



STUDENT REGISTRATION INFORMATION

To begin the registration process, please contact:

Diane Figaro
Registrar

64 London Bridge Road
Windham, NH 03087
(603) 845-1558 ext. 5840
dfigaro@windhamsd.org

Please carefully read through this registration packet, noting the necessary, acceptable forms of registration documents.

The parent/guardian who is registering the student(s) must provide **(2) Proofs of Residency** for the Town of Windham, (1) from each category. All provided documentation must show a valid street address, **(P.O. Boxes are not acceptable)**.

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

- ☐ Birth Certificate
- ☐ 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 the following

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



REGISTRATION FORM

☐ GBS ☐ WCS ☐ WMS ☐ WHS

Grades: (K-4) (5-6) (7-8) (9-12)

STUDENT INFORMATION

STUDENT'S LEGAL NAME

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LAST

FIRST

MIDDLE

Student's Preferred First Name if Different from Legal Name:

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ADDRESS

	Windham	NH	03087
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STREET (No PO Box)

CITY

STATE

ZIP CODE

☐ Female ☐ Male

GENDER

--

DATE OF BIRTH

--

INCOMING GRADE

--

ETHNICITY

Language(s) Spoken at home:

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Has your child ever attended school in the Windham School District? ☐ Yes ☐ No If yes, when? _____

Are there current court orders in place for this child? ☐ Yes ☐ No *(If yes please provide a valid court order)*

(If you answer yes to the following question(s), please provide an up-to-date signed IEP or 504 Plan)

Does your child receive Special Education services? ☐ Yes ☐ No

Does your child have an active 504 in place? ☐ Yes ☐ No

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1

NAME	PHONE	EMAIL	RELATIONSHIP

PARENT/GUARDIAN 2

NAME	PHONE	EMAIL	RELATIONSHIP

Student Lives with: ☐ Parent 1 ☐ Parent 2 ☐ Both ☐ Guardian

Do you have other children enrolled in the Windham School District? ☐ Yes ☐ No

NAME	GRADE	NAME	GRADE

FOR OFFICE USE ONLY

START DATE:

CID1:

ACCESS ID:

LASID:

CID2:

ACCESS PIN:

This form is required for ALL Registrations

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 ESOUELL Program Coordinator in your school or district immediately.
3. Note the date of referral to Student Services/ESOL Program: DATE
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.

STUDENT INFORMATION

FIRST NAME

LAST NAME

DATE OF BIRTH

☐ Female ☐ Male

GENDER

COUNTRY OF BIRTH

CURRENT GRADE

DATE OF FIRST ENROLLMENT IN
US SCHOOL

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME

PARENT/GUARDIAN PHONE

STREET ADDRESS

PARENT/GUARDIAN EMAIL

WOULD YOU LIKE SCHOOL NOTICES TRANSLATED? ☐ Yes ☐ No

IF YES, WHAT LANGUAGE:

LANGUAGE INFORMATION

What language(s) does your child hear or speak at home?

What language(s) did your child hear or speak first?

*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.*

What language(s) do you use with your child?

What language(s) does your child hear or speak at home with relatives/friends?

What language(s) does your child use with the people in your community?

Parent/Guardian Signature: _____ Date: _____



RELEASE OF RECORDS

This form must be completed, signed and returned along with your other Registration Documentation

Please select the school your child is transferring to, this will be where the departing school needs to mail all records:

☐ **Golden Brook School (K - 4)**

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

☐ **Windham Middle School (7 - 8)**

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

☐ **Windham Center School (5 - 6)**

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

☐ **Windham High School (9 - 12)**

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

TODAY'S DATE

STUDENT'S LAST NAME

STUDENT'S FIRST NAME

DATE OF BIRTH

The school your child is transferring from:

SCHOOL NAME

PHONE:

STREET ADDRESS

FAX:

CITY

STATE

ZIP CODE

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**)
- Recent Report Card for Grades 5-8 for scheduling purposes
- Attendance History
- Discipline
- Health
- Psychological (if applicable)
- Special Education evaluation and programming (if applicable)
- Active 504 Plan (if applicable)
- State testing results

Parent/Guardian Signature: _____ Date: _____



WINDHAM RESIDENCY AFFIDAVIT

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..."

STUDENT INFORMATION

STUDENTS' NAMES

CHILD(S) NAMES	DATE OF BIRTH	GRADE

Please clearly print the Windham, NH 03087 street address where the student(s), listed above Reside/Live:

STREET:

Student(s) Lives with: ☐ Parent 1 ☐ Parent 2 ☐ Both ☐ Guardian

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1

NAME	PHONE	EMAIL	RELATIONSHIP

PARENT/GUARDIAN 2

NAME	PHONE	EMAIL	RELATIONSHIP

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

Parent/Guardian Signature: _____ Date: _____

Verification/Signature will occur after all registration documents are received and verified

Verification by School Official: _____ Date: _____



WSD HEALTH OFFICE FORM



COMPLETE AND RETURN ALONG WITH CHILD'S IMMUNIZATION RECORDS AND PHYSICAL EXAM

STUDENT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME	MIDDLE
<input type="radio"/> Female <input type="radio"/> Male	<input type="text"/>	<input type="text"/>
GENDER	DATE OF BIRTH	PLACE OF BIRTH
		INCOMING GRADE

ADDRESS

STREET (No PO Box):

WINDHAM, NH 03087

Does your child have any medical conditions/needs the school be aware of? ☐ Yes ☐ No

If Yes, please explain:

Does your child have a physician-documented allergy? ☐ Yes ☐ No

If Yes, please explain:

Does your child require the use of an Epi-pen? ☐ Yes ☐ No

If Yes, you will be required to provide the school Nurse with Doctor's orders.

If yes, does your child require placement in an allergy-aware classroom? ☐ Yes ☐ No

(Grades K-6 ONLY)

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	PHONE	EMAIL	RELATIONSHIP

PARENT/GUARDIAN 2

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	PHONE	EMAIL	RELATIONSHIP

Student Lives with: ☐ Parent 1 ☐ Parent 2 ☐ Both ☐ Guardian