

Glen Lake School
A Great Place to Start
251 Elm Street
Goffstown, NH 03045
(603) 497-3550

Dear Parents and/or Guardians:

Welcome to Glen Lake School! We look forward to sharing the beginning of your child's educational journey.

Registering for kindergarten requires specific immunizations and documentation. Please read the following information carefully. Your child is officially registered for kindergarten once all paperwork has been returned to the school.

PHYSICAL EXAMINATION

A physical examination is required by law and must have taken place after September 1, 2016. All immunizations must be up-to-date. Please provide us with your child's most recent physical and immunization records. If your doctors' office does not have *their signed computer generated report, please contact us and we can supply you with a form to be completed.* We urge you to make an exam appointment now, as the doctors' offices are usually booked quite far ahead. Please return your child's Physician's Report to the school as soon as the physical exam has been completed. Children without proper immunizations or a physical will be excluded from school in September.

BY LAW, CHILDREN WILL BE DENIED ENTRANCE TO SCHOOL WITHOUT THE FOLLOWING IMMUNIZATIONS:

- 1 A minimum of four (4) doses of DTP, DT, or DTaP
- 2 A minimum of three (3) doses of IPV (Polio Vaccine)
- 3 2 Doses of MMR (Measles, Mumps, Rubella).
- 4 Three (3) doses of Hepatitis B.
- 5 2 doses of Chickenpox vaccine, or history of disease.

BIRTH CERTIFICATE Our office must verify your child's **ORIGINAL BIRTH CERTIFICATE** before entrance to kindergarten. We will make a copy and return the original to you.

LEGAL DOCUMENTS Our office must have copies of any legal documents that prohibit any person from seeing or dismissing your child during or at the end of the school day (i.e. Custody or Restraining Orders).

RESIDENCY Two (2) Proofs of Residency are required for entrance into the Goffstown schools. Below is a list of documents that are acceptable proof. In the unusual case that you have none of these available, a signed and notarized statement of residence must be submitted.

- **Purchase and Sales Agreement**
- **Utility bill or deposit indicating address**
- **Driver's License**
- **Lease Agreement**
- **Voter Registration**
- **Social Services Paper—Social Security, AFDC**
- **If purchase of house has not been completed, a copy of the Purchase & Sales Agreement and a letter of intent must be submitted to the Superintendent of Schools.**

ALL KINDERGARTEN REGISTRATION FORMS LISTED MUST BE RECEIVED BY MARCH 31, 2017 TO GLEN LAKE SCHOOL IN ORDER FOR YOUR CHILD TO BE CONSIDERED FOR YOUR PREFERRED SESSION (AM or PM). STUDENTS WITH INCOMPLETE REGISTRATION PACKETS WILL NOT BE ASSIGNED A SESSION. YOUR CHILD MAY ENTER SCHOOL ONLY AFTER ALL REQUIRED DOCUMENTATION IS SUBMITTED.

- 1) Enrollment Record
- 2) Parent Observation Form

- 3) Signed Physician's Report (if exam is scheduled for after 3/31/2017 please provide copy of previous year exam along with date of upcoming physical)
- 4) Health History Form
- 5) Original Birth Certificate
- 6) Copies of any legal documents (IF APPLICABLE)
- 7) Two (2) Proofs of Residency

Bus routes are determined in late August and will be posted on the school district web site www.goffstown.k12.nh.us at that time. Just a reminder, busing is available to school in the morning for AM students and home from school in the afternoon for PM students. Parents/guardians are responsible for mid-day transportation. **There is no mid-day busing provided by the school district.**

In an effort to assist parents with their childcare needs we have been in contact with the Goffstown private care providers. The following providers (listed alphabetically) may offer something that fits your needs. Parents/guardians will need to contact the private provider directly to see what they are offering. Any arrangements for extended care are between parents/guardians and the private provider.

Allard Center YMCA

(7:00 am – 12:00 pm) or (11:30 am – 6:00 pm) Transportation provided by the YMCA to or from Glen Lake School
Michelle Goodnow 232-8677

Creative Kids Academy

Morning program at Creative Kids then Creative Kids will transport to Glen Lake for afternoon kindergarten.
Sandy Melanson 497-5000

Educare

Will provide care from 3:15 until 5:30 pm School bus transportation between Glen Lake School and Educare
Janice Thomas-Aubin 627-3392

Learn As We Play

Before school care at Learn As We Play 7:00 – 8:00 after school care at Learn As We Play 3:15 – 6:00 (School bus transportation between buildings)
668-3674

Little Leapers & Knowledge Keepers

Will provide care from 3:15 until 5:30 pm School bus transportation between Glen Lake School and Little Leapers & Knowledge Keepers
Jennifer Lever 647-2273

Main Street Kids' Connection

Morning or afternoon program – Mid-day transportation provided by Main Street Kids' Connection.
Janet Luddy, Director 497-4014

Strong Beginnings

Morning before school and afternoon care provided. School bus transportation provided to school in AM or from school to Strong Beginnings at 3:00 pm. **No Mid-day school bus transportation provided.**
Lynn Strong or Sharon Silvernail 497-3202

If you have any questions, please feel free to contact the school at 497-3550.

Sincerely,



Kathy Stoye
Principal

Office Use Only

LASID: _____ Enrollment date | code: _____ | _____ SASID: _____

Goffstown School District Student Registration

School Entering: **Glen Lake School** Town of Residence: _____

Date of Entrance: _____ Grade Entering: _____ Physical Exam Date: _____

Session Preference: _____ AM _____ PM _____ Either

Last School Attended: _____

Has the student ever previously attended school in Goffstown, New Boston or Dunbarton? *Yes or No*

If yes, which school(s)? _____ Grades _____ thru _____

STUDENT INFORMATION:

Name: _____ Home Phone: _____
(Last) (First) (Middle)

Physical Address: _____
(Street) (City/Town) (State) (Zip Code)

Mailing Address: _____
(Street) (City/Town) (State) (Zip Code)

Gender: *M or F* Date of Birth: _____ Place of Birth: _____
(City, State or Country if outside the U.S.)

U.S. Citizen? *Yes or No* Date of Citizenship: _____
Date first enrolled in a U.S. school: Month _____ Year _____

PARENT/GUARDIAN INFORMATION: (Do not include stepparents here - list on Emergency Form)

Mother: _____ Home phone: _____
PHYSICAL _____ MAILING _____
ADDRESS: _____ ADDRESS: _____

Employer: _____ Work phone: _____
E-mail Address: _____ Cell phone: _____

Father: _____ Home phone: _____
PHYSICAL _____ MAILING _____
ADDRESS: _____ ADDRESS: _____

Employer: _____ Work phone: _____
E-mail Address: _____ Cell phone: _____

Student lives with: _____ Both Parents _____ Both Parents 50/50 _____ Mother/Stepfather
_____ Father/Stepmother _____ Mother Only _____ Father Only _____ Other Guardian: *Enter below*

Other Legal Guardian(s): _____
Relationship: _____ Work phone: _____ Cell phone: _____
Email Address: _____

Goffstown School District Student Registration

Please complete the following questions:

Who has legal custody of the student? _____

Are there currently custody/visitation rights/restrictions, including restraining orders? *Yes or No*
If yes, please provide copies of legal documentation.

Does the student have an Individual Education Plan? *Yes or No*

Does the student have a 504 Accommodation Plan? *Yes or No*

Ethnicity & Race: *(This information is required by the NH Dept. of Education)*

Answer BOTH parts:

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

- No, not Hispanic/Latino
- Yes, Hispanic/Latino

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

- American Indian or Alaska Native
- Asian
- Black or African American
- White
- Native Hawaiian or Other Pacific Islander

Home Language Survey	Response
Please list all languages spoken in your home.	
Which language did your child first hear or speak?	
If English is the only language listed, stop here. If another language is listed, please answer the rest of the questions.	
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) program 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 ESOL 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.

Parent/Guardian Signature: _____ **Date:** _____

Goffstown School District
Emergency & Medical Information - New Registration

Please provide us with your student's medical information and emergency contacts to assist us in the event of an emergency, or if medical care is needed. If there are changes to this information during the school year, please contact the school to update your student's information as soon as possible. This information will be resent every year for your verification.

STUDENT INFORMATION:

Name: _____ Date of Birth: _____

School: _____ Entering Grade: _____

EMERGENCY CONTACT INFORMATION

If parents/guardian cannot be reached, the school should contact:

FIRST CONTACT:

Name: _____ Relationship to student: _____

Home #: _____ Work #: _____ Cell #: _____

SECOND CONTACT:

Name: _____ Relationship to student: _____

Home #: _____ Work #: _____ Cell #: _____

THIRD CONTACT:

Name: _____ Relationship to student: _____

Home #: _____ Work #: _____ Cell #: _____

MEDICAL INFORMATION:

Physician Name: _____ Phone Number: _____

Dentist Name: _____ Phone Number: _____

Conditions: _____

Allergies: _____

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in calling the physician indicated above, or if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

Parent/Guardian Signature: _____ **Date:** _____

Glen Lake School

PARENT OBSERVATION FORM

Child's Name _____ Date of Birth _____
Last First Middle (Certificate
Required)

Name of Person Completing Form: _____
_____ Mother _____ Father _____ Other(Please identify) _____

1. Do you feel your child is ready for a kindergarten experience?

_____ Yes _____ No _____ Not Sure

Please explain: _____

2. Has your child attended preschool? _____ Yes _____ No

If yes, which school? _____

3. If yes, what difficulties, if any, did your child have in preschool? _____

4. Does your child get along well with other children?

_____ Yes _____ No If no, please explain _____

5. When your child plays with other children does he/she tend to be:

_____ The Leader _____ The Follower _____ Not Sure

6. Would your child rather play alone or with other children?

_____ Alone _____ Other Children _____ Not Sure

7. **Do you feel your child handles routine changes well?**

_____ Yes _____ No _____ Not Sure

If no, please explain: _____

8. **Does your child tend to cry easily?**

_____ Yes _____ No _____ Not Sure

9. **Do others experience difficulty understanding your child when he/she speaks?**

_____ Yes _____ No _____ Not Sure

10. **Does your child like to read or be read to?**

_____ Yes _____ No _____ Not Sure

11. **Which hand does your child use to eat, draw or write, and cut (with scissors)?**

12. **Who are the members of your child's household:**

Name DOB Relationship to student School (if Applicable)

Please feel free to write about anything you feel could have a bearing on how your child will adjust to school, classmates, and teachers.

Goffstown School District Student Health History Form

(to be completed by parent/guardian)

Student Name: _____ Grade: _____ Sex: _____ Date of birth: _____

Primary Care Provider: _____ Phone: _____

Dentist: _____ Phone: _____

Eye Doctor (if applicable): _____ Phone: _____

Does your child have health insurance: Yes/ No

Does your child have dental insurance: Yes/ No

(Please contact your school nurse if you need assistance in obtaining health insurance and/or dental insurance for your child.)

MEDICAL HISTORY

Have you ever been told by a physician or health care professional that your child has:

___ Asthma ___ ADD/ADHD ___ Learning disability ___ Heart condition ___ Seizure disorder ___ Skin condition ___ Diabetes

___ Bone/Muscle disease ___ Blood/bleeding disorder ___ Mental health condition (i.e. depression, anxiety, eating disorder)

___ Celiac disease ___ Hearing condition ___ Vision condition ___ Speech/language disorder ___ Other _____

Has your child experienced any of the following:

___ Frequent nose bleeds ___ Frequent earaches ___ Frequent headaches ___ Physical disability ___ Hospitalization/Surgery

___ History of concussion ___ Other _____

If you have checked any of the above, or if there are any conditions not listed that you want the school nurse to be aware of, please explain on the back of this form.

LIFE THREATENING CONDITIONS

Does your child have a life-threatening health condition? Yes* _____ No _____ Describe: _____

If yes, you must contact your child's school health office in order to set up a plan of care prior to the start of school

Allergies*

Please list allergies (food, drug, animal, other) and describe type of reaction for each allergy: _____

If your child has an anaphylactic allergy (requiring Epi-Pen) you must notify the school health office and a physician signed plan must be on file prior to the start of school year*
(If applicable) *If your child has a food allergy and will be receiving school prepared meals an additional form must be completed*

MEDICATION

Does your child take any medication? Yes _____ No _____ If yes, name of medication(s): _____

Purpose: _____ Will medication be needed at school? Yes* _____ No _____

If yes, please contact your prescribing Doctor to obtain a Doctor's order for permission to dispense medication at school. Permission must be on file with school prior to any prescription medicine being administered. All medication is to be brought to school by an adult. If other arrangements are needed, contact the school nurse. Please use the back of this sheet if more room is needed to list medications.

I understand the information given above will be shared with appropriate school staff to provide for the health and safety of my child.

Parent/Guardian Signature: _____ Date: _____

PERMISSION TO EXCHANGE INFORMATION

I, (name of parent/guardian) _____, authorize and request my child's primary care provider to exchange information about my child's health and development with the school health office listed below. The information may be provided by phone, fax, mail, or in person. I understand that the disclosed information will be considered confidential and will be used only for the health and educational benefit of my child and family. Except as needed to comply with federal and state regulations, it will not be re-disclosed to any other person, school, or agency without my consent. I understand that this form will expire in one year unless I choose to cancel my permission in writing before that time.

Name of School: _____ Primary Care Provider: _____

School Mailing Address: _____ Signature of Parent/Guardian _____

School Telephone: _____ Fax: _____ Date: _____