KEARSARGE REGIONAL SCHOOL DISTRICT

FULL DAY KINDERGARTEN REGISTRATION

Kindergarten registration nights have been planned as follows:

SCHOOL	DATE	TIME
Simonds (Warner) Elementary	March 6, 2019	6:00 pm
KRES @ New London (**2 sessions**)	March 6, 2019	3:15 pm & 5:30 pm
KRES @ Bradford	March 6, 2019	6:00 pm
Sutton Central School	March 6, 2019	6:00 pm

PLEASE BRING:

- **Birth Certificate** for your child to verify his/her date of birth
  - To enter Kindergarten, your child must be five (5) years of age by September 30, 2019
- **Current utility bill** as proof of residency (driver's license does not qualify as proof)
- **Completed registration packet, if possible**
  - registration packets can be found on our website at www.kearsarge.org, will be available the evening of registration, and can be located at each elementary school office
- Parents who are not custodial parents will need to provide proof of guardianship
- Your child does not need to be present for this registration.

If you cannot attend the scheduled time for your child's school, please contact the school to make other arrangements. This will help us in planning classroom sizes for next year. Thank you!

Kearsarge Regional School District

Student Information

School _____

Student Name _____ Middle Name _____ Nickname _____

Physical Address _____ Student Cell: _____ Grade _____

City, State, Zip _____

Home Phone _____

Home Language (if not English, indicate number): _____ French (01) Spanish (02) Chinese (03) Greek (04) Finnish (05) Italian (06) Portuguese (07) Polish (08) Japanese (09) American Sign (10) Vietnamese (11) German (12) Other (99)

Date of Birth _____

Place of Birth _____

Ethnicity _____ (1)-American Indian/Alaskan Native, (2)-Asian, (3)-Hispanic , (4)-Black non-Hispanic, (5)-White, non-Hispanic, (6)- Native Hawaiian or other Pacific Islander

Gender _____

Parent 1 Name _____

Mailing Address (if diflerent) _____ City, State, Zip _____

Email Address _____

Home Phone _____

Cell Phone _____

Employer Phone _____

Employer Name _____

Parent 2 Name _____

Mailing Address (if different) _____ City, State, Zip _____

Email Address _____

Home Phone _____

Cell Phone _____

Employer Phone _____

Employer Name _____

Guardian's Name _____

Guardian's Relationship _____

Mailing Address (if different) _____ City, State, Zip _____

Email Address _____

Home Phone _____

Cell Phone _____

Employer Phone _____

Employer Name _____

Guardianship: _____ (Parents, Mother, Father, Grandparent, Foster Parents, Guardian, Mother/StepFather, Father/StepMother, Other)

Please Notify School with Written Restrictions or Court Orders

Court Orders Filed (YA{) _____

Emergency Contact Information

Please list three other adults 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 guardan.

1 _____ _____

Last Name, First Name Relationship

Daytime Phone Number _____ Cell Phone _____

2 _____ _____

Last Name, First Name Relationship

Daytime Phone Number _____ Cell Phone _____

3 _____ _____

Last Name, First Name Relationship

Daytime Phone Number _____ Cell Phone _____

Please indicate the name of the parent or guardian to be contacted first in case of an emergency: _____

I request that the school call me if my child is injured or becomes ill. If they are unable to reach me, I authorize the school to call an emergency contact.

_____ _____

Parent or Guardian Signature Date

(FORM A)

(PLEASE LIST SIBLINGS NAMES/DOB/SCHOOL ATTENDING ON BACK PAGE)

Home Language Survey

School**:**_____ District**:**_____ Date:_____

Student Information			
First name:	Last name:	Date of Birth:	Gender: ☐ female ☐ 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:	☐ 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. Parents/guardians may accept or decline ESOL program services for their child.

Instructions for survey administrator:
1. Please provide an interpreter when necessary.
2. If responses indicate a language other than English, please contact the ESOL teacher and provide her/him with a copy of this survey. Date of referral to ESOL teacher: _____
3. File original Home Language Survey in student's cumulative folder.

(FORM B) **SAU #65 1/2012**

Kearsarge Regional School District

CERTIFICATION OF ADDRESS

PROOF OF RESIDENCY IS REQUIRED AT THIS TIME

(Example: current utility bill)
(A driver's license will not be accepted as valid proof)

To determine the correct name and address of students, parents, and/or guardians, the information below is required to complete a school registration. A separate Certification of Address form is necessary for each student enrolled.

Only students with a legal residence within the Kearsarge Regional School District (Bradford, Newbury, New London, Springfield, Sutton, Warner, or Wilmot) may enroll.

1. Full name of student: _____

2. Student's residence as defined below:

Street and Number: _____

Town: _____State: _____ Zip: _____

Telephone Number: _____ Parent Email: _____

3. Name and Address of person with legal custody as defined below:**

Name: _____

Street and Number: _____

Town: _____ State: _____ Zip: _____

I understand that it is my obligation to promptly notify the school principal of any changes in the above information. **FURTHERMORE**, I hereby certify under penalty of perjury that the above information is true and accurate.

_____

Signature of Legal Custodian **Date**

_____

Signature of Witness **Date**

****Legal Custodian: Parent(s), guardian, or person assigned custody by court.**

(FORM C) **SAU #65 1/2011**

KEARSARGE REGIONAL SCHOOL DISTRICT

2019-2020 School Year

Please circle the school your child will be attending.

KRES @ Bradford	KRES@ New London	Simonds Elementary	Sutton Central
938-1868-Health Office	526-6795 Health Office	456-1815 Health Office	927-4215 Health Office
Fax # 938-5096	Fax # 526-8675	Fax # 456-3084	Fax # 927-4055

Please have your physician complete this immunization record/physical examination form and return it to your child's school by_____ (Date will vary by school-please contact school secretary for appropriate date)

Student's Name: _____ DOB: _____

IMMUNIZATION RECORD

Please list all immunizations by month/day/year.

IMMUNIZATIONS	1	2	3	4	5	Others
DTaP or Td						
Measles, Mumps, Rubella						
IPV (Inactivated polio virus)						
OPV (Oral polio)						
HIB						
VARIVAX						
Hepatitis B						

Consult your pediatrician for state requirements per RSA 200:32

PHYSICAL EXAMINATION

Height_____ Weight_____ BMI_____ BP_____

Eyes _____ Vision_____ Ears _____ Hearing _____

Nose _____ Teeth_____ Tonsils _____ Glands _____Hernia_____

Orthopedic _____Nervous System_____

Respiratory System_____Health/History/Surgeries_____

_____

Allergies _____Medications_____

Special Instructions _____

Should the school program be modified/How? _____

Name of Physician: _____ Tel# _____

Address of Physician: _____

Signature of Physician: _____ Date of Exam: _____

(FORM D)