

# Golden Brook School

112B Lowell Road  
Windham, NH 03087

Christopher Hunt  
Principal

Brian Shawley  
Assistant Principal

Mary Ellen Pantazis  
Director of Special  
Education 1-4

Heather Pacheco  
Director of Special  
Education PreK-K

Jessica Benson  
Assistant Principal

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Phone: (603) 845-1552 · Fax: (603) 845-1553 · [www.windhamsd.org](http://www.windhamsd.org)

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January 2022

Dear Parents and Guardians:

It is with great pleasure that we welcome you and your child to Golden Brook School! The primary years of a child's education are critically important. Our talented and dedicated staff are extremely proud to provide a comprehensive curriculum that meets the needs of each of our learners. This year promises to be filled with exciting firsts for both you and your child. Several important events will take place prior to the first day of school for students this upcoming 2022-2023 school year.

- **Parent Information Night** for incoming Kindergarteners for the 2022-23sy will be held on **Wednesday, January 12, 2022** 6:30pm. (Snow date: Tuesday, January 18, 2022 at 6:30pm). **MASKS REQUIRED PLEASE**
- Completed registration packet drop-off events for incoming Kindergarten students, ***who are not currently enrolled in Pre-K at Golden Brook School***, on **Tuesday, February 1, 2022 4-6 pm and Thursday, February 3, 2022 5-7 pm**. (Snow date, if necessary, Tuesday, February 8, 2022 from 4-6 pm).
- All registration materials must be copied by parent/guardian and dropped off at the school in the car drop-off line at the front of the building, during one of the above noted times/dates. Please make sure to use the checklist contained in this packet, to insure all your materials are in order before arriving at the drop-off location. Please see attached map of drop-off location and traffic flow directions. Registration packets are also available in the GBS Lobby.
- This Kindergarten Registration Packet can also be found on the Windham School District website.
- **Please Print all forms. Copies of all forms must be completed and brought to a registration drop-off night. Copies will not be made at the school. A student's Registration cannot proceed unless all required documents are received.**
- If you are unable to attend one of the registration evenings, please contact Diane Figaro by emailing her at [dfigaro@windhamsd.org](mailto:dfigaro@windhamsd.org) or calling 603-845-1558 x 5840.

Please feel free to contact our school if you have any questions. We hope to see you soon!

Sincerely,



Christopher Hunt  
Principal



**We Will Not Be Able to Make Copies for you!**

Please bring copies of all required registration documents with you when you drop off your Kindergarten or Pre-K Registration Materials

**For the 2022-2023 School Year**

**Kindergarten and Preschool Parent Information Night**

**Wednesday, January 12, 2022 @6:30pm**

**Golden Brook School – Masks Required Please**

(snow date: 1/18/22)

**Kindergarten and Preschool Registration Drop-Off Dates**

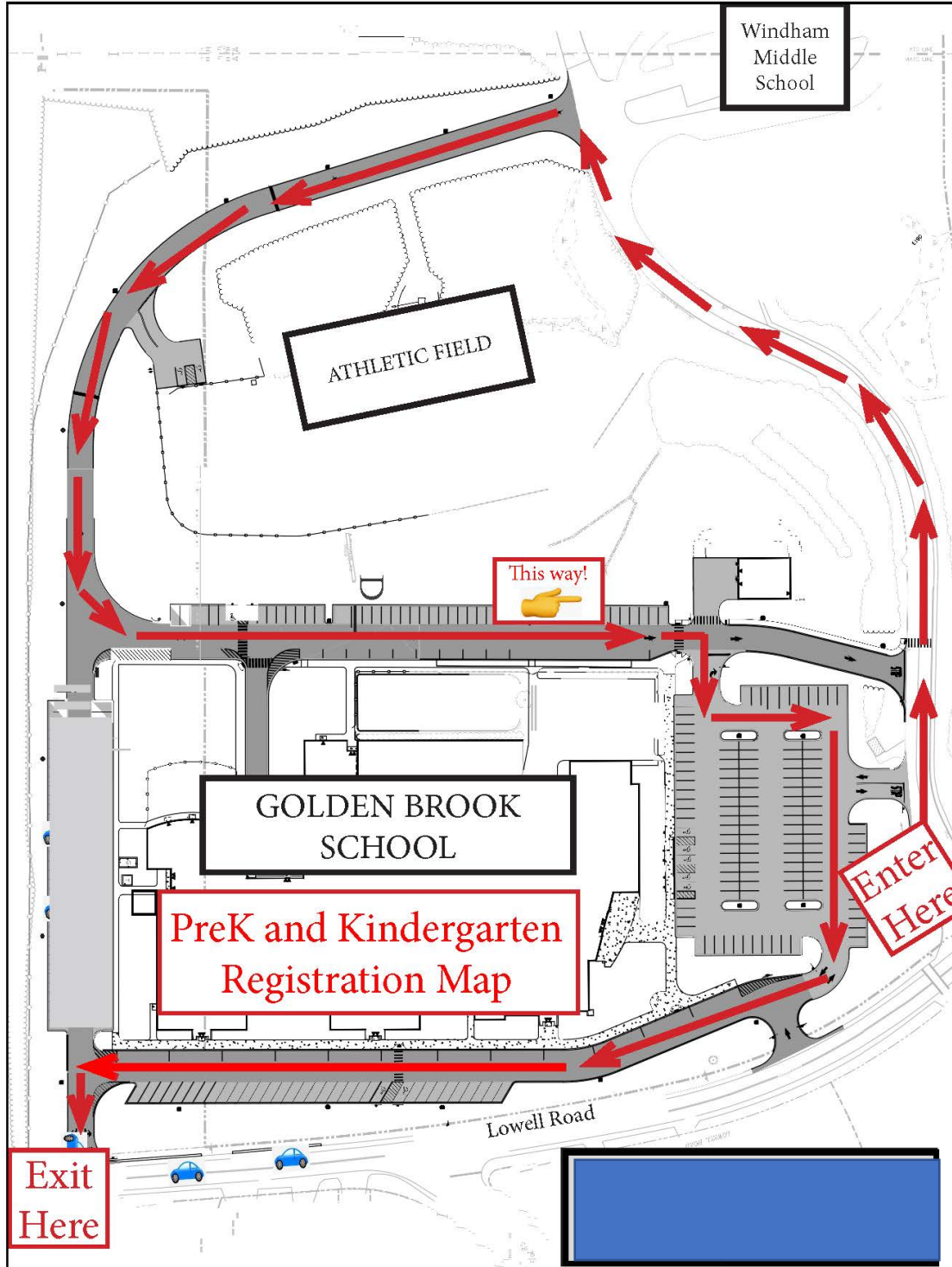
(see map of GBS Campus below)

February 1, 2022 (4:00pm – 6:00pm)

February 3, 2022 (5:00pm – 7:00pm)

(*Snow Date, if necessary 2/8/22* 4:00pm – 6:00pm)

Thank You!



MAP OF GBS CAMPUS



## STATE MANDATED HEALTH REQUIREMENTS FOR NEW STUDENTS

Dear Parent or Guardian:

Welcome to Golden Brook School. We would like to be able to assist you and your child with adjusting quickly and comfortably into a new school setting. Of special importance to us is your child's health and prevention of communicable disease.

New Hampshire State law requires all children to have a physical examination before entering school. Please submit the most recent copy of the physical examination and immunization records when registering your child, along with the date of the next scheduled physical examination. All final physical exams must be dated no earlier than September 1, 2021 (**You must provide the date of the upcoming exam to the school nurse before school begins**). Any information made available regarding allergies, physical disabilities and so forth, would become part of your child's record.

New Hampshire State Law, RSA 141-C: 20 requires all students in New Hampshire to be immunized against diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, Hepatitis B and Varivax (chicken pox) **before enrollment in school**.

Acceptable immunizations include:

- Four (4) or five (5) doses of DTP/DT/DtaP/TD, last dose on or after 4<sup>th</sup> birthday.
- Three (3) or four (4) doses of Polio vaccine, with the last dose after the 4<sup>th</sup> birthday of an all IPV or all OPV Schedule.
- As of April 1, 2016, all Polio vaccines administered must specify that it was an IPV does, not OPV, on the child's immunization record.
- Two (2) doses of measles, mumps, rubella (MMR) on or after 12 months of age.
- Dose 2 at least 28 days after the first dose.
- Three (3) doses of Hepatitis B (required if born on or after 1/1/1993). Dose 1 and 2 separated by at least 28 days. Dose 3 shall be administered on or after age 24 weeks and be separated by a minimum of 16 weeks from the first dose and 8 weeks from the second dose.
- Two (2) doses of varicella or varivax vaccine (chicken pox) with the first dose given on or after 12 months of age. Dose two at least 3 months after the first dose, or lab confirmation of immunity.

For all minimum intervals and age requirements, a 4-day grace period is acceptable.

If your child does not have the required vaccines, she/he may be conditionally enrolled if she/he has received at least one dose of the required vaccines. This requirement may be waived for medical reasons if evidence is presented from your physician that immunization will be detrimental to her/his health or for religious reasons when a written notarized statement is presented to the school. If you have any questions, please feel free to contact us.

Also, please be aware that if your child is sick, it is very important to keep them home. We ask that they remain at home for at least 24 hours after having a fever, vomiting or have been started on antibiotics.

Regarding COVID-19, we are following the most current NHDHHS guidelines. <https://www.covid19.nh.gov>

Christina Dunn, R.N.  
Christina Bonfiglio, R.N.

**2022-2023**

## **Kindergarten/Preschool REGISTRATION Checklist**

***2 Current Proofs of Residency for your Windham address are required at the time of registration!***

***Copies of all documents/forms MUST be brought to one of the Registration Drop-Off Nights. Copies cannot be made on Registration Nights.***

- ☐ Current Mortgage Statement or fully executed Rental/Lease Agreement
- ☐ Current Utility Bill or Car Registration
- ☐ Birth Certificate (Kindergarten students must be age 5 by 9/30/22)
- ☐ Driver's License/Photo ID for one parent
- ☐ Immunization Record
- ☐ Physical Examination (most recent please)
- ☐ Completed Registration Packet (all forms)

To expedite the registration process, please bring **copies** of the first (6) items above, along with the completed registration packet, to one of the Registration Drop-Off Events. We are requiring copies of all documentation so that we may process parent(s) in a quick manner.

### **QUESTIONS?**

Kindergarten questions email Diane Figaro [dfigaro@windhamsd.org](mailto:dfigaro@windhamsd.org)

Preschool questions email Elaine Soucy [esoucy@windhamsd.org](mailto:esoucy@windhamsd.org)


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*Preschool/Kindergarten Paperwork Dropoff Events*

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*February 1, 2022 (4:00pm - 6:00pm) or February 3, 2022 (5:00pm - 7:00pm)*

## Kindergarten Important Dates to Remember – 2022-2023 School Year

<b>Before February Registration Drop-off</b> 	Please print the registration packet. <a href="http://windhamsd.org">windhamsd.org</a> <b><u>Copies of all materials MUST be made prior to one of the registration drop-off events</u></b>
<p style="text-align: center;"><b><u>INFORMATION NIGHT</u></b>  <b>Wednesday, January 12, 2022</b>  <i>(Snow date, 1/18/22)</i></p> <p style="text-align: center;"><b><u>PAPERWORK DROP OFF DATES</u></b>  <b>Tuesday, February 1, 2022</b>  <b>4:00 pm – 6:00 pm</b>  <b>OR</b>  <b>Thursday, February 3, 2022</b>  <b>5:00 pm – 7:00 pm</b></p> <p><i>(Snow date, if necessary, Tuesday, 2/8/22 from 4-6 pm)</i></p>	<p><b>Kindergarten Parent Information Night at Golden Brook School</b>  <b>6:30pm</b></p> <p><b>Open Registration for Kindergarten at Golden Brook School 2022-23</b>          (Must be 5 years old by September 30, 2022)</p> <p><b>Registrations cannot be accepted before these dates for the 2022-23 school year.</b></p> <p><i>If you are unable to attend one of the evening registrations, please call or email Diane Figaro (603) 845-1558 x 5840 <a href="mailto:dfigaro@windhamsd.org">dfigaro@windhamsd.org</a></i></p>
<p style="text-align: center;"><b>TBD</b></p>	<p><b>Teddy Bear Picnic (TBD pending any Covid-19 restrictions)</b>          Session 1. TBD          Session 2: TBD</p>
<p><b>Early August 2022</b></p>	<p><b>PowerSchool Registration Verification</b>          All parents of newly registered students will receive an email in August, before the start of school, to update their student's information and view their student's classroom teacher assignment.</p> <p><b>Please call the school office if your email address has changed before the start of the 2022-2023 school year.</b>          If your email is incorrect, parents will not receive the PS Registration link to update student information in our school database.</p>
<p><b>Withdrawal From This Enrollment Process</b></p>	<p>If circumstances change after registration or you no longer reside in Windham, <b>please</b> notify Diane Figaro as soon as possible or at least 2 weeks before the start of the school year!          (603) 845-1558 X5840 <a href="mailto:dfigaro@windhamsd.org">dfigaro@windhamsd.org</a></p>
<p style="text-align: center;"><b>How do I learn about the Curriculum?</b>          Please refer to: <a href="https://gbs.windhamsd.org/about_gbs/academics/curriculum_overview">https://gbs.windhamsd.org/about_gbs/academics/curriculum_overview</a></p>	
<p style="text-align: center;"><b>What is the best way to keep up with school/district information?</b>          Windham District Website <a href="http://www.windhamsd.org">www.windhamsd.org</a>          Facebook page <a href="https://www.facebook.com/GoldenBrookSchool">www.facebook.com/GoldenBrookSchool</a>          Twitter page <a href="https://twitter.com/goldenbrookwsd">https://twitter.com/goldenbrookwsd</a>          WSD Facebook page <a href="https://www.facebook.com/windhamsd">https://www.facebook.com/windhamsd</a>          WSD Twitter page <a href="https://twitter.com/windhamsd">https://twitter.com/windhamsd</a></p> <p style="text-align: center;">Additionally, weekly newsletters will be sent home during the school year via email.</p>	



# WINDHAM SCHOOL DISTRICT REGISTRATION FORM

(Please Print Clearly – Using One Form for Each Child You Are Registering)

Student Name: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_  
Windham, NH 03087

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

☐ Kindergarten Gender: Male \_\_\_\_ Female \_\_\_\_

Ethnicity of Student: African-American American Indian Asian Hispanic White  
(Please Circle One)

Has the student ever attended the Windham Preschool Program? YES NO

Are Court Orders in place that pertain to this student? YES NO

(If yes, please provide a valid court order to the School Office prior to first day of school)

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 or 504 plan)

Parent/Guardian 1 Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Parent/Guardian 1 Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian 1 Email: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Parent/Guardian 2 Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian 2 Email: \_\_\_\_\_

Student lives with: P1 \_\_\_\_ P2 \_\_\_\_ Both \_\_\_\_ Guardian \_\_\_\_

Do you currently have other child(ren) in the Windham School District? YES NO

If YES, what are their name(s) and grade level? \_\_\_\_\_

Name

Grade

## Office Use Only

Items Owed: Residency Birth Cert Imms/Exam Driver's License Form(s): REG. AFF. HLS. RELEASE

Student ID # \_\_\_\_\_ Classroom Placement \_\_\_\_\_

**Complete and Return**



Windham School District SAU #95  
19 Haverhill Road  
Windham, NH 03087  
[www.windhamsd.org](http://www.windhamsd.org)

## 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...legal residence is where his or her parent(s) reside...”*

Student Name(s)

DOB

AGE

GRADE

Parent(s)/Legal Guardian(s) Name(s): \_\_\_\_\_

Physical Address: \_\_\_\_\_

(No PO Boxes)

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

\_\_\_\_\_  
Signature of District Registrar

\_\_\_\_\_  
Date

**Complete and Return**





**GOLDEN BROOK SCHOOL NEW STUDENT INFORMATION  
HEALTH OFFICE FORM**

**(Please Print Clearly – Using One Form for Each Child You Are Registering)**

**Student Name:** \_\_\_\_\_  
Last, First MI

**Address:** \_\_\_\_\_  
Windham, NH 03087

**Incoming Grade Level:** \_\_\_\_\_ **Upcoming Physical Exam Date:** \_\_\_\_\_  
(if occurring after registration day)

**Gender:** Male Female (circle one)

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
mm/dd/yyyy

**Parent/Guardian 1 Name:** \_\_\_\_\_  
**Relationship to Student:** \_\_\_\_\_

**P1 Email:** \_\_\_\_\_

**P1 Phone:** \_\_\_\_\_

**Parent/Guardian 2 Name:** \_\_\_\_\_  
**Relationship to Student:** \_\_\_\_\_

**P2 Email:** \_\_\_\_\_

**P2 Phone:** \_\_\_\_\_

**Primary Emergency Phone Number:** \_\_\_\_\_

Does the student have any medical needs the school should be aware of? YES NO  
If yes, briefly explain: \_\_\_\_\_

Allergies: Does your child have physician-documented allergy? YES NO

Does the student require the use of an Epi-pen? YES NO

If yes, does the student require placement in an **allergy-aware classroom**? YES NO

**Student lives with:** P1 P2 Both Other \_\_\_\_\_  
(Circle one)

**Complete and Return**



New Hampshire Department of Education  
101 Pleasant Street | Concord, NH 03301

## Home Language Survey (HLS)

*Dear Parent or Guardian:  
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
		<input type="checkbox"/> Male <input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

Language Background (Please check all that apply.)		
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ <small>specify</small>	<input type="checkbox"/> Father _____ <small>specify</small>
	<input type="checkbox"/> Guardian(s) _____ <small>specify</small>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
		<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
		<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <small>specify</small>
		<input type="checkbox"/> Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:	
SCHOOL DISTRICT INFORMATION:	Student SASID
School Name	Address

Updated: 2020

**Complete and Return**

## Home Language Survey (HLS)—Page Two

Educational History
8. Indicate the total number of years that your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <b>Yes*</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Not sure</b> <input type="checkbox"/> </div> <div style="width: 65%;"> <b>*If yes, please explain:</b> _____ </div> </div>
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* <i>*Please complete 10b below</i>
10b. <i>*If referred for an evaluation</i> , has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
12. In what language(s) would you like to receive information from the school? _____

\_\_\_\_\_  
**Signature of Parent or Guardian**

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
**Date**

Relationship to student:   ☐ Mother   ☐ Father   ☐ Other: \_\_\_\_\_

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLS			
NAME: _____		POSITION: _____	
If an interpreter is provided, list name, position and credentials:			
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLS AND CONDUCTING INDIVIDUAL INTERVIEW			
NAME: _____		POSITION: _____	
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes			
**DATE OF INDIVIDUAL INTERVIEW: _____ <div style="display: flex; justify-content: space-around; font-size: small;">MO   DAY   YR.</div>		<div style="display: flex; align-items: flex-start;"> <div style="width: 30%; border-right: 1px solid black; padding-right: 5px;"> <b>OUTCOME OF INDIVIDUAL INTERVIEW:</b> </div> <div style="width: 70%; padding-left: 5px;"> <input type="checkbox"/> ADMINISTER STATE APPROVED WIDA Screener  <input type="checkbox"/> NOT ELIGIBLE FOR EL SERVICES </div> </div>	
NAME/POSITION OF NH ESOL AND WIDA CERTIFIED PERSONNEL ADMINISTERING WIDA SCREENER			
NAME: _____		POSITION: _____	
<b>DATE OF WIDA SCREENER ADMINISTRATION:</b> _____ <div style="display: flex; justify-content: space-around; font-size: small;">MO.   DAY   YR.</div>	<b>PROFICIENCY LEVEL ACHIEVED ON WIDA SCREENER:</b> _____	<b>Overall Composite Score:</b> _____  <b>Does the student qualify for EL support?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Please attach a copy of the student's WIDA screener score report and file in student's cumulative folder.
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			

Updated: 2020

# Complete and Return

☐

My child does not attend a formal preschool program. This form does not apply to my child.

☐

My child does attend a preschool program. I will complete and sign this form.



## RELEASE OF RECORDS

### Golden Brook School

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

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

Today's Date: \_\_\_\_\_

**Student Name:** \_\_\_\_\_

DOB: \_\_\_\_\_

Grade Level: \_\_\_\_\_

**Transferring from:**

SCHOOL

NAME: \_\_\_\_\_

SCHOOL

ADDRESS: \_\_\_\_\_

SCHOOL PHONE: \_\_\_\_\_ FAX #: \_\_\_\_\_

Sending school, 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 records
- Attendance History
- Discipline
- Health
- Psychological (if applicable)
- Special Education evaluation and programming (if applicable)
- Active 504 Plan (if applicable)

**Parent Signature** \_\_\_\_\_

**Complete and Return**