

# SAU 93 Student Registration Form

For students of Monadnock Regional High School, Cutler School, Gilsum Elementary School, Dr. George S. Emerson Elementary School, Mt. Caesar School, Troy Elementary School

## Student Information

SASID#

Date of entrance

STUDENT NAME \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last First Middle

Other names student is known by \_\_\_\_\_ Age as of September 1<sup>st</sup> this year \_\_\_\_\_

Birth Certificate Documentation  Yes  No  Male  Female Place of birth \_\_\_\_\_

US Citizen  Yes  No Other \_\_\_\_\_

Student's Home (Physical) Address \_\_\_\_\_ Mailing address \_\_\_\_\_

Town of Residence \_\_\_\_\_ Student's home phone \_\_\_\_\_

Documentation of residency submitted:  Lease  Property Tax Bill  Utility Bills  Landlord Letter  Other

Address on Documents \_\_\_\_\_

## Certification Statement – Signature Required

All of the information on this form is important for safety purposes; for state reporting purposes; and for the determination of where a student is entitled to attend school tuition-free. Under penalty of unsworn certification – RSA 641:3-1 – I/We declare that the information on this form is correct. I/We will promptly notify the principal of the school of any change in the information on this form. This student is a resident of one of the SAU 93 towns (Name of town \_\_\_\_\_)

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

\_\_\_\_\_  
Date

**Ethnicity:** Is this student Hispanic/Latino (Choose only one).

- No, not Hispanic / Latino
- Yes, Hispanic / Latino (a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.)

**Race:** No matter what you selected above, please check all that apply below.

- American Indian or Alaskan Native (A person having origins in any of the original peoples of North and South America [including Central America] and who maintains tribal affiliations or community attachment.
- Asian (A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including, for example Cambodia, China, India, Japan, Korea, Malaysia, the Philippine Islands, Thailand and Vietnam).
- Black or African American (A person having origins in any of the black racial groups of Africa).
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).

## OTHER CHILDREN IN THE FAMILY

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

## Contact Information

WHO DOES THE STUDENT LIVE WITH?  Both Parents  Father  Mother  Guardian  Other (Adult Care Giver)

PARENTS ARE:  Married  Divorced\*  Separated\*  Widowed

*If divorced or separated, documents must be submitted before registration is complete.*

### PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Address if different from the student: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Address if different from the student: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Address if different from the student: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Address if different from the student: \_\_\_\_\_

Describe custodial arrangement (if court ordered, please attach documentation):

**COURT ORDERS:** The following court orders are in existence:

Documents submitted:	<input type="checkbox"/> Court approved parenting plan	Dated _____
	<input type="checkbox"/> Restraining Order	Dated _____
	<input type="checkbox"/> Other documents	Dated _____

Parent will provide updated orders when they are issued.

## Emergency Contact Information

**IN CASE OF EMERGENCY, WHEN PARENTS CANNOT BE REACHED, PLEASE CONTACT:**

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Authorization to pick up at school?  Yes  No Parent's Initials \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Authorization to pick up at school?  Yes  No Parent's Initials \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Authorization to pick up at school?  Yes  No Parent's Initials \_\_\_\_\_

## Health Information

### IMMUNIZATION RECORDS

1. Student immunization records have been approved for attendance  Yes  No

\_\_\_\_\_  
School Nurse's Signature

\_\_\_\_\_  
Date Reviewed

2. Student has a medical exemption.  Yes  No  
Physician documentation received  Yes  No Dates in effect: \_\_\_\_\_  
Applies to which vaccine(s) \_\_\_\_\_
3. Student has a religious exemption. Notarized certificate presented?  Yes  No
4. Student immunization records cannot be obtained. School nurse to list next required steps to attendance: \_\_\_\_\_
5. Does the student have medical insurance?  Yes  No Name of insurance company: \_\_\_\_\_

## Student Needs

- Does the student speak a language other than English?  Yes  No
- Does the student have an IEP (Individual Educational Plan)  Yes  No
- Does the student have a 504 plan?  Yes  No
- Does the student have a disability?  Yes  No
- Do you have other concerns about your child's educational needs?  Yes  No

Receipt of Records

Special Services Initials \_\_\_\_\_

Please explain: \_\_\_\_\_

## Transfer Information and Educational History

- Has this student ever attended a school within the SAU 93?  Yes  No Dates of attendance \_\_\_\_\_
- Most recent school attended \_\_\_\_\_ Grade \_\_\_\_\_
- Address \_\_\_\_\_
- Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_
- Guidance Counselor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### EDUCATIONAL HISTORY

<i>Grade Levels</i>	<i>School Name</i>	<i>City, State</i>
Pre School	_____	_____
Kindergarten	_____	_____
1, 2, 3, 4, 5	_____	_____
6, 7, 8	_____	_____
9, 10, 11, 12	_____	_____

## RELEASE OF INFORMATION

Directory information consisting of your child's name, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended by the student will be released without parental consent (or consent of eligible student – 18 years old or older) unless parent/eligible student opt out. Parent/eligible student may opt out during the month of August for the ensuing school year.

I agree to allow the student to be recorded or photographed for public use by newspaper, radio, TV and web.

\_\_\_\_\_  
Parent (or student 18 years of age or older) Signature

\_\_\_\_\_  
Date

**SAU 93 Student Residency Questionnaire**

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

Name of Student: \_\_\_\_\_ Sex:  Male  
Last First Middle  Female

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Social Security #: \_\_\_\_\_  
*Month Day Year (or student identification number)*

**This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to other services.**

- 1. Is your current address a temporary living arrangement? \_\_\_\_ Yes \_\_\_\_ No
- 2. Is this temporary living arrangement due to loss of housing or economic hardship?  
\_\_\_\_ Yes \_\_\_\_ No

**If you answered YES to the above questions, please complete the remainder of this form.  
If you answered NO, you may stop here.**

Where is the student presently living? *(Check one box.)*

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardians(s) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Former Address \_\_\_\_\_

*Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).*

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

**Please send a copy of this page to Lynn Carey at the Title I Office.  
Fax: 603-357-3882**

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

\_\_\_\_\_ Date

\_\_\_\_\_  
Lynn Carey, Ed.D., McKinney-Vento Liaison