

WINDHAM SCHOOL DISTRICT STUDENT REGISTRATION INFORMATION

Welcome to the Windham School District. Please read through this registration packet carefully, completing the registration form; signing the Release of Records form and Residency Affidavit.

Parent(s) must provide two **(2) Proofs of Residency** for the Town of Windham. All documents must show a valid street address. P.O. Boxes are not acceptable. *(One from each category please)*

Category A

Current Mortgage Statement
Fully signed/executed Lease or Rental Agreement
Fully signed/executed Purchase & Sales Agreement (P&S)*

Category B

Current Utility Bill
Car Registration
Pay Stub

**** If a P&S is provided, your Warranty Deed will be needed immediately after closing. If the closing on the Windham property takes place after the start of our school year, permission will be needed from our Superintendent's Office to start the school year. Note: Tuition will/may be assessed.***

Parent(s) should obtain the following records from their previous school in order to expedite the course scheduling process for those students entering grades 6-12:

- Unofficial Transcript, including final grades & credits **(for students entering grades 10-12)**
- Most up-to-date report card **(for students entering grades 6- 9)**

For all students where appropriate:

- I.E.P. **(if applicable)**
- 504 Plan **(if applicable)**

Other registration requirements include:

- Birth Certificate (original needed for grades PreK – Gr. 1)
- Up-to-date Immunization records & yearly physical
- Copy of parent/guardian driver's license

Once **all** requested enrollment documents are in order, please call the school to schedule a registration appointment. Thank you.

Golden Brook (603) 845-1552 K-2nd	Center School (603) 845-1554 3 rd – 5 th	Middle School (603) 845-1556 6 th – 8 th	High School (603) 845-1558 ex. 5840 9 th – 12 th
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Sibling(s) being enrolled? _____

Grade Level(s) _____

WINDHAM SCHOOL DISTRICT REGISTRATION

PreK GBS WCS WMS WHS

Student Name: _____
Last First Middle

Address: _____

Town: Windham

State: NH

Zip: 03087

Date of Birth: _____

Incoming Grade Level: _____

Gender: Male Female (circle one)

Have you ever attended a Windham Public School before? Yes No

Are Court Orders in place that pertain to this student? Yes No

(If YES, please provide a valid copy of the Order)

Language spoken at home: English _____ Other _____

Does your student receive Special Education services? Yes No

(If YES, please provide an up-to-date, signed IEP)

Ethnicity of Student: _____

Parent One Name: _____

Relationship to Student: _____

Parent One Phone: _____

Parent One Email: _____

Parent Two Name: _____

Relationship to Student: _____

Parent Two Phone: _____

Parent Two Email: _____

Student lives with: P1 P2 Both Guardian

Please provide your Parenting Plan/Custody Agreement if applicable

Transferring from:

School Name: _____ Address _____

RELEASE OF RECORDS

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

Windham Center School
2 Lowell Road
Windham, NH 03087
Phone: (603) 845-1554
Fax: (603) 845-1555

Windham Middle School
112A Lowell Road
Windham, NH 03087
Phone: (603) 845-1556
Fax: (603) 845-1557

Windham High School
64 London Bridge Road
Windham, NH 03087
Phone: (603) 845-1558
Fax: (603) 845-1571

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

Today's Date: _____

Student Name: _____

DOB: _____

Transferring from:
SCHOOL NAME & ADDRESS _____

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 (including an **official transcript for Grades 9-12**)
- Attendance History
- Discipline
- Health
- Psychological (if applicable)
- Special Education evaluation and programming (if applicable)
- Active 504 Plan (if applicable)
- State testing results

Parent Signature _____

*Parent(s): Please **return** this signed form, along with your other Registration Documentation, at your Registration Appointment. Thank you.*

Windham School District SAU #95
19 Haverhill Road
Windham, NH 03087
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, without the consent of the district or of the school board...legal residence is where his or her parents reside..."

<u>Student Name(s)</u>	<u>DOB</u>	<u>Age</u>	<u>Grade</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent(s)/Legal Guardian(s) _____

Address: _____

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

Verification by School Official

Date