

Kindergarten Check List

- _____ Registration Form
- _____ Record of health/physical exam
- _____ Immunizations
- _____ School Bus Information (green)
- _____ Proof of Residency (3 forms)
- _____ Home Language Survey
- _____ Birth Certificate (may be a copy)
- _____ Student Health Form
- _____ Speech-Language Questionnaire

Northwood School
511 First New Hampshire Turnpike
Northwood, NH 03261
(603) 942-5488

Kindergarten Registration

Date of Registration _____

Student's Full Name _____ Sex: M or F

Nickname _____ Soc. Sec. No. _____

Date of Birth _____ Place of Birth _____

Ethnicity: Native American _____ Asian _____ Hispanic _____ Pacific Islander _____
African American (non-Hispanic) _____ White (non-Hispanic) _____

Home Phone _____ Cell _____ Work _____

Street Address _____

Mailing Address (if different) _____

Mother's Full Name _____ Age _____

Occupation _____ Education Level _____

Place of Employment _____ Phone _____

Father's Full Name _____ Age _____

Occupation _____ Education Level _____

Place of Employment _____ Phone _____

Guardian's Name (if applicable) _____ Occupation _____

Place of Employment _____ Phone _____

Emergency Contacts:

Name _____ Phone # _____

1. _____

2. _____

3. _____

** If you have additional emergency contacts please attach another sheet**

Language other than English spoken in the home _____

Name _____ Relationship _____

Address _____ Phone _____

Has your child attended Nursery/Preschool? Yes___ No___ If yes, please list:

Where: _____ When: _____

Signature of person completing form _____

Please print name _____ Relationship _____

**Northwood School,
511 1st N.H. Turnpike
Northwood N.H. 03261
(603) 942-5488
Fax (603-942-5746**

To be filled out by the examining practitioner.

PHYSICAL EXAM of (student name): _____ **Birth date:** _____

N.H. state law requires:

1. A complete medical exam by a licensed practitioner prior to entrance into the public school system.
2. Complete immunization requirements prior to entry into the school. Please refer to www.dhhs.state.nh.us or call your primary care physician if need be.

PHYSICAL EXAM: Date of exam _____

A. Significant health history:

B. Allergies:

Medication _____ Foods _____
Insect bites/stings _____ Environmental _____

Does this child have an Allergy Action Plan? _____ Asthma Action Plan? _____
If so, please provide a copy to be on file in the nurse's office.

C. Physical Exam: Is the exam completely normal? Yes or No (circle one). May this child fully participate in normal school and sport activities? Yes or No. If no, explain below:

D. Current medications:

- 1.
- 2.
- 3.

To be taken at school?

Y or N
Y or N
Y or N

E. Immunizations:

Please attach the most recent copy of this child's immunizations.

Practitioner's Name: _____ **Date:** _____

Signature: _____ **Phone:** _____

Address: _____

Please return this form to the parent or Health office at the address on this form.

SCHOOL BUS INFORMATION

STUDENT NAME: _____

STREET ADDRESS: _____

SIBLINGS IN NORTHWOOD SCHOOL:

NAME	GRADE
_____	_____
_____	_____
_____	_____

NEIGHBORS IN SCHOOL:

NAME	GRADE
_____	_____
_____	_____

DESCRIPTION OF YOUR HOUSE/LANDMARKS:

BUS NUMBER (If known): _____

IMPORTANT – If your child will be getting on or off the bus at a location other than your Home because of daycare, please complete the section below.

SITTER/DAY CARE PROVIDER: _____

STREET ADDRESS: _____

DESCRIPTION OF YOUR HOUSE/LANDMARKS: _____

THE DAYS THAT YOUR STUDENT WILL BE AT THE SITTER:

MON TUES WED THURS FRI

BUS NUMBER (If known): _____

BUS SERVICE IS PROVIDED BY NORTHWOOD TRANSPORTATION ---942-5418

SAU # 44
PRE-SCHOOL
PROGRAM

SCHOOL ADMINISTRATIVE UNIT #44

23A MOUNTAIN AVENUE
NORTHWOOD, N.H. 03261
(603) 942-1290
FAX: (603) 942-1295
WWW.SAU44.ORG

SERVING THE COMMUNITIES OF:

*NORTHWOOD
NOTTINGHAM
STRAFFORD*

DR. ROBERT GADOMSKI
SUPERINTENDENT OF SCHOOLS

PROOF OF RESIDENCY

Name of Student _____ Birth of Date _____

Address: _____

Before a child can be enrolled, proof of residency must be established by presenting the required number of documents from each of the following categories:

Category I – (One document required)

Homeowners: () Most Recent Tax Bill () Mortgage papers () An agreement of sale for a residential property located within the District's geographic boundaries, signed by the seller and parent/guardian as buyer. () Certificate of Occupancy on a Newly built home.	Renter: () Signed and dated lease <u>and</u> proof of last two months' payment if lease is not at its inception (canceled check or receipts required).	Other: () Letter from landlord and proof of last two months' payments (canceled checks or receipts required) () Notarized letter with explanation of living arrangements from the resident owner of property containing contact information for verification by the SAU.
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Category II – (two documents showing proper address are required)

- | | |
|--|--|
| () Driver's License | () Vehicle registration |
| () Auto insurance policy or | () Current public aid card |
| () Most recent cable television and/or credit card bill | () Voter registration |
| () Current homeowners/renters insurance policy | () Most recent gas, electric, oil and/or water bill |

(telephone bill NOT accepted)

The following additional documents are also required to be submitted:

- () Any court ordered, judgments, decrees or other documents (e.g., joint agreements) awarding primary physical custody or granting guardianship of the student to any person.

The SAU reserves the right to evaluate and investigate the documents presented as evidence of residency. By presenting the documents listed above in this procedure does not guarantee admission.

I certify that I understand the residency requirements and I know the penalty for fraudulent registration.

Signature of the Parent/Guardian

Date: _____

Relationship: _____

Date: _____

Address of Parent/Guardian: _____

Phone Number: Home #: _____

Cell #: _____

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. Parent/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 him/her with a copy of this survey. Date of referral to ESOL teacher _____
3. File original Home Language Survey in student's cumulative folder.

NORTHWOOD SCHOOL

Student Health Information Form

Last Name _____ First Name _____ Grade _____
Date of Birth _____ Male _____ Female _____
Please list any **allergies** to:
Medications _____
Foods _____
Environmental _____
Reaction _____ Treatment _____

Health History

Does your child have any chronic physical or mental illness? If yes, please explain _____

Are there medications your child takes regularly? Please list with dose/time _____

Please list any surgeries, hospitalizations or serious injuries your child has had that would be helpful for us to know about _____

Do you have any concerns about your child's health that may affect his/her ability to learn in school? (hearing, vision, etc) _____

Below is a list of over the counter medications we have available to dispense to students during the school day. Please check those that you give permission for your child to have as needed and sign below.

- _____ Acetaminophen (Tylenol)
- _____ Ibuprofen (Motrin/Advil)
- _____ diphenhydramine (Benadryl)
- _____ pseudophedrine (Sudafed)
- _____ throat spray
- _____ Tums
- _____ cough drops
- _____ topical anti-bacterial ointment
- _____ anti-itch creams
- _____ benzocaine oral pain relief (orajel)

In the course of providing routine care for my child, I will not hold the school, school nurse or principal's designee responsible for any condition which may develop from taking this medication.

Signature of Parent/Guardian

Date

Northwood School Kindergarten Speech/Language Questionnaire:

Child's name: _____ Date of Birth: _____
 Person completing this form/relationship _____

Yes/No	Has your child ever had a speech/language evaluation? (where and when?)
Yes/No	Did your child attend a preschool program? If so, where?
Yes/No	Has your child ever had speech/therapy? (where and when?)
Yes/No	Has your child's hearing ever been tested by an audiologist/specialist (not including routine screenings at the doctor's office)? Describe results.
Yes/No	Do people outside your family have difficulty understanding your child's speech? (Sometimes/generally) If yes, please describe.
Yes/No	Do you have concerns about your child's ability to understand what he/she hears? (following directions, answering questions, enjoying books, etc.) If yes, please explain.
Yes/No	Do you have any concerns about your child's ability to focus, pay attention, or remember what he/she hears? If yes, please explain.
Yes/No	Do you have concerns about your child's ability to say his/her words clearly? specific sounds?:
Yes/No	Do you have concerns about your child's ability to make friends and play with other children?
Yes/No	Was your child a late talker? (Typically children begin saying words at 12-18 months, put 2 words together between 18-24 months, and speak sentences by age 3)
Yes/No	Does your child have any birth or medical issues which could possibly affect hearing, learning, or language development? Ex: history of ear infections or middle ear fluid, premature birth, breathing or swallowing problems in infancy, head injuries, or any other pertinent medial issue.

Thank you for completing this form. Please add any additional information on the back of this questionnaire. If there are any speech/language reports/records outside SAU 44, please send a copy to Northwood School.

Thank You,

Kelly Brown & Elizabeth Rollins, Speech and Language Department, Northwood School