

## **Student Registration Checklist for Parent/Guardian**

*Once you have gathered and complete all of the below  
please call for an appointment (603)432-6920 x1112*

### **ALL REGISTRANTS MUST HAVE:**

- Registration Forms (2 pages)
- Release of Information
- Certification of Address
- Home Language
- Student in Housing Transition Questionnaire
- Technology Release
- Birth Certificate with Raised Seal or Notarized ONLY (We will make a copy after it is viewed)
- Immunization Record (not older than one year from the start of school, CANNOT start school without)
- Physical (not older than one year from the start of school)
- Report Card/Transcripts
- Photo ID of Parent/Guardian to be viewed at appointment

### Proof of Residency\*:

- Mortgage Document
- Deed
- Tax Bill
- Lease/Rental Agreement
- Living with... notarized letter **AND** one of the above

\*If you are living with a Londonderry resident we will need a notarized letter from them stating that you and your child(ren) are residing in their home. The will also need to provide a copy of one of the above forms.

### **IF APPLICABLE:**

- Parenting Plan/Custody Papers
- IEP or 504 Plan for Student

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*Immediately following your completion of registration at the District Office please call the appropriate school(s) for an appointment to tour the building and, if applicable, set your child(ren) up with classes.*



# INCOMING STUDENT REGISTRATION

(pg. 1 of 2)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle xx/xx/xxxx

Grade Entering: \_\_\_\_\_  Female  Male Place of Birth: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_ Family Phone #: \_\_\_\_\_

Mail Address (if different from above): \_\_\_\_\_

Email: \_\_\_\_\_

Name, Town/City and State of previous school: \_\_\_\_\_

Has child previously attended Londonderry public school?:  Yes School Attended: \_\_\_\_\_

Does your child receive Special Education Services?  Yes  No 504?  Yes  No IEP?  Yes  No

Ethnicity: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_

Lives With  Has Custody  Can Pick Up  Access to Family Portal (grades/attendance etc.)

Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_

Lives With  Has Custody  Can Pick Up  Access to Family Portal (grades/attendance etc.)

Stepparent's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_

Lives With  Has Custody  Can Pick Up  Access to Family Portal (grades/attendance etc.)

### Names of EVERY Child in Household (related or not):

<u>Eldest First</u>	<u>Date of Birth</u>	<u>Relationship to Student</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OFFICE USE ONLY**

LASID \_\_\_\_\_ SASID \_\_\_\_\_ YOG \_\_\_\_\_

START DATE \_\_\_\_\_ MEDICAL ALERT \_\_\_\_\_ LEGAL ALERT \_\_\_\_\_

KINDERGARTEN/LEEP ONLY

AM  PM  DAYS: M TU W TH F MEDICAL \_\_\_\_\_

DEV HIST \_\_\_\_\_ TEACHER \_\_\_\_\_

# INCOMING STUDENT REGISTRATION

(pg. 2 of 2)

**Legal Information:**

- Please check here if any Court Orders exist which relate to this student, and attach copies of all orders, including legal guardianship orders, divorce or separation orders which address legal and physical custody, relevant visitation orders, orders with regard to educational records (FERPA), and/or restraining orders. Please also attach copies of any petitions for guardianship or legal custody which have been filed with the Court. It is your responsibility to timely provide the School District with any subsequent orders which are issued by any courts with regard to these matters.
- Please check here if the Court has issued a joint custody order and both parents are residents of Londonderry, please set forth the elementary school of primary residence \_\_\_\_\_.

***Failure to provide this information, if custodial issues exist, prevents the Londonderry School District from knowing which parent/guardian is entitled to their child's educational information.***

**MEDICAL INFO**

Doctor: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

- Please check here if your child has previously had an Emergency Care Plan (ECP) (contains specific information about child's medical condition, current and emergency medications, and appropriate emergency intervention) or an Individual Health Care Plan (HP) and attach a copy of the plan.

I(sign name) \_\_\_\_\_ authorize the Londonderry School District to treat and/or call a doctor and/or take this child to a physician in case of an emergency- by ambulance if necessary.

Local Emergency Contact (other than parents):

Name: _____ Relationship to Student: _____ Phone 1: _____ Phone 2: _____ Phone 3: _____ <input type="checkbox"/> Lives With <input type="checkbox"/> Can Pick Up <input type="checkbox"/> Has Custody
Name: _____ Relationship to Student: _____ Phone 1: _____ Phone 2: _____ Phone 3: _____ <input type="checkbox"/> Lives With <input type="checkbox"/> Can Pick Up <input type="checkbox"/> Has Custody
Name: _____ Relationship to Student: _____ Phone 1: _____ Phone 2: _____ Phone 3: _____ <input type="checkbox"/> Lives With <input type="checkbox"/> Can Pick Up <input type="checkbox"/> Has Custody

My signature below verifies that all information, pages 1 and 2, are true and accurate under penalty of perjury.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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



# LONDONDERRY SCHOOL DISTRICT RELEASE OF INFORMATION

Please release information to the school checked below:

**High School**

295 Mammoth Road  
Londonderry, NH 03053  
Tel# 603-432-6941  
Fax# 603-425-1045

**Matthew Thornton Elem.**

275 Mammoth Road  
Londonderry, NH 03053  
Tel# 603-432-6937  
Fax# 603-425-1005

**South School Elem.**

88 South Road  
Londonderry, NH 03053  
Tel# 603-432-6956  
Fax# 603-425-1004

**Middle School**

313 Mammoth Road  
Londonderry, NH 03053  
Tel# 603-432-6925  
Fax# 603-432-0714

**North School Elem.**

19 Sanborn Road  
Londonderry, NH 03053  
Tel# 603-432-6933  
Fax# 603-425-1006

**Moose Hill**

150 Pillsbury Road  
Londonderry, NH 03053  
Tel# 603-437-5855  
Fax# 603-437-3709

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

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

I hereby give my permission to Londonderry School District to request from:

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Phone (###)###-####

\_\_\_\_\_  
Fax (###)###-####

\_\_\_\_\_  
Address

\_\_\_\_\_  
Town, State, ZIP

The following data regarding my child for the purpose of scheduling & placement:

- Confidential File/Special Education Records (IEP/504)
- Administrative Records (Discipline/Attendance)
- Educational Records (Withdrawal Grades, Transcript, Report Cards)
- Psychological Records, if applies
- Health Records (Immunizations/current physical)
- SASID # if previously attended school in NH (State ID #)
- Permission to speak to school personnel (i.e. counselor, teacher, or administrator)

A copy of this permission shall have the same force as the original.

I understand that under the provisions of Public Law 93-380, the Family Educational Rights and Privacy Act of 1974, the School District will not release any personally identifiable information regarding my child except with my written permission specifying the records to be released, reasons for such release, and to whom the records would be released.

SIGNATURE: \_\_\_\_\_

(Parent, Legal Guardian, or Adult Student 18 or over)

DATE: \_\_\_\_\_

(Permission expires one year from the date signed)

It is not necessary for parents to sign a release when records are being passed from public school to public school. NOTE: Federal Register, June 17, 1976, part II H.E.W. • Privacy Rights of Parents and Students. Final rule of education records Vol. 41 #118, 24673 "99.31 prior consent for disclosure not required." An educational agency or institution may disclose personally identifiable information from the education records of a student without written consent of the parent of the student or an eligible student if the disclosure is to other school officials, including teacher, within the educational agency who have been determined by the agency or institution to have legitimate educational interests to officials of another school or school system in which the student seeks or intends to enroll, subject to the requirement set forth in 99.34.



LONDONDERRY SCHOOL DISTRICT  
School Administrative Unit #12  
Londonderry, New Hampshire

CERTIFICATION OF ADDRESS

Certification of the correct name and address of the student and parent or guardian is required to complete a school registration and protect the interest of the Londonderry taxpayers who are the primary financial supporters of this district. A separate Certification of Address form is necessary for each student enrolled in a Londonderry school. This information will be used to verify the student’s eligibility to attend school in this district. School officials will require additional information and documentation where necessary to verify residency.

Only students residing in Londonderry under the immediate supervision and custody of a parent or legal guardian may enroll without written permission from the Superintendent of Schools. Non-resident students, when admitted, will be expected to comply with all provisions of Board Policy JECB, Admission and Attendance of Non-Resident Students, including payment of tuition.

Families planning to move into Londonderry and seeking to enroll children in a Londonderry school must provide a certificate of occupancy permit, lease, or other evidence acceptable to the Superintendent of Schools to verify the date of occupancy. A pro-rated payment of tuition is expected; however, the Superintendent of Schools may waive tuition if the period of time between school enrollment and the establishment of residency is less than thirty (30) school days.

1. Full Legal Name of Student: \_\_\_\_\_

2. Student Residence as Defined Below:

Street and Number: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

3. Name and Address of \*legal custodian as defined below:

Name: \_\_\_\_\_

Street and Number: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Owner of Residence Where Student and Parent/Guardian Resides:  
\_\_\_\_\_

I understand that it is my obligation to promptly notify the school of any change in the above information. FURTHERMORE, I hereby certify under penalty of perjury that the above information is true and accurate. I understand that falsifying this information will be considered theft of services and is punishable by law, including, but not limited to, reimbursement of tuition.

\_\_\_\_\_  
Signature of \*Legal Custodian Date

\*Legal Custodian: Parent(s), guardian, or person assigned custody by the court.



Home Language Survey  
Londonderry, NH School District

Londonderry School: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Female  Male

Country of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Date first Enrolled in a United States School: \_\_\_\_\_

**FAMILY INFORMATION**

Name of Parent/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please translate school notices  Yes  No Language: \_\_\_\_\_

**QUESTIONS FOR PARENTS/GUARDIANS**

Please list all languages spoken in your home: \_\_\_\_\_

Which language did your child first hear or speak? \_\_\_\_\_

*\*If English is the only language listed, stop here.*  *If another language is listed, please answer the rest of the questions.*

Which language(s) do you speak to your child? \_\_\_\_\_

Which language(s) does your child speak at home with adults? \_\_\_\_\_

Which language(s) does your child speak at home with other children? \_\_\_\_\_

*For parents and guardians: If a language other than English is listed above, an ESOL teacher will test your child to find out if he or she can speak, understand, read, and write well in English. The results will be sent to you within 30 days. Based on the results of the test, your child may be eligible to enroll in an English language (ESOL) class at school. Parents/guardians may accept or decline ESOL program services for their child.*

**INSTRUCTIONS FOR SURVEY ADMINISTRATOR:**

1. Please provide an interpreter when necessary.
2. If responses indicate a language other than English, please contact the ESOL teacher and provide her/him with a copy of this survey. Date of referral to ESOL teacher: \_\_\_\_\_
3. File original Home Language Survey in student's cumulative folder.



**Londonderry School District**  
**STUDENT IN HOUSING TRANSITION QUESTIONNAIRE**

**School Attending:** \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

The answers to this transition questionnaire will help determine the services the student may be eligible to receive under the McKinney-Vento Act.

1. Is your current address permanent by rental/lease agreement or by choice?  Yes  No

**IF YOU ANSWERED YES, YOU MAY STOP HERE.** 

2. If no (temporary housing), is your living arrangement due to the loss of housing or economic hardship (e.g. foreclosure, fire, loss of employment, loss of public benefits, accident or illness)?  Yes  No

3. What is your last permanent address? \_\_\_\_\_  
# and Street

\_\_\_\_\_  
Town/City State Zip Code

4. What is the last school attended? \_\_\_\_\_  
School Name

\_\_\_\_\_  
Town/City State Zip Code

5. Where does your student currently stay at night?

- In a shelter
- In a motel or hotel
- In a vehicle
- In another location that is not appropriate for people (e.g. an abandoned building or hospital)
- Temporarily with more than one family in a house, mobile home, or apartment
- At a campsite
- An emergency or transitional shelter
- Waiting foster care placement

If you answered "Yes" to Question 2, please complete the remainder of this form and the Transportation Request Form.

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

Current Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\* Signature of Parent/Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_

*(For unaccompanied youth, signature of student, adult caregiver, or school district liaison is acceptable.)*

***I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vent Act.***

\_\_\_\_\_  
McKinney-Vento Liaison Signature

\_\_\_\_\_  
Date

**Send a copy of this form and the Transportation Request Form to the District McKinney Vento liaison.**

**LONDONDERRY SCHOOL DISTRICT  
DIGITAL TECHNOLOGY/ELECTRONIC MEDIA ACCEPTABLE USE POLICY  
AGREEMENT FORM**

THE FOLLOWING MUST BE COMPLETED BY ALL USERS AND GROUPS,  
PRIOR TO ANY USE OF TECHNOLOGY RESOURCES.

1. I acknowledge that I have received, read and fully understand the Londonderry School District's Digital Technology/Electronic Media Acceptable Use Policy.
2. I agree to use the District's technology resources, such as the District's computers, network, electronic mail service, website and Internet web access, for educational purposes only.
3. I understand that any violation of the Digital Technology/Electronic Media Acceptable Use Policy may result in the restriction, suspension or cancellation of access privileges, and may result in other disciplinary action, civil liability or criminal prosecution by the appropriate authorities.
4. I agree to immediately report any misuse of the District's technology resources to the classroom teacher, School Principal or appropriate District Administrator.
5. I acknowledge that the use of the District's technology resources is entirely at my own risk.
6. I hereby release, indemnify and hold harmless the Londonderry School District, its staff and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my use of the District technology resources.
7. I certify that the information contained in this form is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

(Please Print)

**THE FOLLOWING MUST BE COMPLETED BY THE PARENT/GUARDIAN OF ALL STUDENTS  
UNDER THE AGE OF 18 PRIOR TO ANY USE OF TECHNOLOGY RESOURCES**

As the parent/guardian of \_\_\_\_\_, I acknowledge that I have received, read and fully understand and I have discussed and explained the Londonderry School District Digital Technology/Electronic Media Acceptable Use Policy to my child. I have emphasized to my child the importance of following this policy for reasons of his/her own personal safety and the safety of others and understand that I allow my child to use the District's technology resources at his/her own risk and at my own risk.

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

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

LONDONDERRY SCHOOL BOARD

Adopted: January 22, 2002

Amended: September 7, 2004

Amended: May 6, 2008

Adopted: October 22, 2013