

**Henry W. Moore School**  
SAU #15 -- Candia School District  
12 Deerfield Road, Candia, New Hampshire 03034  
(603) 483-2251

**PUPIL INFORMATION RECORD**

Date \_\_\_\_\_

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
(last) (first) (middle)

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(month/day/year) (city, state)

Parent 1/Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mailing Address (if different than above)  
\_\_\_\_\_

cell phone: \_\_\_\_\_ e-mail: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent 2/Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mailing Address (if different than above)  
\_\_\_\_\_

cell phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all other children in the family....

Name	Date of Birth	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Student Lives with:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Who has legal authority to make decisions for this child:**  
\_\_\_\_\_

Is the student/family in temporary or emergency housing? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the child see the other parent? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (please list)  
How often? \_\_\_\_\_

Are there court order restrictions? \* Yes: \_\_\_\_\_ No: \_\_\_\_\_

\* In the case of divorce, separation, and/or legal custodian, attach a photocopy of the court order specifying the custodial parent/guardian.

Is your child Medicaid eligible? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, Medicaid # \_\_\_\_\_

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Is your child covered by health insurance? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**(over)**  
#2

**Transfer Students Only**

Previous School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax (if available) \_\_\_\_\_

**Special Education**

Has your child ever received Special Education Services? \_\_\_\_\_

Has your child ever had any special health problems? \_\_\_\_\_

Will your child require school bus transportation to a location other than home (within the town of Candia)?

Address \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Both \_\_\_\_\_

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**HOME LANGUAGE SURVEY**

We are required by the Federal Government to conduct a Home Language Survey. Please complete the following.

*Student Information*

Country of Birth:	Date of Entry in U.S.:	Date first enrolled in a U.S. school: Month: _____ Year: _____	Current grade:
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*Questions for Parents/Guardians*

Please list all languages spoken in your home.	
Which language did your child first hear or speak?	
<i>If English is the only language listed, stop here. If another language is listed, please answer the rest of the questions.</i>	
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.