WINDHAM SCHOOL DISTRICT
STUDENT REGISTRATION INFORMATION

All school registrations take place at the Central Registration Office, located at Windham High School – 64 London Bridge Road.

Please read through this registration packet, noting the necessary, acceptable forms of registration documents, and call for a registration appointment.

Appointments
Please call Diane Figaro, Registrar, to schedule your appointment.
Appointments are scheduled on Tuesdays and Fridays between 8am – 3:00pm.
(603) 845-1558 ext. 5840

The parent/guardian who is registering the student(s) must provide (2) Proofs of Residency for the Town of Windham. All provided documentation must show a valid street address. P.O. Boxes are not acceptable.

One from each category please:

**Category A**
Current Mortgage Statement
Warranty/Closing Deed
Fully signed/executed Lease/Rental Agreement

**Category B**
Current Utility Bill
Current Car Registration

**Other registration requirements include:**
- Birth Certificate (original needed for grades K-1. It will be returned to you)
- Up-to-date immunization records & copy of recent yearly physical
- Copy of parent/guardian driver's license

The parent/guardian should obtain the following records from their previous school in order to expedite the course scheduling process for grades 6-12.

- Unofficial Transcript, including final grades & credits (for students entering grades 10-12)
- Most up-to-date report card (for students entering grades 6-9)

For students where appropriate, please provide a recent copy of:

- I.E.P. (if applicable)
- 504 Plan (if applicable)
- Any current court order(s) that pertain to the student(s) you are enrolling.

Please call (603) 845-1558 x 5840 if you have any questions.
WINDHAM SCHOOL DISTRICT REGISTRATION

GBS □   WCS □   WMS □   WHS □

Student Name: ____________________________________________

Last    First    Middle

Address: ________________________________________________

Town    State: ___________________________    Zip: __________

Date of Birth: ___________________________    Incoming Grade Level: _________

Gender: Male    Female    (circle one).    Ethnicity of Student: ________________________

Has this student ever attended a Windham Public School before? YES □ NO □ If yes, when______

Are Court Orders in place that pertain to this student? YES □ NO □ If YES, please provide a valid Order

Language spoken at home: English □    Other ____________________

Does your student receive Special Education services? Yes □ No □

Does your student have an active 504 plan in place? Yes □ No □

(If YES, please provide an up-to-date, signed IEP)

Parent/Guardian #1 Name: ___________________________    Phone __________

Relationship to Student: ___________________________

Parent/Guardian #1 Email: ____________________________

Parent/Guardian #2 Name: ___________________________    Phone __________

Relationship to Student: ___________________________

Parent/Guardian #2 Email: ____________________________

Student lives with: P1 □    P2 □    Both □    Guardian □

Do you have other children enrolled in this district?

Name ___________________    Grade____    Name ___________________    Grade____
Home Language Survey

School: ___________________________ District: ___________________________ Date: __________

Instructions for survey administrator:
1. Please ensure this survey is in a language which is comprehensible to the parent/guardian who is
   completing it, and provide an interpreter to translate the survey when necessary.
2. If responses indicate a language other than English, contact the Student Services Coordinator or ESOL/ELL
   Program Coordinator in your school or district immediately.
3. Note the date of referral to Student Services/ESOL Program: Month: _____ Day: _____ Year: _____ (initial)
4. File the original Home Language Survey in the student's cumulative folder.

Information for parents and guardians:
All public school districts in the United States are required to provide language assistance to the parents and
guardians of students in their local schools. In addition, it is the school's responsibility to identify any and all
students who may have a language influence other than English. This is in order to determine whether the
school is obligated to provide additional academic language services. In New Hampshire, these services are
usually called ESOL or ELL Services.

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<tr>
<th>Student Information: Please complete this general information about your son or daughter.</th>
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<tr>
<td>First name:</td>
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<th>Family Information: Please complete this information about your family.</th>
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<td>Name of parent/legal guardian:</td>
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<tr>
<th>Questions about Language: Please answer the following questions about the languages that you and your family use.</th>
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<tr>
<td>What language(s) does your child hear or speak in your home?</td>
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<td>Which language(s) did your child first hear or speak?</td>
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<td>If English is the only language listed above, you may skip over the next questions. If another language is listed, please answer the following questions.</td>
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<tr>
<td>What language(s) do you use with your child?</td>
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<tr>
<td>What language(s) does your child hear or use at home with relatives and friends?</td>
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<td>What language(s) does your child use with people in your community?</td>
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Parent/Guardian Signature: ___________________________ Date: __________

Revised 10.7.16
RELEASE OF RECORDS

☐ Golden Brook School
112B Lowell Road
Windham, NH 03087
Phone: (603) 845-1552
Fax: (603) 845-1553

Windham Center School
2 Lowell Road
Windham, NH 03087
Phone: (603) 845-1554
Fax: (603) 845-1555

☐ Windham Middle School
112A Lowell Road
Windham, NH 03087
Phone: (603) 845-1556
Fax: (603) 845-1557

Windham High School
64 London Bridge Road
Windham, NH 03087
Phone: (603) 845-1558
Fax: (603) 845-1571

Sending school, please mail all records to the school address listed above.

Today's Date: ____________________

Student Name: ____________________

DOB: ____________________

Transferring from:
SCHOOL NAME & ADDRESS ____________________

_________________________ Phone ____________________ Fax ____________________

Please accept this form as permission to forward the entire education and health records of the above-named student; including but not limited to the following:

- Academic (including an Official Transcript for Grades 9-12)
- Attendance History
- Discipline
- Health
- Psychological (if applicable)
- Special Education evaluation and programming (if applicable)
- Active 504 Plan (if applicable)
- State testing results

Parent Signature ____________________

Parent(s): Please return this signed form, along with your other Registration Documentation, at your Registration Appointment. Thank you.
NH RSA 193:12
"Notwithstanding any other provision of law, no person shall attend school, or send a pupil to the school, in any district of which the pupil is not a legal resident, without the consent of the district or of the school board...legal residence is where his or her parents reside..."

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<tr>
<th>Student Name(s)</th>
<th>DOB</th>
<th>Age</th>
<th>Grade</th>
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Parent(s)/Legal Guardian(s)

Address: __________________________________________

Windham, NH 03087

I hereby certify and swear that this information is true and correct. I understand that the information I have provided will be used and relied upon by the Windham School District to determine enrollment. If after enrollment, I move out of the Town of Windham, I will give proper notification to the school. I authorize the Windham School District to independently verify this information when necessary.

Signature of Parent/Legal Guardian __________________________________________ Date _____________

Verification by School Official __________________________________________ Date _____________