



Golden Brook School

112B Lowell Road
Windham, NH 03087



Debra Armfield
Principal

Christi Michaud
Assistant Principal

SECOND GRADE REGISTRATION CHECKLIST

DEAR PARENTS:

THIS CHECKLIST IS PROVIDED TO HELP YOU KEEP TRACK OF THE FORMS THAT MUST BE RETURNED TO GOLDEN BROOK SCHOOL.

- 1. Second Grade Registration Form _____
- 2. WSD Student Race/Ethnicity Form _____
- 3. Home Language Survey _____
- 4. Peanut/Nut Free Form _____
- 5. Authorization for Release of Student Records _____
- 6. Health History Form _____
- 7. Immunization Record (from your physician) _____
- 8. Physical Examination Form (use our form or your physician's) _____

- 1. Copy of the Birth Certificate _____
- 2. Windham, New Hampshire Driver's License _____
- 3. Recent utility bill with Windham street address _____

***Please note:** A purchase & sale agreement, lease agreement, or Town of Windham residency letter may be used initially, but a New Hampshire license and utility bill with the Windham address must be provided as follow-up for your residency.

**WINDHAM PUBLIC SCHOOL DISTRICT REGISTRATION
GOLDEN BROOK SCHOOL, 112B LOWELL ROAD, WINDHAM, NH 03087**

Student Information

Student Name _____ **Middle Name** _____ **Grade** _____
Address _____ **Date of Birth** _____
City, State, Zip _____ **Gender** _____
Home Phone _____ **Place of Birth** _____
Primary Emergency Phone _____
Parent/Guardian _____
Student Lives With _____
(Parents, Mother, Father, Grandparent, Foster Parents, Guardian, Mother/Stepfather, Father/Stepmother, Other)
No. of Children in Family _____ **Student's Position in Family** _____

Mother/Legal Guardian _____ **Employer Name** _____
Mailing Address (if different) _____ **Employer Phone** _____
Email Address _____ **Cell Phone** _____
_____ **Home Phone** _____

Father/Legal Guardian _____ **Employer Name** _____
Mailing Address (if different) _____ **Employer Phone** _____
Email Address _____ **Cell Phone** _____
_____ **Home Phone** _____

Step Parent _____ **Employer Name** _____
Email Address _____ **Employer Phone** _____
_____ **Cell Phone** _____
_____ **Home Phone** _____

Emergency Contact Information (Please list three other adults other than parents who would be willing to assume temporary care of your child and/or be contacted in case of our inability to contact a parent or guardian.)

1.	_____	_____	_____	_____
	Last Name, First Name	Relationship	Daytime Phone No.	Cell Phone
2.	_____	_____	_____	_____
	Last Name, First Name	Relationship	Daytime Phone No.	Cell Phone
3.	_____	_____	_____	_____
	Last Name, First Name	Relationship	Daytime Phone No.	Cell Phone

Doctor: _____ **Doctor Phone:** _____

Are there any restrictions regarding dismissals, visitation, information on your child? Yes No

If yes, please explain: _____

If restrictions exist, are court orders filed with the school (Y/N)? _____

Should the school nurse be aware of any medical problems, allergies, or restrictions? If yes, please note: _____

Is child on medication at home or school? _____

May we have permission to give your child Tylenol, Ibuprofen for pain, headache, or fever? Yes No

(Note: Parents of Golden Brook School students will be called prior to administration of these medications.)

Is student covered by health and/or dental insurance? Yes No

Note: In the event of a medical emergency, and neither you nor your physician can be reached, the school will call an ambulance to transport your child to the nearest hospital.

I have confirmed and/or corrected all the above information concerning my child as of this date.

Parent or Guardian Signature

Date

**WINDHAM SCHOOL DISTRICT
STUDENT RACE/ETHNICITY FORM**

Dear Parents:

Each year, every school district in New Hampshire is required to report student data by race and ethnicity categories set by the federal government to the New Hampshire Department of Education (NHDOE). Though the NHDOE does not report individual student data to the federal government, the total number of students in various categories of each school is reported. Recently, the federal government adjusted the student data reporting categories. With the new reporting categories, you will need to update your child's data.

Please update your child's student data by completing the form below. If we do not receive a response from you, an employee of the district will be required to provide this information based on observation. (Note that federal regulations no longer permit districts to use a "not reported" code.) Please contact your child's school office if you would like to check the student data currently on file for your child.

Student's name: _____ Grade: _____

Please answer **BOTH** part A and B.

Part A. 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 American, or other Spanish culture or origin, regardless of race.)**

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's (or your) race to be.

Part B. What is the student's race? (*Choose one or more*)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, 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.)

Parent/Guardian Signature: _____ Date: _____

Home Language Survey

School: Golden Brook School
School District, SAU #28

District: Windham
Date: _____

Student Information			
First Name:	Last Name:	Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Country of Birth:	Date of Entry in U.S.:	Date First Enrolled in a U.S. School: Month: __ Year: ____	Current Grade:

Family Information	
Name of Parent/Legal Guardian:	Phone Number:
Address:	<input type="checkbox"/> Please translate school notices: Language: _____

Questions for Parents/Guardians	Response
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. Parent/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 him/her with a copy of this survey. Date of referral to ESOL teacher: _____

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

**PEANUT/NUT FREE FORM
IMPORTANT!**

From: The Desk of Mrs. Armfield
Date: 2011-2012 School Year
Topic: Placement for Grade 2 Students

Dear Parents:

Golden Brook School has addressed the needs of children with food allergies very effectively this year. The Windham School Board's **Food Allergy Guidelines** (available at www.windhamsd.org) coupled with the support, understanding, and cooperation from our fabulous parent community have enabled us to provide a safe learning environment for every child.

In addition to our standing requests for a peanut/nut free environment at school, we designated one of our second grade classrooms as a "Peanut/Nut Free" classroom. This means that the parents of the students in this class have agreed not to send in *any* peanut butter or peanut products for the entire school year. To help us provide a safe classroom environment for highly allergic children, please indicate on the form below whether or not you are willing to have your child be in a Peanut/Nut Free classroom.

Child's Name: _____

Please check one box:

- I **am** willing to have my child placed in a "Peanut/Nut Free" classroom.
- I **am not** willing to have my child placed in a "Peanut/Nut Free" classroom.
- Either classroom would be fine if it would be the best placement for my child.

Parent's Signature

Date

Peanut/Nut Free Guide for Snacks/Lunches in our Classroom

Meat & Alternatives:

Hard-boiled egg
Chick peas (hummus)
Refried beans
Leftover chicken or turkey
Cold meatloaf
Cold cuts (ham, turkey, salami, bologna, etc.)
Chili
Vegetarian chili
Hot beef stew
Leftover pizza
Hot baked beans
Hot lentil soup (or any soup)
Tuna

Examples of Peanut Butter-less menus:

Monday: Cold cuts, cheese and lettuce in a pita
Carrot sticks and ranch dressing
Orange slices
Milk

Tuesday: tuna salad on whole wheat bread
Celery stuffed with soft cheese
Pudding
Fruit juice

Wednesday: Crackers with cheese cubes and slice cold cuts
Cucumber slices
Canned fruit
Milk

Thursday: Leftover pizza slice
Green pepper rings
Yogurt
Fruit juice

Friday: Leftover spaghetti with meat sauce
Fruit slices (banana, oranges, strawberries, grapes) with cream cheese dip
Milk

*Don't forget to pack food safely:

- Use a wide-mouth thermos to keep foods cold or hot (like chili and pasta)
- For items that you want to keep hot, rinse out the thermos with boiling water, add warm food, and close tightly
- To keep food cold, use frozen juice boxes or frozen bread for sandwiches (they will thaw by lunch)

*Also add a surprise now and then in your child's lunch, like a sticker or a special note. It will add interest and enjoyment for your child.

*Have your child involved in planning and preparing snacks and lunches, in order to increase the likelihood of the foods being eaten.



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AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Student's Name

Birth Date

Authorization is hereby given for the transfer of all educational records, health records, and special education reports for the above named student.

Last School Attended: _____

Address: _____

Town/State/Zip _____

Please mail to: Golden Brook School
112B Lowell Road
Windham, NH 03087

Consistent with the requirements of the Federal Educational Rights and Privacy Act of 1974 (20 USC# 1232g) and regulations of the US Department of Health, Education and Welfare (45CFR# 99.1 et.seq) pursuant to 45 CFR# 99.5... A school district may disclose personally identifiable information from the education records of a student **without the written consent of the parent of the student or the eligible student to officials of other schools or school systems in which the student seeks or intends to enroll if such school or school system requests such information and certifies that the student seeks or intends to enroll.**

Signature of Parent/Guardian

Date

**OFFICE OF THE SCHOOL NURSE
Windham, NH
HEALTH HISTORY – SECOND GRADE**

Print Student's Full Name: _____ **DOB:** _____

Address: _____

Home Phone: _____ **Work/Mobile Phone:** _____

Email: _____

Allergies (food, bee stings, medicines, etc.): _____

Does this child have an EpiPen? Yes ____ No ____

Previous Illnesses: _____

Previous Surgeries: _____

Vision Problems: _____

Has your child had a vision screening within the past year at the doctor's office? Yes ___
No ___

Hearing Problems: _____

Has your child had a hearing screening within the past year at a doctor's office? Yes ___ No ___

History of Ear Infection Yes ____ No ____

Tubes Yes ____ No ____

Asthma/Inhaler Yes ____ No ____

Heart Disease Yes ____ No ____

Kidney Infection Yes ____ No ____

Diabetes Yes ____ No ____

Tuberculosis Yes ____ No ____

Seizures Yes ____ No ____

Skin conditions (hives, eczema): _____

Physical handicap: _____

Orthopedic problems/restrictions: _____

Was pre-natal period and birth considered normal? _____

If no, please explain: _____

**Please submit a copy of a physical exam, done within the past year, to the health office.*

Parent Signature

Date

**Windham School District
Physical Examination Form**

To be filled out by your doctor.

Name of Child: _____

Date of Birth: _____

Date of Physical Exam: _____

Vision screening	_____	Heart	_____
Hearing screening	_____	Lungs	_____
Nose and throat	_____	Abdomen	_____
Glands	_____	Urine	_____
Teeth	_____	Blood	_____
Blood Pressure	_____	Hernia	_____
Height	_____	Weight	_____
Skin	_____	Orthopedic	_____

History of Communicable Diseases: Please list year.

Measles	_____	Chicken Pox	_____
Scarlet Fever	_____	Mumps	_____
Diphtheria	_____	Other	_____

Please list allergies: _____ Epi Pen? Yes No

Immunizations: Please list Day/Month/Year

<u>Vaccine</u>	<u>Date Given</u>	<u>Vaccine</u>	<u>Date Given</u>
DPT 1	_____	OPV/IPV 1	_____
DPT 2	_____	OPV/IPV 2	_____
DPT 3	_____	OPV/IPV 3	_____
DPT/DTaP 4	_____	OPV/IPV 4	_____
DPT/DTaP 5	_____	MMR 1	_____
HIB 1	_____	MMR 2	_____
HIB 2	_____	Varivax 1	_____
HIB 3	_____	Varivax 2	_____
HIB 4	_____	Hep B 1	_____
PCV 1	_____	Hep B 2	_____
PCV 2	_____	Hep B 3	_____
PCV 3	_____	Hep B 4	_____
PCV 4	_____	Hep A 1	_____
TB test	_____	Hep A 2	_____
Lead dates	_____	Influenza	_____
Other:	_____		

Is this child on daily medication at home or at school? Yes No If yes, please list.

Physicians' Signature _____ Date: _____

Physicians' Stamp _____ Phone: _____

**ENTERING SECOND GRADE
FREQUENTLY ASKED QUESTIONS
2011-2012 School Year**

What is the best way to keep up with school and district information?

Many of your questions can be answered by checking the Windham School District web site at www.windhamsd.org where there is a link to Golden Brook School.

How do I learn about the second grade curriculum?

Please refer to our web site.

Hours?

8:45 a.m. – 3:00 p.m.

Will the second graders have recess?

Second grade students have one 20-minute lunch recess.

What will the day consist of for a second grader?

The student's day will consist of Reading, Math, Social Studies, and Science. In addition, students will have one class period of Art, Music, and Library and two class periods each week of Physical Education.

Will my child be transported by school bus to and from school?

Students are transported to and from school by district school buses with pick-up and drop-off locations near the students' homes and several local daycare centers. Specific information about bus routes and bus assignments may be found in local newspapers during the last week of August. First Student Bus transportation may be reached at 893-1631.

Will there be a snack time?

Yes, however, snack times will be determined by individual teachers. All snacks and drinks should be provided by the home.