

AUBURN SCHOOL - ENROLLMENT PACKET

Student Name: _____

PARENT CHECKLIST:

REQUIRED DOCUMENTS

- Picture ID of Parent / Guardian _____
- Birth Certificate _____
- Immunization / Health Records _____
- Court Order / Custody Agreement _____

Proof of Residency: Parent or Guardian must provide **two (2)** current documents as proof of residence. Acceptable Documentation – reflecting name and physical street address (not Post Office Box) – Includes, but is not limited to:

Purchase and Sale Agreement, Certificate of Occupancy, Warranty Deed, Property Tax Assessment, Lease Agreement, Mortgage Statement, Utility Bill, Court Order or Residency Affidavit if living with another family.

The completed registration forms and all required papers listed below should be returned to the school as soon as possible. No child will be enrolled in school without the return of these mandatory documents:

- Registration Form
- Home Language Survey
- Special Learning Needs
- Annual Health Information Sheet
- Student Health History
- Release of Records

Auburn Village School Student Information and Emergency Dismissal Form

Student Information

First: _____ Middle: _____ Last: _____

Grade Level: _____ Sex (circle): Male / Female Primary Phone: _____ Primary Email: _____

Physical Address: _____

Mailing Address: _____

Siblings at Auburn Village School:

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Transportation

Bus #: _____ Commuter: Yes / No Notes: _____

Parent / Guardian Information

Parent/Guardian 1: _____ Relationship to Child: Mother / Father / Legal Guardian

Home Phone: _____ Cell Phone: _____

Address (If different): _____ E-mail Address: _____

Place of Employment: _____ Work Phone: _____

Parent/Guardian 2: _____ Relationship to Child: Mother / Father / Legal Guardian

Home Phone: _____ Cell Phone: _____

Address (If different): _____ E-mail Address: _____

Place of Employment: _____ Work Phone: _____

Custody

Student lives with

(circle all that apply): Both Parents / Mother / Father / Mother + Other / Father + Other / Guardian(s) / Other Family / Multiple Homes / Other

Are there any legal restrictions or custody issues we should be aware of: Yes / No

Please provide all legal documentation or court papers to the Main Office. We can not be responsible for materials we have not seen.

Emergency information

Contact 1: _____ Relationship: _____ Phone 1: _____ Phone 2: _____

Contact 2: _____ Relationship: _____ Phone 1: _____ Phone 2: _____

Contact 3: _____ Relationship: _____ Phone 1: _____ Phone 2: _____

Contact 4: _____ Relationship: _____ Phone 1: _____ Phone 2: _____

Emergency Dismissal

In case of an emergency dismissal: 1. Your child may be dismissed home on the bus, 2. To a neighbor on the bus, or 3. Bused to an evacuation site to be picked up by you. Note: All children second grade or lower without siblings will automatically be bused to an evacuation site. Parents will then be notified by phone where to pick up their children.

Please circle one of the following: To Home / To Neighbor / To Evacuation Site Bus #: _____

Neighbor Name: _____ Address of Neighbor (if applies): _____

Other Information

Ethnicity (Please check all that apply):

___ White/Caucasian ___ Hispanic ___ American Indian/Alaskan Native ___ Native Hawaii/Pacific Islander

___ Black/African American ___ Asian

Is a language other than English spoken in the home: Yes / No If so, what language: _____

Does your child have an Individual Education Plan (IEP) or 504 Plan (circle all that apply): IEP / 504 / None

Parent/Guardian Signature: _____

Date: _____

My signature indicates that the above information is correct.

Home Language Survey

School: _____ District: _____ Date: _____

Student Information:

First Name Middle Last Name Date of Birth Gender

Country of Birth Date of entry in U.S. Date first enrolled in U.S. School Grade

Family Information:

Name of parent/legal guardian Address

Phone Number Please translate school notices in (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 languages(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:

Please provide an interpreter when necessary.

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: _____

File original Home Language Survey in student's cumulative folder.

Auburn Village School

SPECIAL LEARNING NEEDS

To help us identify children with possible special learning needs, please fill in the information on the form below at the time of registration.

Student Name: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

1) Has your child ever been enrolled in a special education class?

Yes _____ No _____

If YES, please answer the following questions:

What was the name of the program? _____

Was your child in special education at the time he/she transferred to this school?

Yes _____ No _____

How many hours did your child spend per day in a special education program?

Hours/Day _____

Did your child have an Individualized Educational Program?

Yes _____ No _____

At the most recent annual review, what was the recommendation for program placement? _____

2) Has your child ever received additional help such as instruction by a reading specialist, Title One tutor, or speech/language specialist?

Yes _____ No _____

Please describe: _____

3) Was your child on a 504 Plan? Yes _____ No _____

Parent / Guardian Signature: _____ Date: _____

**AUBURN VILLAGE SCHOOL
HEALTH SERVICES
ANNUAL HEALTH INFORMATION UPDATE**

Your child's health and safety is of utmost concern to the school staff. It is essential that the school nurse be notified when a child is diagnosed with an allergy or other medical condition or begins taking medication at home. Please call the school nurse whenever you have a concern or new information relative to your child's health and safety.

Student's Name: _____ **Birth Date:** _____ **Grade/Teacher:** _____

Allergies (to food, insect stings, meds, etc.): _____

Reaction/symptoms: _____

Medical concerns, please check any that apply:

- Asthma _____ Diabetes _____ Seizures _____ Head injury _____ Heart condition _____
Urinary or Kidney condition _____ Skin problems _____ Depression _____ Anxiety _____
Attention Deficit Disorder (ADD/ADHD) _____ Frequent headaches _____ Other _____
Frequent ear infections _____ Hearing problems _____ Vision problems _____
Bowel problems _____ Frequent stomachaches _____ Frequent nosebleeds _____

Has your child had any illness or injury over the summer? _____

Indicate the dates of any immunizations your child has had **during the past year.**

Tetanus (Tdap) _____ **MMR** _____ **Hepatitis B** _____ **Varicella (Chickenpox)** _____

Please follow-up with written documentation from your provider.

Have there been any changes in your family and/or problems you wish to share with the school? Feel free to call or send a confidential note? _____

Explain any physical limitations or disability your child has and any modification or restriction necessary to accommodate your child's health or safety. _____

Medical aids: glasses/contacts _____ hearing aids _____ crutches _____ braces _____ wheelchair _____

other _____ If other, please explain: _____

Medications: please contact school nurse to make arrangements for medications in school.

At school: _____ dosage _____ time _____ reason _____

_____ dosage _____ time _____ reason _____

At home: _____ dosage _____ time _____ reason _____

_____ dosage _____ time _____ reason _____

Physician's Name: _____ Tel #: _____

- I understand that there may be times the nurse may need to speak with our physician.
- I would like more information about low cost health insurance for my child.

Parent/Guardian Signature: _____ Date: _____

Auburn Village School
Parental Permission Form for Over-The-Counter Medications

Dear Parent/Guardian:

The New Hampshire School Nurse is a Registered Nurse who manages School Health Services to facilitate and strengthen the educational process for all students within the school setting. Although not encouraged, I realize that Over-The Counter (OTC) medications are sometimes appropriate and, in fact, necessary. Under the NH Department of Education administrative rule, Ed 311.02, parents may give written permission for a child to receive short-term OTC medication at school. A new form must be completed each year.

The decision to administer such medication/treatment is that of the School Nurse. Please understand that these will only be administered to relieve symptoms of occasional pain and/or discomfort and should not be used as a substitute for chronic health problems or to keep an ill child in school.

If your child seems to need any of these medications more often than occasionally or I have concerns regarding the use of any of these medications, I may request that you have a health care provider's evaluation and authorization to continue giving the medication. You may be asked to provide a supply for your child as well; all medications must be delivered to school by an adult in the original container. Any medication left at the end of the year will be disposed of within one week of the end of school.

Below is a list of over-the-counter items available in the Health Office. Any other item must be supplied by the parent (original container, delivered by an adult). Please check those items that you authorize your child to receive:

Oral medications

- Acetaminophen (generic Tylenol), tablets dosage by age/weight
- Ibuprofen (generic Advil/Motrin) tablets dosage by age/weight
- Benadryl elixir/tablets, dosage by age/weight for significant allergy
- Antacid tablets (chewable)
- Chloraseptic type spray for minor sore throat
- Cough Drops

Topical medications for first aid

- Calamine/Caladryl lotion
- Hydrocortisone cream
- Antibiotic ointment (such as Bacitracin)
- Sting-kill insect bite swabs (Benzocaine 6%)
- Bactine and Burngel

Other (parents must supply): _____

Reason for use: _____

Thank you for your cooperation,
Ellen Wareckj, APRN MS
School Nurse



Child's Name: _____ Grade: _____

- My child has no known allergies.
- My child is allergic to: _____

Signature: _____ Date: _____
(parent/guardian)

Print Name: _____ Relationship: _____

PLEASE TURN OVER AND COMPLETE THE BACK OF THIS FORM



Auburn Village School

Student Health History

Please complete and return to the School Nurse to assist us in meeting your child's needs.

Student's Name: _____ Birth date: _____

Sex: M F Entering Grade: _____ Parent's names: _____

Primary Health Care Provider: _____

Dentist: _____

Please circle the appropriate number if any of the following conditions apply to your child and give a brief explanation in the space provided below. If needed, additional information may be given on the reverse side.

- | | |
|---|---|
| 01 Allergy-Bee Sting (Requires medication) | 25 Hemophilia |
| 02 Allergy-Food (Restrictions, Treatment?) | 26 Hyperactivity (Requires Medication) |
| 03 Allergy-Medication (list below) | 27 Kidney Disease |
| 04 Allergy-Pollen/Dust/Hayfever | 28 Medication Prescribed |
| 05 Allergy-Unknown Cause | 29 Menstrual Cramps (Severe) |
| 06 Anemia | 30 Migraine Headaches |
| 07 Arthritis (Rheumatoid) | 31 Muscular Dystrophy |
| 08 Asthma-Mild | 32 Nosebleeds (Frequent) |
| 09 Asthma-Requires Medication | 33 Osgood-Schlatter Disease |
| 10 Birth Defect (Chromosomal Disorder) | 34 Physical Activity Limitation (Requires Physician's Note) |
| 11 Blood Disorder | 35 Rheumatic Fever History |
| 12 Blood/Blood Products (Religious Exclusion) | 36 Scoliosis |
| 13 Bowel Problems | 37 Sickle Cell Anemia |
| 14 Cancer/Leukemia | 38 Speech Problem |
| 15 Cerebral Palsy | 39 Surgery |
| 16 Color Blindness | 40 Tuberculosis |
| 17 Cystic Fibrosis | 41 Other |
| 18 Diabetes | 42 No Known Health Problems |
| 19 Eating Disorder/Under/Overweight | |
| 20 Endocrine Disorder | |
| 21 Epilepsy/Seizures | |
| 22 Eczema/Persistent rash | |
| 23 Growth Disorder | |
| 24 Heart Disease/Defect/Murmur | |

Has your child had the chickenpox? Yes _____ No _____ If yes, please give date _____

OVER



Auburn School District

AUBURN SCHOOL BOARD
School Administrative Unit No. 15
90 Farmer Road
Hooksett, NH 03106
Telephone 603-622-3731

Superintendent
Charles P. Littlefield, Ed.D.

Assistant Superintendent
Marge Polak

Business Administrator
Karen F. Lessard

AUBURN VILLAGE SCHOOL
11 Eaton Hill Road
Auburn, NH 03032
Telephone 603-483-2769
www.auburn.sau15.net

Principal
Lori Collins

Assistant Principal
Michel O'Rourke

Director of Student Services
Deena Jensen

Instructional Coach
Cheryl Lynch

AUTHORIZATION TO RELEASE STUDENT RECORDS

Date: _____

Previous school: _____

Previous school's address: _____

_____, born on _____
Student Name D. O. B.

has enrolled in our school. He/She is enrolled in grade _____, effective _____.

Please send a copy of all records, including transcripts of grades, attendance, health records, test results, special education information, and all pertinent information concerning this student.

Thank you for your cooperation.

Respectfully,

Lori Collins
Principal

I hereby authorize the _____ School to release all educational records pertaining to my child to the Auburn Village School.

Parent/Guardian Signature

Date

**AUBURN SCHOOL DISTRICT
RESIDENCY**

Residency for the purpose of enrollment in a district school shall be defined by RSA 193:12.

Legal Residence of Pupils

The new law defines a student's legal residency, in the case of a minor, legal residence is where his/her parents reside, except that:

1. If the parents live apart and are not divorced, legal residence is the residence of the parent with whom the child resides.
2. In a divorce decree where parents are awarded joint legal custody, the legal residence of a minor child is the residence of the parent with whom the child resides. If a parent is awarded sole or primary physical custody by a court of competent jurisdiction in this or any other state, legal residence of a minor child is the residence of the parent who has sole or primary physical custody. If the parent with sole or primary physical custody lives outside the state of New Hampshire, the pupil does not have residence in New Hampshire.
3. If the minor is in the custody of a legal guardian appointed by a New Hampshire court of competent jurisdiction or a court of competent jurisdiction in another state, territory, or country, legal residence is where the guardian resides. If the Department of Health and Human Services has been appointed legal guardian, the residence of the minor is where the child is placed by the department or the court. Legal guardianship shall not be appointed solely for the purpose of allowing a pupil to attend school in a district other than the district of residence of the minor's parent or parents.

Legal resident of a school district means a person who lives in a district and who, if temporarily absent, demonstrates an intent to maintain a principal dwelling place in the school district indefinitely. A married person may have domicile independent of the domicile of his/her spouse. A person may have only one legal residence at a given time.

Adopted: November 14, 2000

Statutory Reference:
RSA 193:12

**AUBURN SCHOOL DISTRICT
ADMISSION OF NONRESIDENT STUDENTS**

I. For those persons in the process of moving into Auburn

To temporarily accommodate parents who are not residents of Auburn, who are in the process of moving into Auburn who wish to have their child(ren) attend the Auburn school district, the following shall apply:

- A. There will be no tuition charged if the parent establishes residency in Auburn on or before the thirtieth (30) school day following the enrollment of the child(ren) into the Auburn school district.
- B. The Superintendent must approve the application to enroll a nonresident child(ren) into the Auburn school district if the enrollment extends beyond thirty (30) school days from the initial day of entry into school. The Superintendent will evaluate the situation and take the following action:
 1. Require payment of tuition;
 2. Require the child(ren) to be removed from school;
 3. Or take any other action the Superintendent deems appropriate.
- C. The parent must provide transportation at his/her expense to transport the child(ren) to school until such time as the parent establishes residency in Auburn.

II. For those persons in the process of moving out of Auburn

To temporarily accommodate parents who are in the process of moving out of Auburn who wish to have their child(ren) continue to attend the Auburn school district the following shall apply:

- A. There will be no tuition charged if the parent withdraws his/her child(ren) from the Auburn school district on or before the thirtieth (30) school day following the move of the parent out of the Auburn School District.
- B. The Superintendent must approve the application to permit a nonresident child(ren) to remain enrolled in the Auburn school district if the enrollment extends beyond thirty (30) school days from the date on which the parents moved out of Auburn. The Superintendent will evaluate the situation and take the following action:
 1. Require payment of tuition;
 2. Require the child(ren) to be removed from school;
 3. Or take any other action the Superintendent deems appropriate.

- C. The parent must provide transportation at his/her own expense to transport the child(ren) to school.

III. Admission of Nonresident Students

- A. It is the policy of the Auburn School Board not to accept students into the Auburn school system who are not legal residents of the Auburn School District.
- B. This policy applies to all students from kindergarten through graduation from high school.
- C. The only exceptions to this policy will be for those persons in the following situations:
 - 1. Those persons in the process of moving into Auburn see I above.
 - 2. Those persons in the process of moving out of Auburn see II above.
 - 3. Those persons from other school districts in New Hampshire who are under a reciprocal agreement with the Auburn School District, who are placed in special education classes in the Auburn school system, the tuition is paid by the sending school district in accordance with RSA 186-C:13.

Proposed: September 11, 1986
Adopted: October 9, 1986
Adopted: September 14, 1989
Adopted: November 14, 2000
Reviewed: January 13, 2009
Revised: May 12, 2011
Revised: January 12, 2016

Legal References:
RSA 186-C:13, RSA 193:3
RSA 193:12

