

Residency Affidavit
Henry W. Moore School
12 Deerfield Road, Candia, NH 03034
603-483-2251 (phone) 603-483-2536 (fax)

I, _____, declare that I am the _____ parent or _____ legal guardian of
_____, and I reside at the following address in the Town of Candia:
Student Name [Please Print]

Legal Residence: _____
[Please Print]

Proof of Residency *must* be attached.

- _____ Documentation of home ownership.
- _____ Utility bill indicating legal residence
- _____ Lease agreement or rent receipt indicating legal residence
and landlord's address/phone number
- _____ Copy of Driver's License displaying printed legal residence

I hereby certify and swear that this information is true and correct. I authorize the Candia School District to independently verify this information.

Signature

Date

Henry W. Moore School
SAU #15 -- Candia School District
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(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 _____

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.

Candia School District
Parent/Guardian Notification and Authorization
Regarding
Release of Student Information

- The Candia School District complies with all requirements of the Family Educational Rights and Privacy Act of 1974 (FERPA) as outlined in the district policy on student records (JRA).
- In accordance with this law and district policy, the Candia School District may release directory information about students. Student directory information consists of the student's name, grade, school, and participation in officially recognized activities, clubs and sports, achievements, awards and honors, including honor roll based upon grades.
- The Candia School District may, in addition to the directory information listed above, publish identifiable group, class, team or activity photographs and identifiable artwork, essays or other student work products on its website or to the local newspaper(s). Information on websites is available to anyone accessing the World Wide Web.
- Parents or guardians must submit this form to the school office no later than September 10 of any applicable school year. If this form is not submitted, it will be assumed that the school has permission to release Directory Information and Website Publications for your child(ren) as described.

Directory Information

_____ I authorize release of Directory Information as defined above.

_____ I do not authorize Directory Information to be released.

Website/Newspaper Publications

_____ I authorize website/newspaper publications as listed above.

_____ I do not authorize specific or identifiable website/newspaper publications

Student Name _____ Parent/Guardian _____

Teacher _____ Date _____ Parent/Guardian Signature _____

This release form will remain in force throughout the student's enrollment in the Candia School District unless a change is requested or initiated by the parent or legal guardian.

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Each year, every New Hampshire is required to report student data to the New Hampshire Department of Education (NHDOE). The student data is reported by race and ethnicity categories set by the federal government. Though the NHDOE does not report individual student data to the federal government, the total number of students in various categories is reported.

If we do not receive a response, an employee of the school district will be required to provide this information based on observation. (Note that federal regulations no longer permit districts to use a “not reported” code.)

Student Name: _____ Grade: _____

Please answer BOTH part A and part B.

Part A. **Is this student Hispanic/Latino?** *(Choose only one)*

No, not Hispanic/Latino

Yes, Hispanic/Latino

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by *marking one or more boxes* to indicate what you consider your student’s (or your) race to be.

Part B. **What is the student’s race?** *(Choose one or more)*

American Indian or Alaska Native

(A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

Asian

(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Black or African American

(A person having origins in any of the black racial groups of Africa.)

White

(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Native Hawaiian or Other Pacific Islander

(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

Parent/Guardian Signature: _____ Date: _____

Local 'Field Trip' Permission

I give permission for my child, _____, to participate in school-sponsored field trips within the Town of Candia. This will include sites such as Smyth Public Library, Candia Firehouse, Gazebo/Pond behind Smyth Public Library, Moore Park, and CYAA Field House. This list is not meant to be all inclusive.

Transportation will be provided by STA, Inc or, if destination is close to school, children will walk with adult supervision.

It is understood that I will be given prior notification of any 'field trip' either in a classroom newsletter or separate written notice.

No student will be permitted to participate in a field trip unless this permit is on file in the school office.

Parent/Guardian Signature: _____

Date: _____ Teacher: _____ Grade: _____

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Henry W. Moore School
INTERNET ACCESS CONTRACT
(Acceptable Use Contract)

Parent or Guardian:

Please read the pages of the Student/Parent Handbook regarding "School District Internet Access for Students". Also, please read this Internet Use Agreement with your child. Then complete the information requested.

As a parent or guardian of this student, I have read the Internet Use Agreement with:
_____ (student's name).

We understand and agree to abide by all rules that are listed in the Candia School district Acceptable Use Policy. We understand that this access is designed for educational purposes and that any other use is inappropriate. We understand and accept that inappropriate behaviors will lead to disciplinary action which will include suspension or revocation of access privileges, cancellation of account, school disciplinary action, and/or legal action.

We agree not to participate in the transferring or storing of illegal materials, such as copyrighted material through use of the Candia School District network. We understand and accept that the transfer or storing of such material may result in legal action being taken against me.

We agree not to participate in the transfer or storing of materials which may be considered treasonous, subversive, obscene, sexually explicit, or pornographic through the use of the Candia School district network.

We agree not to allow any other individual to make use of the user's passwords to access account privileges within the Candia School District. We understand and accept that we will be held responsible for any and all activities carried out through use of an account registered in the user's name.

We understand that the Candia School District network is maintained and managed by the system administrator in such a way as to ensure its availability and reliability in performing its educational mission.

We understand users have no reasonable expectations of privacy concerning any materials transferred over or stored within the Candia School District.

Release and Indemnity Agreement

We understand and accept that certain materials accessible through the Internet may be objectionable and offensive to us. I, _____,
(parent/guardian)
accept all financial and legal liabilities which may result from my child's use of the Candia School District network and technology.

We agree to indemnify, release and hold harmless, the Candia School Board, the Candia School District, the Superintendent of Schools and all officials, employees and agents and all related organizations of the Candia School District, from and against any and all liability, obligations, losses, claims and damages, whatsoever, regardless of the cause thereof, including, without limitation, counsel fees and expenses, arising out of or

Henry W. Moore School
INTERNET ACCESS CONTRACT

(Acceptable Use Contract)

resulting from the student's actions with regard to his/her use of the Candia School District network.

We understand and agree to the provisions set forth above. Further, I, as the parent or guardian of this student accept full responsibility for supervision if, and when, my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained in this form is correct.

Permission

Please sign below and return to your child's teacher. Your child will not have access until this form is completed and returned.

Student's name (please print): _____

Parent/Guardian's Name (please print): _____

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Homeroom Teacher: _____

Do Not Wish

I have seen the Internet/Acceptable Use Policy and Contract and Do not wish to have my child assigned an Internet account.

Student name (please print): _____

Parent/Guardian Signature: _____

Date: _____

Homeroom Teacher: _____

This permission will remain in force throughout the student's enrollment in the Candia School District unless a change is requested or initiated by the parent/legal guardian or a Policy change is made by the Candia School Board.

Reference: Candia School District Policy (CDS File: EGA)
Adopted: December 4, 1997
Adopted: April 6, 2000
Revised: October 31, 2002

Legal References:

(over)

Candia Moore School Annual Health Questionnaire

Name of Student: _____ Age: _____

Grade: _____ Teacher: _____ Date: _____

1. Has the student had a routine physical exam in the last year? Yes ___ No ___

Date _____ Physician/Agency _____

2. Has the student had a routine dental exam in the last year? Yes ___ No ___

Date _____ Dentist _____

3. Has the student had any new illness, injury or allergies in the last year?

Yes ___ No ___ If yes, please provide details:

4. Is the student taking any medication? Yes ___ No ___

If yes, what is the name and dosage

If yes, does it need to be given at school? Yes ___ No ___

If medication needs to be given at school, please obtain a completed medication administration form from your child's prescriber.

5. Is there any need for special assistance because of health issues?

Yes ___ No ___

If yes, please provide details and include any specific modifications required:

6. Has the student received any new immunizations in the last year? Yes ___ No ___

If yes, please provide a copy of the updated immunization list.

7. Does the student wear glasses or contacts? Yes ___ No ___

If yes, date of last eye exam: _____

This health questionnaire has been prepared so that we may be kept informed of the health of your child. Your cooperation in completing this form is greatly appreciated.

MEDICAL HISTORY

Student's Name: _____ Date: _____

Address: _____

Date of Birth: _____ Parent Completing Form: _____

STUDENT'S HEALTH DATA

1. Has the child had any of the following illnesses? Please check and indicate date.

	Date		Date		Date
Anemia		German Measles		Kidney disease	
Chicken Pox		Allergies		Asthma	
Diabetes		Measles		Frequent colds, sore throats, ear infections	
Epilepsy		Mumps		Rheumatic Fever	
Heart disease		Pneumonia		Scarlet Fever	

2. Have you ever notice a hearing difficulty in the student? Yes _____ No _____

3. Any vision problem that you are aware of? Yes _____ No _____

4. Has child ever visited the dentist?

5. Has the child ever been involved in a serious accident of any kind? Yes _____ No _____
If yes, explain (including any serious head injury).

6. Has the student ever been hospitalized? Yes _____ No _____
When _____ Where _____
For what reason?

How did he/she react to this?

7. Is he/she presently on any medication, prescribed or over-the-counter?

PREGNANCY / BIRTH HISTORY

1. Did the mother take alcohol, drugs or smoke during pregnancy? Yes _____ No _____
If yes, give details:

2. Any viral infections, flu, or rashes during pregnancy? Yes _____ No _____

3. Any complications during pregnancy or during labor? Yes _____ No _____
(Example: bleeding)

4. Was the child: Full Term _____ Premature (give month) _____
 Child's weight at birth _____ Was child in incubator? _____

5. Normal birth? _____ Breech birth _____ Caesarean _____

6. Did the child require special medical treatment following birth?

FAMILY HISTORY

1. Does anyone in the family have any of the following illnesses? (Please check illness and note who in the family has it.)

Illness	Check	Who
Seizure disorder		
Severe allergies		
Diabetes		
Heart disease		
Lung disease (including asthma)		
Any other chronic illness		

2. Has anyone in the family had any mental disorder (including alcohol or drug abuse)?
 If yes, please explain.

3. Did either parent or other siblings experience learning difficulties in school?
 If yes, please explain.

4. Has there been a serious illness or a death of anyone close to the student, such as father, mother, grandparent, sibling, or close friend? Yes ___ No ___

Who	Age of Student	Student's Reaction
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5. In how many different homes has the family lived within the past 4 years?

6. Have there been any circumstances in this child's life that you believe were hard for the student. If yes, please explain.

Date

Parent Signature

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KINDERGARTEN/FIRST GRADE QUESTIONNAIRE

Dear Parents:

We feel that, as parents, you have valuable information to share with us. This information will help with instruction and programming for your child entering school.

I. Child's name _____ Nickname _____
Address: _____ D.O.B. _____

Did your child attend kindergarten? Yes _____ No _____
Address _____ Telephone _____

Child's status in family: Oldest _____ Middle _____ Youngest _____
Only Child _____

How does the child get along with brothers and sisters?

II. Please put the number that most accurately describes your child next to the words listed (see number code).

1	2	3
Frequently	Occasionally	Never
Cooperative _____	Flexible _____	
Independent _____	Responsible _____	
Demanding _____	Impulsive _____	
Sensitive _____	Easily Frustrated _____	
Inquisitive _____	Self Confident _____	
Attentive _____	Perfectionist _____	

- III. 1. Does your child button, snap and zip his/her clothes?
2. Does your child tie shoes without help?
3. Does your child have any jobs or responsibilities at home?
If so, please list:
4. Can your child follow a two-step direction? (Example: Go to the refrigerator and get the milk?)
5. Does your child like to color?

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6. Does your child put puzzles together?
 7. Does your child cut with scissors?
 8. Does your child like listening to a story?
 9. How long can he/she be attentive to the story? (5 minutes, 10 minutes, etc.)
 10. Does your child talk easily with adults? _____
with children? _____
 11. Does your child initiate conversations with children whom he/she doesn't know?
 12. Would your child rather play alone or with other children?
 13. Does your child adjust easily to new situations?
 14. Does the child have any specific fears?
- IV. A. What are your child's favorite free time activities?
- B. Is there any additional information we should be aware of?
(social, medical, educational)
- C. Do you have any information that you would like to share regarding your child's readiness for school?
- D. Any other comments?

Date _____ Parent Signature _____

VIDEO AND AUDIO RECORDING FOR INSTRUCTIONAL PURPOSES

September 1, 2016

Dear Parent/Guardian:

In the past, we have been able to make video and/or audio recordings of classroom activities for instructional purposes. With the passage of a new law, we are now required to request your permission to record a classroom activity in which your child may be participating. RSA 189:68, IV, states: "No school shall record in any way a school classroom for any purpose without school board approval after a public hearing, and without written consent of the teacher and the parent or legal guardian of each affected student."

There are many reasons why educators would use or allow the use of recordings in classrooms. Some of these valuable uses include, but are not limited to:

- Video or audio recording as part of an instructional lesson or practice;
- Recording classes when students are absent or unable to take notes;
- Student practice work in a photography and videography course;
- Recording a speech therapy session to evaluate a student's progress;
- Creating a video presentation as part of any academic class;
- Videotaping student teachers for teacher education coursework;
- Videotaping a drama class (play) or music class for instructional purposes; and/or
- Instructional or assessment support for students with disabilities and/or students needing accommodations.

The Candia School District recognizes that video and/or audio recordings of classrooms can serve many valuable purposes that align with our educational mission and program. The Candia School Board has adopted a policy that approves the use of video and/or audio recordings for educational purposes, with the prior approval of any affected students.

- A. Purposes for Which Written Consent is Required - The following conditions apply to video and/or audio recordings in classrooms.
 - a. If a teacher intends to video and/or audio record one or more students in his or her classroom, the teacher [or principal] must obtain written consent from the parent/legal guardian of each student who will be recorded
 - b. If a student or school official with a legitimate educational interest wishes to video and/or audio record a teacher or a student in a classroom, written consent must be obtained from the teacher who will be recorded and the parent/legal guardian of each student who will be recorded.

- B. Purposes for Which Written Consent is Not Required

- a. Written consent is not required for video and/or audio recordings made pursuant to an IEP or 504 Plan, when the IEP or 504 Team determines that such recording is necessary for the delivery of a free appropriate public education (FAPE) or to access an educational program.
- b. School recordings of any class, performance, competition, ceremony, instruction, presentation, orientation, training, assembly, or any other school sponsored event that occurs outside the physical confines of a classroom.
- c. School recordings of school grounds and facilities for security or other purposes.
- d. Recording on school buses as authorized by the School Board pursuant to RSA 570-A:2 (k)
- e. Recordings made in compliance with the District's FERPA Annual notice.

Note that Policy EEAB is on the back of this document and can also be found on the district website

Legal Reference: RSA 189:68, IV

CSD File: EEAB CANDIA SCHOOL DISTRICT VIDEO AND AUDIO RECORDING FOR INSTRUCTIONAL PURPOSES

The Candia School Board is committed to the use of technology to enhance the education of its students. The Board acknowledges that video, digital video and audio recording ("recording") in the classroom may be useful for instructional purposes. In addition, there are times when live streaming, or internet access to digital video and audio recording are appropriate. For example, these technologies may be useful tools to provide access to students in remote locations, home-bound or hospital-bound students, or to permit a student to recover classroom instruction lost during an extended absence.

The decision whether or not to conduct video, digital video or audio recording for educational purposes shall be made in the first instance by the classroom teacher and their request and consent to recording shall be documented in writing and placed on file with the Principal. All such recordings shall be deemed the copy written property of Candia School District and shall not be reproduced without Candia School District's express permission. Recordings shall not be sold. Recording in the classroom for other than educational purposes is prohibited. Recordings made for instructional use are intended to provide information for pedagogical and scholarly study, and do not constitute educational records under the Family Educational Rights and Privacy Act (FERPA). Only the student(s) or instructor, on whose behalf a request for recording is made, will be granted access to that recording. The Principal may authorize others to view an existing recording on a case-by-case and as-needed basis.

Student recording as an accommodation in their Individualized Education Plan or Section 504 Plan shall not be deemed a school recording unless the recording is

conducted by the school on behalf of the student. All recordings made as an accommodation, or for instructional recovery or academic study shall be erased at the end of the semester or when they are no longer needed, whichever is the later event. If the classroom teacher wishes to preserve a recording for future instructional purposes, they shall seek permission from the Principal to preserve the recording.

No recording shall take place in a classroom without first securing the written consent of each adult student, or minor student’s parent or guardian. An adult student or parent who refuses consent for a class where recording is the curriculum, such as a television or broadcast journalism course, shall not be permitted to enroll in the course. This policy shall be reproduced in the next student handbook, and the parent or adult student’s written receipt of the handbook shall be deemed written consent to Candia School District’s use of video and audio classroom recording for instructional purpose unless the adult student or parent opts out of granting permission. Until such policy is reproduced in the handbook, this policy and a permission form shall be disseminated by the classroom educator when recording in their classroom is contemplated. The educator shall be responsible for garnering the adult student or parent’s written consent and placing the same on file with the Building Principal before recording may take place in the classroom. Candia School District reserves the right to reassign students to classes in accordance with their recording preferences.

This policy does not apply to the recording by Candia School District of events such as public concerts, graduation ceremonies, athletic events, and the like; all of which are not considered classroom recording. This policy has been adopted after a public hearing conducted by the Candia School Board.

See also policy EEAA

1st. Reading: November 05, 2015

Legal

References:

Public Hearing: November 05, 2015
Adopted: November 05, 2015
(FERPA)
(FERPA)

RSA 189:68(IV)
20 U.S.C. § 1232g
34 CFR Part 99



PERMISSION FOR VIDEO AND AUDIO RECORDING FOR INSTRUCTIONAL PURPOSES (Policy: EEAB)

I am aware of the Candia School District policy on Video and Audio Recording in School Classrooms (EEAB). I give permission to Candia School District to conduct video and audio recording in my child's classrooms for instructional purposes in accord with that policy.

Please sign a form for each child and return it to the school. Please sign the statement that you are choosing (choose only one). If you need further information or have questions, you can contact the principal at the school.

Student Name _____ Grade _____

Homeroom Teacher _____

Permission Granted:

I consent to the recording of my son/daughter's voice or image in the classroom for instructional purposes.

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Permission Withheld:

I **do not** consent to the recording of my son/daughter's voice or image in the classroom for instructional purposes.

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Legal Reference: RSA 189:68, IV