

# KINDERGARTEN 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 above should be returned to the school during kindergarten registration. Kindergarten registration will be held from March 6th – March 23rd. No child will be enrolled in kindergarten without the return of these mandatory documents:**

- Registration Form
- Parent Questionnaire
- Home Language Survey
- Student Health History
- Kindergarten Session Request
- Release of Preschool / Kindergarten Information
- 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 Hawaiiin/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.**



# Parent Questionnaire

Parental input is an important factor in the appropriate placement of incoming students. Thank you for your careful completion of this form.

Child's Name \_\_\_\_\_ (Nickname) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent's Name \_\_\_\_\_

Please list, in order, the first and last names of all the children in your family, including any stepchildren who live in your household. Include the child you are registering today so that we may see where he/she fits in the family. (oldest to youngest, please)

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Were there any difficulties during the pregnancy or birth?

\_\_\_\_\_

Is your child sick often? \_\_\_\_\_

Does your child receive any pre-school services? \_\_\_\_\_ OT \_\_\_\_\_ Speech \_\_\_\_\_ PT \_\_\_\_\_ Counseling

Where does your child reside? \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Step Parent  
\_\_\_\_\_ Grandparent \_\_\_\_\_ Shared Custody

If other than residence with parents, please explain? \_\_\_\_\_

Is there a current court order or custody agreement? \_\_\_\_\_

How does your child respond to new situations? \_\_\_\_\_

Has your child attended pre-school and/or kindergarten? \_\_\_\_\_

Where? \_\_\_\_\_

Which of the following best describes your Child? Check all that apply.

- |                        |                      |                          |
|------------------------|----------------------|--------------------------|
| _____ Unsure           | _____ Confident      | _____ Dresses Self       |
| _____ Worrier          | _____ Active         | _____ Can Zip            |
| _____ Quiet            | _____ Organizes Self | _____ Can Tie Shoes      |
| _____ Talkative        | _____ Easygoing      | _____ Organizes Material |
| _____ Organizes Others |                      |                          |



# 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 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:

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

## 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**



Has your child had a professional eye exam? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of last exam \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Does he/she wear glasses? \_\_\_\_\_ All the time? \_\_\_\_\_

Any other problems with vision? \_\_\_\_\_

Has your child had any hearing problems? \_\_\_\_\_

Has he/she had frequent ear infections? \_\_\_\_\_

Has he/she seen an ear specialist? \_\_\_\_\_

Name of specialist: \_\_\_\_\_ Address: \_\_\_\_\_

Ear tubes: Yes \_\_\_\_\_ No \_\_\_\_\_ Are they still in place? \_\_\_\_\_

Does your child take any regular medication, including over the counter medications? \_\_\_\_\_

Please list medications: \_\_\_\_\_

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

Please use this area for additional comments or call the School Nurse at 483-2769 ext. 227 Thank you

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**OVER**



**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 Burnigel

Other (parents must supply): \_\_\_\_\_

Reason for use: \_\_\_\_\_

Thank you for your cooperation,  
Ellen Warecki, 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**

Kindergarten Session Request

Student \_\_\_\_\_

I am requesting my child be placed in the following kindergarten session:  
(please circle one)

AM

PM

or

DOES NOT MATTER

Parent/Guardian Name & Address: (please print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime phone #: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Requesting a specific session does not guarantee placement in that session.**



**AUBURN VILLAGE SCHOOL  
AUBURN, NEW HAMPSHIRE 03032**

School personnel at Auburn Village School would like permission to contact your child's kindergarten/day care center in order to obtain additional information about your child to plan his/her education program. Please check the appropriate line.

I authorize

\_\_\_\_\_ (kindergarten/day care center)

\_\_\_\_\_ (street)

\_\_\_\_\_ (town) (state) (zip code)

to release any pertinent information about my child.

I do not give my permission for the release of information.

My child did not attend kindergarten/day care center.

Name of child: \_\_\_\_\_

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

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

Home Phone: (603) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date





# Auburn School District

## *AUTHORIZATION TO RELEASE STUDENT RECORDS*

**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

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  
ASSIGNMENT OF KINDERGARTEN PUPILS TO CLASSES**

*A Kindergarten program is offered by the Auburn School District. Parents are not required to send their children to Kindergarten.*

1. Assignment of kindergarten pupils to morning or afternoon sessions.
  - a. As part of the registration process parents/guardians will indicate, on a Session Request form, which session they prefer to have their child attend. Requesting a specific session does not guarantee placement in that session.
  - b. After the initial registration period (approximately one month in the spring) of all kindergarten pupils, requests for sessions will be honored as follows:
    - I. Children with special needs will be placed in sessions first in order to provide appropriate services linked to their Individual Education Plans (IEPs).
    - II. Should there be an unequal number of session requests, the session with the least amount of requests will be processed first.
    - III. In order to insure parity of class size, administration will determine how many children need to be transferred from the remaining session. A lottery-type system will be used to randomly select the number of children to be assigned to the other session.
    - IV. The order of selection will be recorded and a waiting list will be automatically generated. In the event of an opening in the preferred session, pupils will have the opportunity to change according to the order of selection.
    - V. When there are multiple siblings who are registering, they will be able to attend the same session. Final classroom placement in these situations will be made after consultation with the parent/guardian.
2. As soon as assignments have been made for all kindergarten pupils following registration, all parents/guardians shall be notified in writing, through the mail, as to the session their child will be attending in the upcoming school year, and the hours of the session. If the requested session was not available, the letter will also contain the order on the waiting list.





**ASD FILE; JECD**

3. As additional kindergarten students register, requests will be honored if the session becomes available.
4. The balance of class size will be maintained with the registration of additional students occurring after the initial registration period.

Requests for session changes after the start of the school year will be added to the existing request list.

Adopted: April 8, 2008



**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.



**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

