Writing \_\_\_\_\_ Composite \_\_\_\_\_

**ELL**

ELL Status : A C DNQ M1 M2 M3 M4 N T

Parent Permission : Accept Refuse

Refusal reason: Refuse to participate Stay in Neighborhood School

Student Language: \_\_\_\_\_ Parent Language: \_\_\_\_\_

Date entered Nashua ELL Program : \_\_\_\_\_

Recommended minutes: \_\_\_\_\_ Actual Service Minutes : \_\_\_\_\_



## Health History

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ MM/DD/Year

Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Please provide the following health information for your child. A health record is kept on each child and needs to be updated each year.

Has your child had: **(please give age or date)**

Chicken Pox _____	Measles _____	German Measles _____	Whooping Cough _____
Mumps _____	Poliomyelitis _____	Ear Infection _____	Strep Throat _____
Pneumonia _____	Tuberculosis _____	Hepatitis _____	Mononucleosis _____
Scarlet Fever _____			

Does your child have:

Asthma _____	Diabetes _____	Epilepsy _____	Seizures _____
Cerebral Palsy _____	Deafness _____	Blindness _____	Headaches _____

Serious, Life Threatening Allergies \_\_\_\_\_

Heart Condition or Heart Defect \_\_\_\_\_

Is your child toilet trained and able to use the bathroom on his/her own? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child had any operations? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe: \_\_\_\_\_

Has your child had any serious illnesses or accidents? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe: \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe: \_\_\_\_\_

Does your child take pills, medicine or treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe: \_\_\_\_\_

**PLEASE NOTE:** NO MEDICATION MAY BE ADMINISTERED TO YOUR CHILD WITHOUT A WRITTEN DOCTOR'S NOTE, A RELEASE FORM SIGNED BY THE PARENT OR GUARDIAN, AND THE MEDICATION IN A CLOSED, LABELED CONTAINER. THE PRESCRIPTION BOTTLE **DOES NOT** SUFFICE FOR A DOCTOR'S NOTE.

Does your child wear glasses, hearing aid or other appliance? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe: \_\_\_\_\_

Are there any health problems not mentioned? Please explain: \_\_\_\_\_

To best meet the needs of your child and to provide a safe learning environment, it may be necessary to exchange health information with other school-based personnel who also interact with your child. Only information that is necessary to provide medical, educational and/or guidance services for your child will be released.

Parent/Guardian Acknowledgement/Signature \_\_\_\_\_ Date \_\_\_\_\_



**NASHUA SCHOOL DISTRICT**  
**Requirements for Enrollment Grades K-12**  
**IMMUNIZATION LAW RSA 141-C**

Children must have proof of all NH State required immunizations, documentation of immunity, or valid exemptions, in order to be enrolled in any New Hampshire school according to NH State Law RSA 141-C.

All immunizations must meet minimum age and interval requirements for each vaccine. A 4-day grace period is allowed; however, live attenuated vaccines (MMR, Varicella, or nasal influenza vaccine) that are not administered on the same day, must be administered at least 28 days apart.

**DTaP/DTP:** 3-5 doses with the last one given after age 4

**Tdap:** 1 dose for entry into 7<sup>th</sup> grade.

**Polio:** 3-4 doses with the last one given after age 4

**Hepatitis B:** 3 doses.

**MMR:** 2 doses.

**Varicella:** 2 doses.

A child may be “conditionally” enrolled when the parent or guardian provides:

1. Documentation of at least one dose for each required vaccine; AND
2. The appointment date for the next dose of required vaccine.

Children who are entering school for the first time must have a physical examination within the year of enrollment or proof of a doctor’s appointment to have a physical examination before the child is enrolled.

For new students moving into the Nashua School District, an immunization record and a current physical examination are required. For these students, there is a 30-day grace period to obtain the physical examination.

The Nashua School District Nurses will audit all immunization records prior to enrollment.