

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

Student ID	_____
SASID	_____
Homeroom	_____
Bus # AM/PM	_____
Entry Code/Date	_____

PUPIL INFORMATION RECORD

Date _____

Student's Name: _____ Sex: _____
(last) (first) (middle)

Street Address: _____ Home Phone: _____

Mailing Address (if different): _____ Entering Grade: _____

Date of Birth: _____ Place of Birth: _____ Student cell phone: _____
(month/day/year) (city, state, country)

Parent 1/Guardian: _____ Occupation: _____

Street Address (if different than above) _____

Mailing Address (if different than above) _____

cell phone: _____ e-mail: _____

Employer: _____ Phone: _____

Parent 2/Guardian: _____ Occupation: _____

Street Address (if different than above) _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(over)

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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 cover by health insurance? Yes: _____ No: _____

Transfer Students Only

Previous School Attended: _____ Grade: _____

Address: _____

Telephone _____ Fax (if available) _____

Special Education

Has your child ever received Special Education Services? Yes/No _____ IEP _____ 504 _____

(over)

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

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: _____

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 HOME LANGUAGE SURVEY

Student Name: _____ **Date of Birth:** _____ **Gender:** _____

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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Parent/Legal Guardian: _____

Address: _____ Phone: _____

Please translate school notices into (language): _____

Parent/Legal Guardian Signature: _____

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.

Instructions for survey administrator:

1. Please provide an interpreter when necessary.
2. If responses indicate a language other than English, please contact the ESOP 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.

Henry W Moore School
Parent/Guardian Military Status

The US Department of Education Every Student Succeeds Act (ESSA) requires that schools gather parent/guardian military status for State and Federal reporting purposes.

Student Name: _____ Grade _____ Homeroom _____

Parent Signature: _____ Date _____

Please select one of the following.

Parent/Guardian Military Status:

- _____ 1. Military status does not apply
- _____ 2. Active Duty in Armed Forces (not including National Guard)
- _____ 3. Full time National Guard
- _____ 4. Parent/Guardian in both 2 and 3

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- A. 'Armed Forces' means the Army, Navy, Air Force, Marine Corp and Coast Guard
- B. "Active Duty" means full-time duty in the active military service of the United States, including full-time training duty, annual training duty, and attendance while in the active military service, at a school designated as a service school by law or by the Secretary of the military department concerned. Such term does not include full-time National Guard duty.
- C. 'Full-time National Guard duty' means training or other duty, other than inactive duty, performed by a member of the Army National Guard of the United States or the Air National Guard of the United States in the member's status as a member of the National Guard of a State or territory, the Commonwealth of Puerto Rico, or the District of Columbia under section 316, 502, 503, 504, or 505 of title 32 for which the member is entitled to pay from the United States or for which the member has waived pay from the United States.

**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

**(over)**

**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: JICL and JICL-R)  
Adopted: June, 2012

Legal References:  
RSA 194:3-d  
Pub. L. No. 106-554

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# Henry W Moore School Student Health History

Please complete and return to the School Nurse to assist us in meeting your child's needs.

Student's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Sex: M F Entering Grade: \_\_\_\_\_ Parent's names: \_\_\_\_\_

Primary Health Care Provider: \_\_\_\_\_

Dentist: \_\_\_\_\_

Please circle the appropriate number if any of the following conditions apply to your child and give a brief explanation in the space provided below. If needed, additional information may be given on the reverse side.

- |                                               |                                                                |
|-----------------------------------------------|----------------------------------------------------------------|
| 01 Allergy-Bee Sting (Requires medication)    | 25 Hemophilia                                                  |
| 02 Allergy-Food (Restrictions, Treatment?)    | 26 Hyperactivity                                               |
| 03 Allergy-Medication (list below)            | 27 Kidney Disease                                              |
| 04 Allergy-Pollen/Dust/Hayfever               | 28 Medication Prescribed                                       |
| 05 Allergy-Unknown Cause                      | 29 Menstrual Cramps (Severe)                                   |
| 06 Anemia                                     | 30 Migraine Headaches                                          |
| 07 Arthritis (Rheumatoid)                     | 31 Muscular Dystrophy                                          |
| 08 Asthma-Mild                                | 32 Nosebleeds (Frequent)                                       |
| 09 Asthma-Requires Medication                 | 33 Orthopedic/Bone/Muscle Problems                             |
| 10 Birth Defect (Chromosomal Disorder)        | 34 Physical Activity Limitation (Requires<br>Physician's Note) |
| 11 Blood Disorder                             | 35 Rheumatic Fever History                                     |
| 12 Blood/Blood Products (Religious Exclusion) | 36 Scoliosis                                                   |
| 13 Bowel/Bladder Problems                     | 37 Sickle Cell Anemia                                          |
| 14 Cancer/Leukemia                            | 38 Speech Problem                                              |
| 15 Cerebral Palsy                             | 39 Surgery                                                     |
| 16 Color Blindness                            | 40 Tuberculosis                                                |
| 17 Cystic Fibrosis                            | 41 Other                                                       |
| 18 Diabetes                                   | 42 No Known Health Problems                                    |
| 19 Eating Disorder/Under/Overweight           |                                                                |
| 20 Endocrine Disorder                         |                                                                |
| 21 Epilepsy/Seizures                          |                                                                |
| 22 Eczema/Persistent rash                     |                                                                |
| 23 Growth Disorder                            |                                                                |
| 24 Heart Disease/Defect/Murmur                |                                                                |

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Has your child had the chickenpox? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give date \_\_\_\_\_

**OVER**



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.***

## 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: \_\_\_\_\_

***This permission 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.***

Henry W. Moore School  
12 Deerfield Road  
Candia, NH 03034  
603-483-2251

**VIDEO AND AUDIO RECORDING FOR INSTRUCTIONAL PURPOSES**

*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

1<sup>st</sup> Reading: November 05, 2015

Public Hearing: November 05, 2015

Adopted: November 05, 2015

**Legal References:**

RSA 189:68(IV)

20 U.S.C. § 1232g (FERPA)

CFR Part 99 (FERPA)

## 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 \_\_\_\_\_

HomeroomTeacher \_\_\_\_\_

**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

*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.*