

# **GOLDEN BROOK SCHOOL**

## **PRESCHOOL**



## **REGISTRATION PACKET**

**How do I learn about the Curriculum?**

Please refer to: <http://windhamsd.org/curriculum>

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

Windham District Website [www.windhamsd.org](http://www.windhamsd.org)

GBS Facebook page [www.facebook.com/GoldenBrookSchool](http://www.facebook.com/GoldenBrookSchool)

GBS Twitter page <https://twitter.com/goldenbrookwsd>

WSD Facebook page <https://www.facebook.com/windhamsd>

WSD Twitter page <https://twitter.com/windhamsd>

Please read through this entire registration packet, noting the necessary, acceptable forms of registration documentation below from each category.

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. Thank you.

**One From Each Category Please**

**Category A**

Current Mortgage Statement  
Warranty/Closing Deed  
Fully signed/executed Lease Agreement

**Category B**

Current Utility Bill  
Windham Car Registration

**Other registration requirements include**

- Birth Certificate
- Copy of one Parent/Guardian's Driver's License
- Up-to-date Immunization record and copy of last physical examination

**For students where appropriate, please provide a copy of**

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



## STATE MANDATED HEALTH REQUIREMENTS FOR GBS 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.



WINDHAM SCHOOL DISTRICT REGISTRATION FORM FOR PRESCHOOL  
 (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)

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

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

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)

Language spoken at home: English ~ Other:

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:  Parent 1 ~  Parent 2 ~  Both Parents ~  Guardian

Who should receive the August PowerSchool email?  Parent 1  Parent 2  Guardian

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

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

**Complete and Return**

**Office Use Only**

Items Owed:  Proof Residency  Birth Cert  Driver's License  Immunization/Physical

Form(s) enclosures :  Registration  Affidavit  Health  Release of records  HLS



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...”*

<u>Student Name(s)</u>	<u>DOB</u>	<u>AGE</u>	<u>GRADE</u>

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/Designee

\_\_\_\_\_  
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 Middle

**Address:** \_\_\_\_\_  
Windham, NH 03087. (No PO Boxes)

**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**

**Start Date:** \_\_\_\_\_



### 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.		
<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
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 _____ <i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ <i>specify</i>	<input type="checkbox"/> Father _____ <i>specify</i>
	<input type="checkbox"/> Guardian(s) _____ <i>specify</i>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <input type="checkbox"/> Does not speak <i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <input type="checkbox"/> Does not read <i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <input type="checkbox"/> Does not write <i>specify</i>

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

**COMPLETE AND RETURN (Page 1)**

## Home Language Survey (HLS)—Page Two

<b>Educational History</b>
<b>8. Indicate the total number of years that your child has been enrolled in school</b> _____
<b>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.</b> Yes* <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> *If yes, please explain: _____  How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
<b>10a. Has your child ever been <u>referred</u> for a special education evaluation in the past?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
<b>10b. *If referred for an <u>evaluation</u>, has your child ever <u>received</u> any special education services in the past?</b> <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)
<b>10c. Does your child have an Individualized Education Program (IEP)?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)</b> _____ _____ _____
<b>12. In what language(s) would you like to receive information from the school?</b> _____

\_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
*Signature of Parent or Guardian* *Date*  
 Relationship to student:  Mother  Father  Other: \_\_\_\_\_

<b>OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLS</b>	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
<b>NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLS AND CONDUCTING INDIVIDUAL INTERVIEW</b>	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>Mo DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER STATE APPROVED WIDA Screener <input type="checkbox"/> NOT ELIGIBLE FOR EL SERVICES
<b>NAME/POSITION OF NH ESOL AND WIDA CERTIFIED PERSONNEL ADMINISTERING WIDA SCREENER</b>	
NAME: _____	POSITION: _____
DATE OF WIDA SCREENER ADMINISTRATION: _____ <small>Mo. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON WIDA SCREENER: _____ Overall Composite Score: _____ Does the student qualify for EL support? <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:	

Updated: 2020

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