



Pelham Elementary School

61 MARSH ROAD, PELHAM, NEW HAMPSHIRE 03076
TEL (603) 635-8875

Kelly LaBonte, M.Ed.
Interim Assistant Principal

Jessica VanVranken, M.Ed., CAGS
Interim Principal

Trisha Kaufmann, M.Ed.
Assistant Principal

January 31, 2020

Dear Parents,

The preschool experience is very special for both you and your child and it is certainly one of mixed emotions. The staff at Pelham Elementary School is planning for the arrival of your child and preparing to make it a positive experience.

Please complete the required documents that need to be returned to the school by April 3, 2020. The office staff is available to review your packet and complete your registration between the hours of 10:00 am and 2:00 pm daily. Please call Pelham Elementary School at 635-8875 ext. 1008, and speak with Nicole Desmarais should you have any questions. Enrollment is awarded on a first come first served basis. Parents will be contacted in early April to confirm enrollment and a screening time will be scheduled for April 24, 2020.

We encourage you to attend our

Preschool Parent Information Night

Tuesday, May 19, 2020

6:00 – 7:00 pm

PES Media Center

Many of our staff will be in attendance to present information about our school, to answer your questions and assist you with the registration process.

We look forward to meeting you on Parent Information Night and assisting you in making your child's first school experience the start to many successful years ahead.

Regards,

Trisha Kaufmann

Assistant Principal/Director of Preschool

PELHAM ELEMENTARY SCHOOL
2020-2021 PRESCHOOL REGISTRATION CHECKLIST

Dear Parents,

Please use this checklist to insure that you have completed and/or included all forms. Please bring this checklist with your completed packet to the front office on or before April 3, 2020 between 10:00 a.m. and 2:00 p.m. to register your child for the 2020-2021 school year.

*****Packets with any information missing will not be accepted*****

Student's Name _____

Address: _____

Date of Birth: _____ Phone #: _____

PARENT INITIALS

OFFICE INITIALS

_____	Student Emergency Information	_____
_____	Special Learning Needs Survey	_____
_____	Health History Survey	_____
_____	Home Language Survey	_____
_____	Physical Exam	_____
	Physical must be dated within one year of first day of school. If not available, please provide the most recent physical and along with date of next physical.	
_____	Copy of Current Immunizations	_____
_____	Certified Birth Certificate with Seal (We will make a copy of your original)	_____
_____	2 Forms of Pelham Residency	_____
_____	Any legal custody documents	_____
_____	Tuition Procedure Form	_____

Received by

Pelham Elementary School

Student Emergency Information

Student Information

Name (Last, First)
Address

Home Phone
Parent/Guardian
Relationship

EMAIL

Student ID:
Grade
Bus No.
Homeroom
Gender
Date of Birth
Ethnicity
Place of Birth

Please list all emergency contacts, phone numbers and employers including parent/guardian, physician and at least two additional emergency contacts in the event that a parent cannot be reached.

Mother

Employer
Work Phone
Cell Phone
Home Phone

Father

Employer
Work Phone
Cell Phone
Home Phone

Step Parent

Employer
Work Phone
Cell Phone
Home Phone

Emergency Contact 1

Name
Phone
Cell Phone
Relationship

Emergency Contact 2

Name
Phone
Cell Phone
Relationship

Emergency Contact 3

Name
Phone
Cell Phone
Relationship

Doctor

Doctor's Phone

Are there restrictions regarding dismissals, visitations, information on your child? _____

If yes, please explain _____

If restrictions exist are court orders filed with school? _____

Should school nurse be aware of any medical problems, allergies or restrictions? If yes, please note: _____

(Please notify the school nurse if there are issue you wish to keep confidential)

Is child on any medication at home or school? _____

May we have permission to give your child Tylenol for pain, headache or fever? YES NO

NOTE: In the event of a medical emergency and we are unable to reach you the school will call an ambulance to transport your child to the nearest hospital.

I have confirmed and/or corrected all the above information concerning my child as of this date. _____

Signature of parent or guardian _____ Date _____

Please return this form to your child's homeroom teacher as soon as possible.

IT IS YOUR RESPONSIBILITY TO NOTIFY THE SCHOOL AT ONCE IF THE ABOVE INFORMATION CHANGES

PELHAM ELEMENTARY SCHOOL
PELHAM, NH 03076
SPECIAL LEARNING NEEDS SURVEY

To help us identify children with possible special learning needs, please fill in the information on the form below at time of registration.

Child's Name _____ D.O.B. _____

Parent/Guardian's Name(s) _____

1. Has your child ever been identified as being in need of Special Education Services?

Y _____ N _____

If Yes, what were those services?

If Yes, when were these services provided? _____

Has your child ever been tested? Yes _____ No _____

When? _____ Reason _____

2. Is your child currently receiving Special Education Services Yes _____ No _____

If Yes, what services? _____

Does your child have an Individualized Education Program (IEP)? Yes _____ No _____

3. Is/has your child received therapies? Yes _____ No _____

If Yes, please check type of therapy:

_____ occupational _____ physical _____ speech _____ psychological

4. Has your child ever received additional help such as instruction by a reading specialist, Title I Tutor, or a speech and language specialist? Yes _____ No _____

5. Is your child on a 504 Plan? Yes _____ No _____

Pelham Elementary School
School Information

Date: _____

Child's Name _____ Sex: M F Age _____

Address _____ Tel: _____

Birthplace: _____ Month _____ Day _____ Year _____

Ethnic Codes: 1. American Indian Alaska 2. Asian Pacific 3. Hispanic 4. Black 5. White
(Circle One)

Father's Name _____ Birthplace _____

Employer _____ Address _____

Telephone # _____ Occupation _____

Mother's Name _____ Birthplace _____

Employer _____ Address _____

Telephone # _____ Occupation _____

Person Legally Responsible for Student (Circle One) Legal Documentation May Be Required

Parents

Mother

Father

Foster Parents

Guardian

Stepmother

Stepfather

Grandparents

OLDER Children in Family

<u>Name</u>	<u>Sex</u>	<u>Birth Date</u>	<u>Name of School</u>
_____	M F	_____	_____
_____	M F	_____	_____
_____	M F	_____	_____

YOUNGER Children in Family

<u>Name</u>	<u>Sex</u>	<u>Birth Date</u>	<u>Name of School</u>
_____	M F	_____	_____
_____	M F	_____	_____
_____	M F	_____	_____

Last School Attended _____

Address _____ City/State _____

Grade Entering _____

Signature of Parent

Assigned to Grade: _____

Teacher _____

OFFICE OF SCHOOL NURSE

Pelham, N.H.

HEALTH HISTORY

Please fill out and bring with you on the day you register your child.

Print Student's Name _____

Previous Illnesses: _____

Previous Operation: _____ e _____ e

Speech Problems: _____

Vision Problems: _____

Has child had a vision screening in last year at doctor's office? No _____ Yes _____

Hearing Problems: _____ e _____

History of Ear infections No _____ Yes _____

Tubes Yes _____ Year(s) _____

Has child had a hearing screening in last year at doctor's office? No _____ Yes _____

Has your child had Chicken Pox? No _____ Yes _____ Year _____

Allergies (food, bee stings, medicines, etc.) _____

*Food restrictions _____

Does this child have an Rx for an EpiPen No _____ Yes _____

Asthma: _____

Does your child have an Rx for a nebulizer or inhaler No _____ Yes _____

Skin Conditions (hives, eczema): _____ e _____ e

Heart Disease: _____

Blood Borne Pathogens (Hep. B/ HIV etc.): _____ e _____ e

Kidney Infection: _____

Diabetes: _____

Convulsions or Seizures: _____

Tuberculosis: _____

Has constipation or diarrhea ever been a problem? _____ e _____ e

Physical Handicaps: _____

Orthopedic problems or restrictions (feet, legs, etc.) _____ e

Was pre-natal period and birth considered normal? _____ e _____ e

If no, please explain _____

Parent Signature

Date

Home Language Survey

School: _____ District: SAU #28 Date: _____

Student Information			
First name:	Last name:	Date of Birth:	Gender: <input type="checkbox"/> female <input type="checkbox"/> 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:	<input type="checkbox"/> 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.

PROOF OF RESIDENCY

TWO (2) FORMS OF PROOF ARE NEEDED

- Home Purchase Contract
Must contain seller's name, address of property, purchaser's name and signature and anticipated date of occupancy.
- Legal – valid lease agreement
Must contain property owner's name, address and signature: the name and signature of the parent/guardian at the new address.
- Current Utility Bill
A gas, electric, oil, home telephone (land line), cable or water bill that has been mailed to the parent/guardian at the new address.
- Vehicle Registration – Must be current with new address.
- Proof of Banking – checking/savings or credit card statement showing mailing address (copy of a preprinted check with a valid address listed).
- House Deed – New property.
- Car or Property Insurance Bill
- Paycheck – with new address noted
- Passport – with current address
- Mail/Bill – mailed to the new residence (credit card bill, etc.)

****Tax bills or licenses are NOT acceptable proofs of residency. ****

Pelham Elementary School

61 MARSH ROAD
PELHAM, NEW HAMPSHIRE 03076
Telephone 603-8875

Kelly LaBonte
Interim Assistant Principal

Jessica VanVranken
Interim Principal

Trisha Kaufmann
Assistant Principal

Pelham School District

Preschool Tuition Procedure

2020 – 2021

Please sign and return this acknowledgement indicating that you have read and understand the Pelham Elementary School Preschool tuition procedures below:

This program is in session from September through June and follows the Pelham School District calendar. The classes are determined by age; three year old students will attend three mornings a week on Tuesday, Wednesday, and Thursday from 8:45 am to 11:15 am. The four year old students will attend Monday through Thursday from 12:00 pm to 3:15 pm. ***An invoice will be mailed or put in the student daily folder for payment the first of each month, September through June. Checks are made payable to the Pelham School District and may be mailed to Pelham School District Office, Attn: Accts. Receivable, 59A Marsh Road, Pelham, NH 03076 or sent in with your student.*** If payment is not received or we do not hear from you regarding payment, we will contact you to discuss your child's status in the program. Please contact me, Trisha Kaufmann, if there is any family hardship that impacts your ability to pay the required tuition fees.

Please indicate the days that your child will attend:

_____ (4 year olds) 4 days/week @ \$150.00 per month (tuition subject to change)

_____ (3 year olds) 3 days/week @ \$130.00 per month (tuition subject to change)

I/we _____ understand the PES Preschool tuition procedures.

Student Name

Parent Signature

Date



2020-2021

Car Pick-Up Placard Request

Dear Parent/Guardian:

In our continuing efforts to ensure student safety we have implemented a policy for Car Pick-up. Anyone wishing to pick up students from car pick-up must display the official Pelham Elementary School Placard.

- Please fill out only ONE FORM PER FAMILY.
- Only two (2) placards issued per family.
- This placard is good for the entire time your child attends PES.

They will not be re-issued each year.

- Anyone without a placard will be asked to present an ID at the main office.
- If you are picking up children other than your own, you will need that child's car placard to do so.

Parent Name (print) _____

Last, First

Child's Name (print) _____

Last, First

Child's Name (print) _____

Last, First

Child's Name (print) _____

Last, First

Child's Name (print) _____

Last, First