

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, Property Tax Assessment, Lease Agreement, Mortgage Statement, Utility Bill, Welfare Card, Court Order

The completed registration forms and all required papers listed below should be returned to the school during kindergarten registration. Kindergarten registration will be held during the spring. 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

Student Name _____
Address _____
City, State, Zip _____
Home Phone _____
Student Lives With _____ (Parents-Mother-Father-Grandparent-Other)
Marital Status _____ (Married, Living Together, Separated, Re-Married, Divorced, Single, Other)
Court Orders Filed _____

Student ID _____
Grade _____
Homeroom _____
Bus No. (AM/PM) _____

Date of Birth _____
Place of Birth _____
Primary Emergency Phone _____
Gender _____
Language Spoken in the home other than English _____

Is this student Hispanic/Latino? ___ Yes, Hispanic/Latino ___ No, Hispanic/Latino
What is the student's race? ___ American Indian or Alaska Native ___ Asian ___ Black or African American ___ White
(Check one or more) ___ Native Hawaiian or Other Pacific Islander Note: Ethnicity and Race information is required by the NH Dept. of Education

Mother/Legal Guardian

Relationship _____

Legal Guardian Custodial Parent Receives Separate Mailing

Home Phone _____

Same as Student

Address (if different than student) _____ City, State, Zip _____

Cell Phone _____

Mailing Address (if different) _____ City, State, Zip _____

Business Phone _____

Business Name _____

Email _____

Father/Legal Guardian

Relationship _____

Legal Guardian Custodial Parent Receives Separate Mailing

Home Phone _____

Same as Student

Address (if different than student) _____ City, State, Zip _____

Cell Phone _____

Mailing Address (if different) _____ City, State, Zip _____

Business Phone _____

Business Name _____

Email _____

Emergency Contact Information

Please list four other adults who would be available to assume temporary care of your child if you are not available.

1 First Name, Last Name _____ Relationship _____
Daytime Phone Number 1 _____ Daytime Phone Number 2 _____ Address _____ City, State, Zip _____

2 First Name, Last Name _____ Relationship _____
Daytime Phone Number 1 _____ Daytime Phone Number 2 _____ Address _____ City, State, Zip _____

3 First Name, Last Name _____ Relationship _____
Daytime Phone Number 1 _____ Daytime Phone Number 2 _____ Address _____ City, State, Zip _____

4 First Name, Last Name _____ Relationship _____
Daytime Phone Number 1 _____ Daytime Phone Number 2 _____ Address _____ City, State, Zip _____

Childcare Provider _____ Phone _____

Physician _____ Phone _____

Hospital of Choice _____ Phone _____

Allergies/Physical Disabilities _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements necessary.

Parent or Guardian Signature

Date

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	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

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 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 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 VILLAGE SCHOOL
AUBURN, NEW HAMPSHIRE 03032**

School personnel at Auburn Village School would like permission to contact your child's pre-school/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.auburnvillageschool.com

Principal
Lori Collins

Assistant Principal
Michel O'Rourke

Director of Student Services
Anne McSweeney

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