

Nashua School District Registration Form

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

Neighborhood School		Date	
Student		Birth Date <small>MM/DD/Year</small>	
	<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>
Has Student ever been registered with the Nashua School District?		Yes or No	
If Yes, which school?			
Please enter the date Student first entered a United States school:			
Years of schooling outside of U.S schools			
Highest grade completed outside US school			
Registration Documentation: FOR OFFICE USE ONLY			
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
Two different recent utility bills (electric, cable, or gas bill) or current lease agreement or mortgage agreement in parent name</p> | <p>_____ Legal Paperwork, if applicable
(guardianship, court decree, court placement)</p> <p>_____ If child is living with a host:
(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 or current lease or mortgage agreement in host name)</p> |
|--|--|

Kindergarten Registration Only
COMPLETE THE BOX BELOW ONLY IF YOU ARE REGISTERING A KINDERGARTEN STUDENT
The school principal will notify parents by letter the date of Kindergarten orientation.

The Nashua School District provides a full-day Kindergarten program and also permits a pupil to attend Kindergarten for a half day.

You are registering your child for: Full Day _____ Half Day _____

Did your child attend preschool? Yes _____ No _____ Was it a half day or full day program?

What is the name of the school(s)?

- Elementary Schools
- | | | | |
|---------------------------|-----------------------------|---------------------------|---------------------------|
| Amherst Street Elementary | Broad Street Elementary | Fairgrounds Elementary | Mount Pleasant Elementary |
| Bicentennial Elementary | Charlotte Avenue Elementary | Ledge Street Elementary | New Searles Elementary |
| Birch Hill Elementary | Dr. Crisp Elementary | Main Dunstable Elementary | Sunset Heights Elementary |
- Middle Schools
- | | | |
|---|--------------------|-------------------|
| Brian McCarthy Middle (formerly Elm St) | Fairgrounds Middle | Pennichuck Middle |
|---|--------------------|-------------------|
- High School
- | | |
|--------------------------|--------------------------|
| Nashua High School North | Nashua High School South |
|--------------------------|--------------------------|

FOR OFFICE USE ONLY:	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		

If you require an interpreter for school related issues, please contact your neighborhood school.

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? Yes 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? Yes No

If YES, Please explain (copies of legal documentation required).

Student has permission to be photographed/videotaped (except school-wide events on Nashua ETV)? Yes No

Please note that by selecting "No" to the above, your child may not appear in school yearbooks.

Student has permission to be interviewed? Yes No

Do you have reliable access to the Internet at home? Yes No Do you have a computer at home? Yes 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: Federal mandates require that we ask parents to complete a Home Language Survey to identify and provide services for limited English proficient students. 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. We greatly appreciate your assistance in answering these questions.

Name of Student: _____ **Date of Birth:** _____

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 _____ (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

Educational History
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 your child? _____

Parent/Guardian Signature: _____ **Date** _____



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 7th 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.