

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

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 _____

SAU 15 Candia School District Student Housing Questionnaire

Name of School _____

Name of Student: _____ Gender: Male Female

Birth Date ____/____/____ Age: _____ Student Identification Number: _____

This questionnaire is intended to address the McKinney - Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? _____ Yes _____ No

2. Is this temporary living arrangement due to loss of housing or economic hardship?
_____ Yes _____ No

**If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.**

3. What is your last permanent address? _____
Street Town/City State Zip Code

4. What is the last school attended? _____
School Name Town/City State

5. Where is the student presently living? (Check one box)

- In a shelter
- In a Motel or Hotel
- In a vehicle
- At a campsite
- Temporarily with more than one family in a house, mobile home or apartment
- An emergency or transitional shelter
- Awaiting foster care placement
- In another location that is not appropriate for people (e.g. an abandoned building or hospital)

Name of Parent(s)/LegalGuardian(s) _____

Address _____ Phone _____
Street Town/City State Zip Code

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002 (3)(d)

Signature of Parent/Legal Guardian _____ Date _____

Please send a copy to Director of Student Services

Stacey Eaton, Director of Student Services

Henry W Moore School

12 Deerfield Rd, Candia, NH 03034

603- 483-5628 Fax : (603) 483-2536

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney - Vento Act.

Date

McKinney - Vento Liaison Signature

Candia School District
Residency Affidavit

New Hampshire law provides that no one may send a pupil to school in any school district in which the pupil is not a "legal resident" without the consent of the School Board. The "legal residency of a minor child" is determined by RSA 193:12 as follows:

SECTION 1

(Parent/guardian completes this section.)

(CIRCLE WHICH ONE APPLIES)

1. Parents live together. The legal residence of a minor student is where his or her parents reside.
2. Parents live apart but are not divorced. Legal residence is the residence of the parent with whom the child resides.
3. Parents are divorced with joint decision-making authority or joint legal custody. Residence is the residence of the parent with whom the child resides.
4. Parents are divorced and decree or parenting plan specifies student will go to school in Candia and one of the parents resides in Candia.
5. Parents are divorced and court ordered sole or primary residential responsibility or physical custody is awarded to one parent, residence of a child is the residence of that parent.
6. Parents are divorced and court order is for equal or approximately equal periods of residential responsibility. Residence is as stated in the court order.
7. Guardian appointed by court. Legal residence is the residence of the guardian.
8. Children in court ordered residential placements, foster homes or group homes are determined in accordance with RSA 193:28.

PROVIDE A COPY OF A GUARDIANSHIP ORDER, PARENTING/CUSTODY ORDER, IF APPLICABLE.

Student's Full Name: _____
(Print student's name. If there is more than one student, please include all names.)

Student's Home Address: _____
(Print actual street address)

Student Lives With: _____ at _____
(Print parent/guardian's name) (Print street address, apt. no.)

SECTION 2

(If parent/guardian can provide the below proofs of residency, please attach the documents to this form and sign part A of section 3.)

(If another person will be providing these documents, please have them complete section 2 and part B of section 3. Then attach the documents to this form. The parent(s)/guardian(s) must sign part A of section 3 as well.)

Candia Resident's Full Name: _____
(Print resident's name)

PLEASE ATTACH COPIES OF TWO DOCUMENTS ESTABLISHING RESIDENCE ACCEPTABLE TO THE DISTRICT.

First Proof of Residency	Second Proof of Residency
- A Mortgage Statement or - A Rental/Lease Agreement or - A Deed	- A Utility Bill (water, oil, gas, electric, phone, cable, or internet) with the same address on it.

SECTION 3
(Candia resident and parent/guardian completes this section.)

I (We) understand and acknowledge that the truth of the information contained in this Affidavit will be relied upon by the School District in determining the legal residence of the student and the student's right to be provided with a free education at the expense of the Candia School District in accordance with the education laws of the State of New Hampshire.

I (We) certify, swear, and affirm that the information contained herein is true, accurate and complete under pains and penalties of New Hampshire law.

I (We) understand that **providing misleading or false information about a student's residence is a criminal offense under RSA 641:2, RSA 641:3, and RSA 641:7 and could lead to criminal charges for theft of services pursuant to RSA 637:8.** In addition, if this Affidavit is untrue, I (we) agree to pay tuition for my (our) child/children to the Candia School District.

A.

Parent/Guardian Signature

Parent/Guardian Signature

Date: _____

Date: _____

B.

I, _____, state that my permanent domicile and principal residence is located at:
(Resident Name)
_____, Candia, NH, within the Candia School District.

Contact phone numbers: _____

Student(s) & Grade(s): _____

Live with me at the above address along with _____
(parent(s)/guardian(s))

Candia Resident Signature

Date: _____

OFFICE USE ONLY

Verified by: _____
School or SAU Employee Printed Name

School or SAU Employee Signature

Date

Home Language Survey (HLS)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes* No Not sure *If yes, please explain: _____

How severe do you think these difficulties are? Minor Somewhat severe Very severe

10a. Has your child ever been referred for a special education evaluation in the past? No Yes* *Please complete 10b below

10b. *If referred for an evaluation, has your child ever received any special education services in the past?

No Yes – Type of services received: _____

Age at which services received (Please check all that apply):

Birth to 3 years (Early Intervention) 3 to 5 years (Special Education) 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? No Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school? _____

Month: _____ Day: _____ Year: _____

Signature of Parent or Guardian

Date

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLS

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLS AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: No Yes

**DATE OF INDIVIDUAL INTERVIEW: _____
MO. DAY YR.

OUTCOME OF INDIVIDUAL INTERVIEW: ADMINISTER STATE APPROVED WIDA Screener
 NOT ELIGIBLE FOR EL SERVICES

NAME/POSITION OF NH ESOL AND WIDA CERTIFIED PERSONNEL ADMINISTERING WIDA SCREENER

NAME: _____ POSITION: _____

DATE OF WIDA SCREENER ADMINISTRATION: _____
MO. DAY YR.

PROFICIENCY LEVEL ACHIEVED ON WIDA SCREENER:

Overall Composite Score: _____

Does the student qualify for EL support? No Yes

Please attach a copy of the student's WIDA screener score report and file in student's cumulative folder.

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP:

Henry W Moore School Student Health History

Date: _____

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
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 | |

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

OVER

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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: _____