

# 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 January 13<sup>th</sup> – January 31<sup>st</sup>. 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 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

Does one or more parent or guardian of this child currently serve full time in the regular military? Yes / No

Does one or more parent or guardian of this child currently serve full time in the National Guard? Yes / No

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 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  |
| 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 Orthopedic/Bone/Muscle Problems                          |
| 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/Bladder 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                |   |

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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 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.
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  
Revised: January 15, 2019







# 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**  
William J. Rearick

**Assistant Superintendent**  
Marge Polak

**Business Administrator**  
Amy Ransom

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

**Principal**  
Lori Collins

**Assistant Principal**  
Lindsay Murray

**Director of Student Services**  
Deena Jensen

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