

SCHOOL ADMINISTRATIVE UNIT #2

Ashland School District

Inter-Lakes School District

Humiston Building • 103 Main Street Suite 2 • Meredith, New Hampshire 03253

Main Office Tel: (603) 279-7947 • Special Education Tel: (603) 279-3144 • Fax: (603) 279-3044

Mary A. Moriarty
Superintendent of Schools

Patricia Temperino
Assistant Superintendent

Elaine Dodge
Director of Student Services

Ashley Dolloff
Human Resources Director

Dear Parents/Guardians:

Welcome to the Inter-Lakes School District. Our school community is looking forward to working with you and your child(ren).

In accordance with New Hampshire laws, your child(ren) may attend school in the Inter-Lakes School District by being a legally residing resident within the boundaries of our School District. In order to facilitate and complete the school registration for your child(ren), the following documentation **is required**:

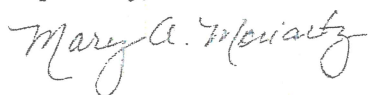
1. **Admission Requirements for Students Entering or Transferring into the Inter-Lakes School District** (School Board Policy #5119). A copy of your current lease agreement, closing statement, utility bill (electric or gas), or cable bill with your name and physical address.
2. **Current Immunization Records** and a copy of last physical examination (RSA 200:32 and ED 311.03).
3. **Birth Certificate** - for child(ren) being registered (clear copy or original accepted).
4. If applicable, copies of Guardianship or Legal Custody documents.

In order to ensure we make your child(ren)'s first day of school in the Inter-Lakes School District a positive one, students may begin attending school the 24 hours **after** all registration requirements have been satisfied.

The Inter-Lakes School District values and welcomes communication with our families. In order to assist us in communicating, please keep the School District informed of any changes in your phone numbers and/or address by contacting the school.

I wish you and your child(ren) the best during the school year. Please do not hesitate to contact me with questions or comments. I can be reached at the address and phone number listed above and also by e-mail at mary.moriarty@interlakes.org.

Respectfully,



Mary A. Moriarty
Superintendent of Schools

MAM/mgm

Attachments

INTER-LAKES SCHOOL DISTRICT

Student Records Request

Name of Student: _____ Grade Entering: _____

Date of Birth: _____

I, hereby give my permission for *(please check one of the following)*:

☐

Inter-Lakes Elementary School

(Kindergarten – Grade 6)

21 Laker Lane, Meredith, NH 03253

Phone: (603) 279-7968

Fax: (603) 279-6344

☐

Inter-Lakes Middle / High School

(Grades 7 – 12)

1 Laker Lane, Meredith, NH 03253

Phone: (603) 279-6162

Fax: (603) 279-5302

☐

Sandwich Central School

(Kindergarten – Grade 6)

28 Squam Lake Road, Center Sandwich, NH 03227

Phone: (603) 284-7712

Fax: (603) 284-6104

to request the following data/records regarding my child for the purposes of programming and placement:

☐

Administrative

☐

Educational Records

☐

Psychological Records

☐

Special Education Records

☐

Health Records

From the following School/District/Agency:

Name of School: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____ Fax #: _____

Signature _____ Date: _____

Parent, Legal Guardian, or Guidance*

Relationship to Child: _____

*It is not necessary for parents to sign a release when records are being passed from public school to public school. NOTE: Federal Register, Jun 17, 1976, Part III H.E.W. – Privacy Right of Parent and Students. Final rule on education records. Vol. 41, #118, 24673. "99.31 prior consent not required."

INTER-LAKES SCHOOL DISTRICT RESIDENCY STATEMENT

In order to be admitted to the Inter-Lakes School District, a pupil must reside in one of the towns served by the District: Center Harbor, Meredith, Sandwich, NH.

New Hampshire state law is quite specific in that no person who lives outside of the Inter-Lakes School District may attend school in Inter-Lakes without the consent of the School Board. The fact that an individual pays taxes to a district, but has an established residence elsewhere, does not extend the privilege of attending local schools.

If a pupil is registered in the Inter-Lakes School District and is found to reside outside of the District, the parent/guardian will be held responsible for the payment of tuition commensurate with the number of days of attendance. There is also the risk of criminal charges.

Please acknowledge that you have read the above by signing the appropriate line below. This attests that your child lives within the Inter-Lakes School District.

_____ I am a resident of Center Harbor, NH

_____ I am a resident of Meredith, NH

_____ I am a resident of Sandwich, NH

_____ Parent/Guardian

_____ Date

Student Name: _____

Physical Address: _____

NOTE:

- ♦ Newly registered students MUST complete this form AND supply valid proof or residency per Policy #5170 – Proof of Residency (see back of page for policy details)
- ♦ Returning students must complete this form each year.

Admission Requirements for Students Entering or Transferring into the Inter-Lakes School District

All entering and transferring students, prior to enrollment/admission to school, must present the following documentation:

- ✓ Completed Inter-Lakes School District – Student Registration Form
- ✓ Copy of the child's birth certificate
- ✓ Immunization records, to include record of a physical examination by a licensed physician in accordance with RSA 200:32 **or** copy of medical or religious exemption
- ✓ Proof of residency
 - Items accepted to prove residency:
 - copy of a fully executed lease, with the name and phone number of the landlord
 - copy of a fully executed closing statement
 - telephone, electric or cable bill
 - envelope with yellow forwarding postal sticker
 - billing or mailing from current doctor's bill, bank statement, or payroll check
 - Items **not** accepted to prove residence:
 - property tax bill
 - voter registration
 - driver's license
 - PO Box
 - Additional documentation may be requested by the School District to prove residency.
 - Falsification of residency may result in tuition charges

Legal Reference:

RSA 193:12 II Legal Residence Required

RSA 200:32 Physical Examination of Pupils

Revised: 03/83

Revised: 06/88

Reviewed: 07/89

Adopted: 09/25/89

Reviewed: 11/00

Amended: 10/09/18

INTER-LAKES SCHOOL DISTRICT – STUDENT REGISTRATION FORM

STUDENT INFORMATION: (please print, using black or blue ink)

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

Gender Identity: _____ Date of Birth: _____ City/State of Birth: _____

Country of Birth: _____ Date 1st Entered US Schools: _____

Street Address: _____

Town: _____ State: _____ ZIP: _____

Are you living in temporary housing? Yes No

Mailing Address: (if different from above) _____

Home/Cell Phone: _____ Can Receive Text Message: Yes No

Student Cell Phone: _____ Can Receive Text Message: Yes No

Student Resides With: (check one)

_____ Both Parents _____ Mother _____ Father _____ Legal Guardian(s)
_____ Joint Custody _____ Foster Parent _____ Other _____

Do you have any court orders? If yes, a complete original copy of any legal documents/court orders must be presented (i.e. divorce decree/parenting plan pertinent to custody and registration for school; custody; restraining order; etc.)

PARENT/GUARDIAN MILITARY STATUS (As required by ESSA): Select all that apply for this student's Parents or Guardians:

_____ Active Duty in Armed Forces (not including National Guard) including Army, Navy, Air Force, Marine Corps and Coast Guard
_____ Full-Time National Guard

Ethnicity: (circle one)

Is your child Hispanic/Latino? Yes No

Race: (check all that apply)

_____ American Indian/Alaskan Native _____ Native Hawaiian/Other Pacific Islander _____ Asian
_____ White _____ Black/African American _____ Other : _____

Primary Household: (Parent(s)/Guardian(s)/Legal Custodian(s) with whom the student **primarily** resides)

1. Name: _____ Relationship to student: _____
Home/Cell Phone: _____ Work Phone: _____ E-mail Address: _____
2. Name: _____ Relationship to student: _____
Home/Cell Phone: _____ Work Phone: _____ E-mail Address: _____

Secondary Household: (Parent(s)/Guardian(s)/Legal Custodian(s) with whom the student **does not** primarily reside)

Name: _____ Relationship to student: _____
Home/Cell Phone: _____ Work Phone: _____ E-mail Address: _____
Mailing Address: _____
(Number/Street) (City/Town) (State/ZIP)

Lives with: Yes No Can Pick Up: Yes No Emergency Contact: Yes No Receives Mail: Yes No
Has View Access: Yes No

Please complete information on reverse side.....

Inter-Lakes School District – Student Registration Form (pg 2)

Date of Withdrawal from Last School: _____ Grade Now Entering: _____

Last School Attended: _____ Grade: _____
(School) (City/Town) (State)

➤ Has your child ever registered or been evaluated by the Inter-Lakes School District before? **Yes No**

If yes, when or how long ago? _____

➤ Does your child receive Special Services now? **Yes No**

If yes, check all that apply:

_____ IEP _____ 504 Accommodation Plan
_____ Physical Therapy _____ Occupational Therapy
_____ Speech/Language _____ Other (Please describe) _____
_____ Title I Reading _____

➤ Does your child have health issues: **Yes No**

➤ Is there any other information we should know about your child (behavior, medical, attentional, physical or learning)?

➤ Please list all children who reside in the primary household between the ages of 0-18: (name, date of birth, school – if applicable)

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Parent/Guardian Signature: _____ Date: _____

OPTIONAL:

Does your household have internet access? _____

If so, share the type of access and provider: _____

FOR OFFICE USE ONLY

Town Responsible: _____ Starting Date: _____ Entry Code: _____

School ID#: _____ SASID #: _____ HR Teacher: _____

Locker#: _____

Records Request Sent: _____

Proof of Residency Verified: _____ Lease _____ Closing Statement _____ Cable _____ Other _____
Date

Residency Affidavit Signed (if required) _____ Sent to SAU _____
Date Date



Inter-Lakes Expectations for the Responsible Use of Technology

I will be...

Responsible

I accept that my choices and actions, as well as any accounts and/or technology entrusted to me, are my responsibility. Whether I am at school or off-campus, I will protect myself, my accounts/tools, and others by:

- Using passwords that are strong and that I will not share.
- Not sharing personal information, or the personal information of others, including pictures, audio, and/or video.
- Ensuring that the technology tools I use are kept safe, clean and that they are not defaced.
- Using online resources which are safe and appropriate for me.
- Making healthy choices about how, when, and where to use technology.

Respectful

I understand that I need to respect and protect myself, others, and the equipment in my care. I will:

- Follow the directions given to me by school staff.
- Use technology to help me learn.
- Create a positive digital presence that represents myself and my school in the best possible way.
- Respect the privacy of others.
- Obtain appropriate permission before taking pictures, video or audio.
- Respect the opinions and the works of others.
- Respect the time of others by avoiding texting and the use of social media during class and unstructured times unless it is part of the learning experience.

Ready

I will strive to:

- Be ready to learn every day and to arrive at school with a fully charged device.
- Practice skills and explore technologies that help my learning and productivity in a positive way.
- Find solutions to problems I encounter with technology.
- Do my best while learning from my mistakes/failures.

I accept that any actions I take or behaviors I engage in which are not in line with responsible and respectful use will be handled in accordance with the behavioral guidelines established by each school.

Signature: _____

Student: _____

Year of Graduation: _____

Signature: _____

Parent/Guardian

Name: _____

School: _____

This form is signed once at each building: SCS, ILES, and ILHS and is good for the student's tenure in that building.

School District Internet Access for Students

The School Board recognizes that technological resources can enhance student performance by offering effective tools to assist in providing a quality instructional program, facilitating communications with parents/guardians, teachers, and the community, supporting District and school operations, and improving access to and exchange of information. The Board expects all students to learn to use the available technological resources that will assist them in the performance of their education. As needed, students shall receive training, lessons and instruction in the appropriate use of these resources.

Students shall be responsible for the appropriate use of technology and shall use the District's technological resources primarily for purposes related to their education. Students are hereby notified that there is no expectation of privacy on district computers, computer files, email, internet usage logs, and other electronic data.

The Superintendent or designee shall ensure that all District computers with internet access have a technology protection measure (ie. filter) that prevents access to visual depictions that are obscene or pornographic and that the operation of such measures is enforced.

The Superintendent or designee may disable the technology protection measure during use by an adult to enable access for bona fide research, educational, or other lawful purpose.

The Superintendent shall establish administrative regulations and a Responsible Use Agreement that outlines student obligations and responsibilities related to the use of District technology. He/she also may establish guidelines and limits on the use of technological resources. Inappropriate use may result in a cancellation of the student's user privileges, disciplinary action, and/or legal action in accordance with law, Board policy, and administrative regulations.

The Superintendent or designee shall provide copies of related policies, regulations, and guidelines to all students and their parents. Students and their parents shall be required to acknowledge in writing that they have read and understand the District's Responsible Use Agreement.

Legal References:

- RSA 194:3-d, School District Computer Networks
- 47 U.S.C. 254, Requirements for Certain Schools - Internet Safety
- 20 U.S.C. 6777, Enhancing Education through Technology - Internet Safety

Adopted: 12/13/16

INTER-LAKES SCHOOL DISTRICT
Home Language Survey

School: _____ Date: _____

Student Information:

First Name: _____ Last Name: _____

Gender Identity: _____ Date of Birth: _____ Country of Birth: _____

Date of Entry in U.S. _____ Date first enrolled in a U.S. School: Month _____/Year _____

Current Grade: _____

Family Information:

Name of Parent/Legal Guardian: _____

Address: _____

Phone #: _____

Please translate school notices: **Yes No** If yes, language _____

Questions for Parents/Guardians:

➤ 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 continue.

➤ 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 (English for Speakers of Other Languages) 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 ESOL Teacher and provide him/her with a copy of this survey. Date of referral to ESOL Teacher: _____
3. File original Home Language Survey in student's cumulative folder.

INTER-LAKES SCHOOL DISTRICT HEALTH & EMERGENCY INFORMATION

Student's Last Name: _____ First: _____ Middle: _____
Grade: _____ Birthdate: _____ Gender: _____ HR Teacher: _____
Mailing Address: _____
Physical Address: _____

PARENTS/GUARDIANS

Parent/Guardian Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home Phone: _____ Cell Phone: _____	Home Phone: _____ Cell Phone: _____
Work Phone: _____ Employer: _____	Work Phone: _____ Employer: _____
E-Mail: _____	E-Mail: _____
Lives with: _____ Can Pick Up: _____	Lives with: _____ Can Pick Up: _____
Emergency Contact: _____	Emergency Contact: _____

OTHER CUSTODIAL PARENT or NON-CUSTODIAL PARENT

Name: _____ Relationship: _____
Mailing Address: _____
Home Phone: _____ Cell Phone: _____ E-Mail: _____
Lives with: _____ Can Pick Up: _____ Emergency Contact: _____
Do you want student and/or school information to be mailed to this address? Yes: _____ No: _____

#1 EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____
E-Mail: _____ Can Pick Up: _____

#2 EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____
E-Mail: _____ Can Pick Up: _____

STUDENT HEALTH INFORMATION

Does this student take medication regularly, have any specific allergies or specific medical conditions, such as:

Glasses ☐ ADD/ADHD ☐ Asthma ☐ Seizures ☐ Allergies ☐ Diabetes ☐ Other ☐

PLEASE EXPLAIN IN DETAIL: _____

Does this student taken daily medication? Yes ☐ No ☐ If yes, name of medication: _____

_____ EpiPen Yes ☐ No ☐ Inhaler Yes ☐ No ☐

Physician/Phone: _____ Dentist/Phone: _____

Medical Insurance: BC/BS ☐ Healthy Kids ☐ School Insurance ☐ Other ☐ None ☐

In the event of a life threatening emergency the school will call 911 and administer oxygen if needed. In case of accident or serious illness, I request that the school call me first. If I cannot be reached, please call the emergency contacts listed. In the event that my child suffers an anaphylactic reaction (severe allergic reaction), I give permission to the school nurse to administer EpiPen. I also allow the school nurse to share health information with other school personnel working with my child.

Signature of Parent/Guardian: _____ Date: _____

I give permission for my child to be given the following over the counter medications: Benadryl ☐ Tums ☐ Midol ☐

Tylenol (acetaminophen) ☐ Cough/Cold Elixir ☐ Motrin/Advil (ibuprofen) ☐ Topicals ☐

I give permission for my child to change into school clothing if necessary Yes ☐ No ☐

Signature of Parent/Guardian: _____ Date: _____

INTER-LAKES SCHOOL DISTRICT

Health & Emergency Information Form Instructions

Please fill in any missing information. Please make any changes to existing information that is not correct and sign at the bottom. Keeping this information current and updated is important.

➤ **STUDENT INFORMATION**

The Student Information section provides the school with basic information about your child and where he/she resides. Be sure to indicate with whom the student resides (ie. mother, father, parents, grandparent, foster parent, etc.). If a student lives with someone other than his/her mother and/or father, please indicate the name of the person, home/cell phone, and work phone on the lines provided.

~ In the event of an emergency, parents will be the first attempted contact ~

➤ **SECOND CUSTODIAL PARENT OR NON-CUSTODIAL PARENT IF APPLICABLE**

This section provides us with information regarding the second custodial or non-custodial parent.

➤ **#1 EMERGENCY CONTACT INFORMATION**

The purpose of this section is to provide us with an emergency contact if the parent/guardian cannot be reached.

➤ **#2 EMERGENCY CONTACT INFORMATION**

The purpose of this section is to provide us with an additional emergency contact.

➤ **STUDENT HEALTH INFORMATION**

This section provides us with basic health information. Please be sure to check the over-the-counter medications you wish administered to your child and sign the form. If your child has any specific medical concerns, please be sure to explain. For example, if your child has any allergies, please indicate allergy, reaction, and effective treatment.

In the event that your child needs a change of clothing, every effort will be made to contact you. If necessary, the Health Office has a limited supply of clothing to borrow with your permission.

Please be sure to notify the school if any of this information changes at any time!

REGISTRATION - STUDENT MEDICAL CONCERNS

Student's Name: _____ DOB: _____

Parent/Guardian Name: _____

Phone: _____

The nurse will call you to discuss your child's health concerns. Please send any supporting medical documentation including doctor's orders, health care plans or other information to Teresa McCormack, RN/ILES School Nurse as soon as possible.

Please explain the following health concern(s):

- ☐ **ALLERGIES** to: _____
Type of Reaction: _____
Date of last known reaction: _____
Treatment used/response: _____
Is an **EPI-Pen**/epinephrine prescribed for this allergy: _____ Other treatment needed _____
Do you have a doctor's Allergy Plan for this allergy: _____
- ☐ **ASTHMA:** _____
Medication to treat (Neb, Inhaler): _____
- ☐ **SEIZURES:** _____ Treatment/meds: _____
- ☐ **HEARING OR VISION PROBLEMS:** _____

- ☐ **DAILY MEDICATIONS:** _____
- ☐ **OTHER MEDICAL CONCERNS, please explain:**

- ☐ **MY CHILD HAS NO MEDICAL CONCERNS AT THIS TIME. I WILL CALL AND NOTIFY THE NURSE IF THIS CHANGES.**

Parent/guardian signature: _____ Date: _____

**2021-2022 INTER-LAKES SCHOOL DISTRICT
EMERGENCY CONTACT INFORMATION**

STUDENT INFORMATION

Student's Last Name: _____ First: _____ Middle: _____

Grade: _____ Birthdate: _____ Gender: _____ HR Teacher: _____

Mailing

Address: _____

Physical Address: _____

PARENTS/GUARDIANS

Parent/Guardian Name: _____ Name: _____

Relationship: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Home Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

E-Mail: _____ E-Mail: _____

Lives with: _____ Can Pick Up: _____ Lives with: _____ Can Pick Up: _____

Emergency Contact: _____ Emergency Contact: _____

OTHER CUSTODIAL PARENT or NON-CUSTODIAL PARENT

Name: _____ Relationship: _____

Mailing

Address _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Lives with: _____ Can Pick Up: _____ Emergency Contact: _____

Do you want student and/or school information to be mailed to this address? Yes: _____ No: _____

EMERGENCY CONTACT INFORMATION (other than parents, parents will be called first)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Can Pick Up: _____

EMERGENCY CONTACT INFORMATION (other than parents, parents will be called first)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Can Pick Up: _____

EmergencyInfo_21-22

2021/2022 Transportation Registration Form
Inter-Lakes School District
Grades K-12



Bus Transportation is limited to one address to and from school this year. Students will have assigned seats and mitigation steps such as mask wearing may be required at different points. Siblings will be required to sit together.

If your child(ren) requires bus transportation for the **2021/2022** school year, please complete this form and return it to the SAU office. All students **MUST** register in order to receive school bus services for the 2021-2022 school year.

Parent/Guardian Information:

Parent/Guardian Name:	Home Physical Address:
Town of Residence:	
Telephone:	
Telephone:	

Student Information

Please list each student and his or her transportation needs.		School Attending			Grade	Please check		
Student Name(s)		ILES	SCS	ILMH S		AM	PM	Both

Comments/Concerns/Questions:

Parent/Guardian Signature: _____ Date: _____

Distribution: Please date and initial below to ensure all necessary are notified.

Route Seating _____

First Student _____

School Admin _____

INTER-LAKES SCHOOL DISTRICT SCHOOL COUNSELING SERVICES

Inter-Lakes Elementary School, Sandwich Central School, Inter-Lakes Middle & Inter-Lakes High School

Contact us:

Holly Vieten, M.S., CAGS, District Guidance Director

Last names A-C, Grades 7 – 12 ILM/HS

holly.vieten@interlakes.org

(603) 279-6162

Nicholas Connell, M.Ed. School Counselor

Last names D-Ma, Grades 7 – 12 ILM/HS

nick.connell@interlakes.org

(603) 279-6162

Stacey Gagnon, M.Ed. School Counselor

Last names Mc-Z, Grades 7 – 12 ILM/HS

stacey.gagnon@interlakes.org

(603) 279-6162

Kate Clark, M.Ed. School Counselor

Grades 4 – 6 Inter-Lakes Elementary School

kate.clark@interlakes.org

(603) 279-7968

Ashley Shuffleton, M.Ed. School Counselor

Grades Pre-K – 3 Inter-Lakes Elementary School

ashley.shuffleton@interlakes.org

(603) 279-7968

Sandra J. Spiro, M.Ed., School Counselor

Grades K – 6 Sandwich Central School

sandy.spiro@interlakes.org

(603) 284-7712

Lisa Ransom, M.Ed., District Outreach Counselor

lisa.ransom@interlakes.org

(603) 279-6162

Alicia White, Guidance Registrar

Grades 7 – 12 ILM/HS

alicia.white@interlakes.org

(603) 279-6162

WHAT DO SCHOOL COUNSELORS DO?

The American School Counselor Association (schoolcounselor.org) outlines the role of the School Counselor as a responsibility to address all students' academic, career and social/emotional developmental needs by implementing a comprehensive school counseling program that promotes and enhances student success. From elementary and middle to high school, School Counselors promote and support a safe learning environment and access to all educational experiences.

Inter-Lakes School District School Counselors Believe . . .

Students have dignity and worth
as human beings.

Students learn best when they feel
good about themselves and their
relationships with others.

Students who understand their feelings are
better able to control their behavior.

Students are capable of making
responsible choices.

Students benefit most from a team effort
involving school counselors, teachers, parents,
students and administrators.



Resources

Suicide Prevention Lifeline
1-800-273-8255

NH Statewide Addiction Crisis Line
1-844-711-HELP (4357)

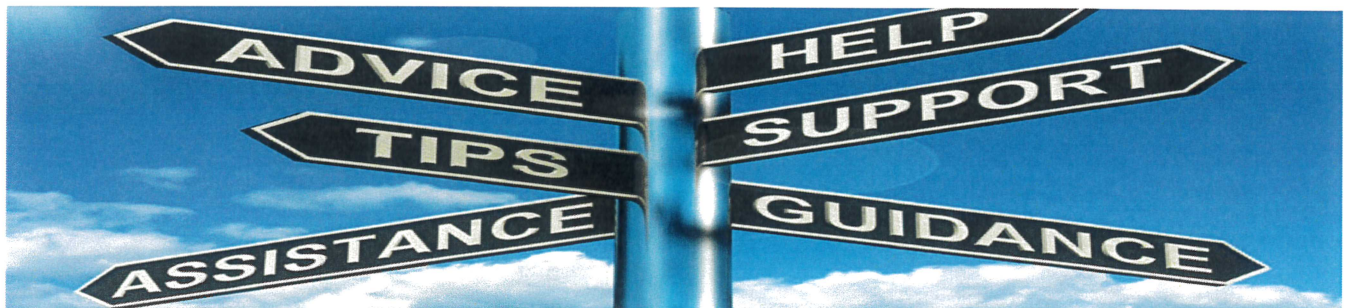
State of NH Information/Resource
Call 211

NH Alcohol & Drug Treatment
<http://nhtreatment.org/>

Horizons Counseling Center
Gilford Location (603) 366-1070
Plymouth Location: (603) 536-2010
<http://www.horizonsnh.org/>

Lakes Region Mental Health Center
(formally Genesis)
Laconia Location: (603) 524-1100
Plymouth Location: (603) 536-1118
<https://www.genesisbh.org/>

New Beginnings
(603) 528-6511
<https://www.newbeginningsnh.org/>



For a full list of **resources** in our area please visit:

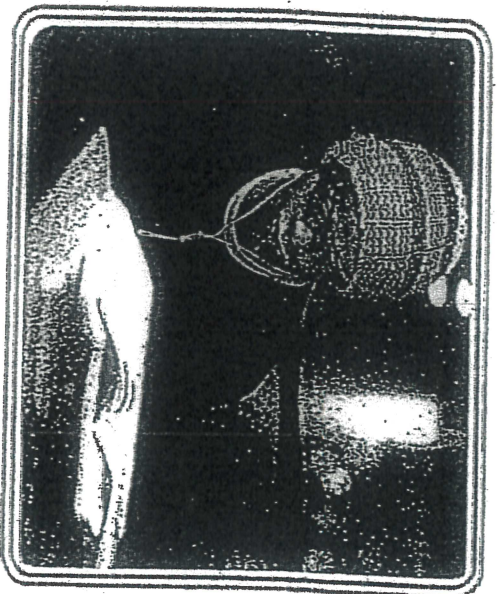
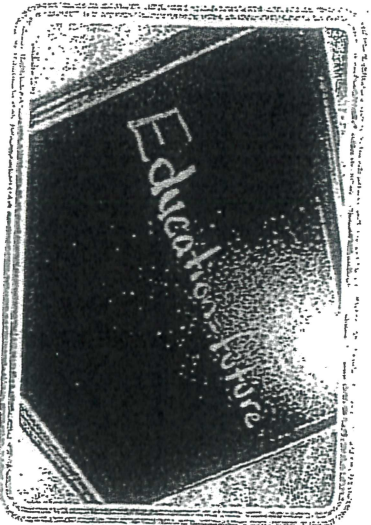
<http://interlakes.org/images/stories/documents/SAU2ParentResourceGuide.pdf>

THE MCKINNEY-VENTO ACT COVERS CHILDREN AND YOUTH WHO DON'T HAVE A FIXED, ADEQUATE AND REGULAR NIGHTTIME RESIDENCE, SUCH AS THOSE LIVING:

- With friends or relatives due to loss of housing or economic hardship (aka doubled up or couch surfing);
- In a motel, hotel, or campground;
- In emergency or transitional shelters;
- In temporary situations while awaiting foster care placement or abandoned in hospitals;
- In a public or private place not designed or ordinarily used for regular sleeping accommodations;
- In a car, public space, abandoned building, substandard housing, bus or train station or other similar settings;
- In temporary housing and not with their legal parents or guardians (Unaccompanied Youth).

THEY CAN CHOOSE FROM:

- the school they attended when permanently housed (school of origin);
- the last school they attended (also school of origin); or
- the school located in the attendance area where they are temporarily living (local school).



STUDENTS IN TEMPORARY HOUSING HAVE THE RIGHT TO:

- Go to school, no matter where they live or how long they have lived there
- Choose to attend either the local school or the school of origin, if feasible and in their best interest
- Get free transportation to and from the school of origin, if it is requested
- Enroll in and attend school immediately, without proper documentation, (ex. Birth certificate, proof of residence, previous school records, or immunization/medical records) or even without a parent or proof of legal guardian
- Have access to the same programs and services that are available to all other students, including transportation, extracurricular activities and supplemental educational services.
- Get free school meals without an application

THE MCKINNEY-VENTO LIAISON MAY ASSIST YOU IN RECEIVING THE FOLLOWING SERVICES:

- Enrollment assistance, including help in obtaining needed school records, health records, special education records, and immunization records
- Transportation to/from school of origin if eligible
- Continued attendance at school of origin
- Free school breakfast/lunch
- Waiver of school fees
- Uniforms, if required, and school supplies
- Waiver of fees for extracurricular activities
- Pre-school information
- Additional educational programs, such as tutoring, special education, gifted and talented and programs for English Language Learners
- Referral to community resources, social service agencies, and other services that can assist families with basic needs
- Assistance with the appeal process if you feel your rights have been denied

MCKINNEY-VENTO LIAISONS BY DISTRICT CAN BE FOUND AT:

www.education.nh.gov/Instruction/Integrated/title_x.htm
AND
[www.homedhope.com \(Education\)](http://www.homedhope.com (Education))

DID YOU KNOW...?

If you share housing with relatives, friends or others because you lost your housing or have nowhere else to go, you may be covered under the McKinney-Vento Act. Students covered under the Act have the right to stay in the same school and get transportation to school, or immediately enroll in the local school. Speak to the liaison in your school district for more information.

FREQUENTLY ASKED QUESTIONS

WHO CAN HELP STUDENTS LIVING IN TEMPORARY HOUSING?

Every school district must appoint a McKinney-Vento liaison to help children and youth in temporary housing participate in school.

CAN A STUDENT ENROLL THEMSELF IN SCHOOL?

Yes. Youth living in temporary housing and not with their parents or legal guardians (known as unaccompanied youth) can enroll themselves in school.

CAN A STUDENT WHO IS LIVING IN TEMPORARY HOUSING STAY IN THE SAME SCHOOL IF THEY MOVE OUT OF THE SCHOOL DISTRICT?

Yes, the student has the right to attend the school they attended when they were permanently housed so long as it is determined to be 'feasible' and in the child's best interest.

IF A STUDENT MOVES INTO PERMANENT HOUSING, CAN THEY STAY IN THE SAME SCHOOL? Yes.

Students who move into permanent housing can stay in the same school until the end of the school year.

ADDITIONAL RESOURCES

HOPE STARTS HERE

Statewide information and Resources for families and youth in transitional situations.

www.home4hope.com

NH Dept. of Education

www.ed.state.nh.us

NH Dept. of Health and Human Services

www.dhhs.state.nh.us/dhhs/homelesshousing

603-271-5043

National Center for Homeless Education at SERVE

www.serve.org/nche

National Law Center on Homelessness and Poverty

www.nlchp.org



For a comprehensive list of services available in NH utilize 2-1-1; an easy to remember phone number that connects callers, at no cost, to information about services in their community.

Local Liaison

Elaine Dodge

Director of Student Services

(603) 279-7947

State Coordinator

Dr. Lynda Thistle Elliott

Director, Homeless Education

Department of Education

101 Pleasant Street, Concord, NH 03301

603.271.3840

Lynda.ThistleElliott@doe.nh.gov

IS YOUR HOUSING
UNCERTAIN?

DO YOU LIVE AT
A TEMPORARY
ADDRESS?

You can still enroll in school
and may get free
transportation under the
McKinney-Vento Act.

INTER-LAKES SCHOOL DISTRICT

School Calendar 2021-2022

	<u>M</u>	<u>T</u>	<u>W</u>	<u>Th</u>	<u>F</u>
August/	30	31	1	2	X
September	X	7	8	9	10
18	13	14	15	16	17
	20	21	22	23	24
	27	28	29	30	

October					1
20	4	5	6	7	8
	X	12	13	14	15
	18	19	20	21	22
	25	26	27	28	29

November	1	2	3	4	5
16 ES/ 17 MSHS	8	9	10	X	X
	15	16	17	18	19
	22	23	X	X	X
	29	30			

December			1	2	3
16	6	7	8	9	10
	13	14	15	16	17
	20	21	22	X	X
	X	X	X	X	X

January	X	4	5	6	7
19 ES /18 MSHS	10	11	12	13	14
	X	18	19	20	21
	24	25	26	27	28
	31				

	<u>M</u>	<u>T</u>	<u>W</u>	<u>Th</u>	<u>F</u>
February		1	2	3	4
19	7	8	9	10	11
	14	15	16	17	18
	21	22	23	24	25
	X				

March		X	X	X	X
18	7	8	9	10	11
	14	15	16	17	18
	21	22	23	24	25
	28	29	30	31	

April					X
16	4	5	6	7	8
	11	12	13	14	15
	18	19	20	21	22
	X	X	X	X	X

May	2	3	4	5	6
21	9	10	11	12	13
	16	17	18	19	20
	23	24	25	26	27
	X	31			

June			1	2	3
16	6	7	8	9	10
	13	14	15	16	17
	20	21	22	23	*
	*	*	*		

X = No School for Students

* = Possible Snow Make-Up Days

August 30	New Teacher Orientation
Aug 31 - Sept 2	Teacher/Paraeducator Workshop Days
September 3-6	Labor Day Weekend
September 7	1st Day of School for Students
October 11	Columbus Day
November 11	Veterans' Day
November 12	Parent/Student/Teacher Conference
November 24-26	Thanksgiving Recess
November 29	Teacher Workshop Day PK - 6; 7 - 12 School Day
December 22	Early Release Day
December 23 - 31	December Recess

January 3	Teacher Workshop Day
January 17	Martin Luther King, Jr. Day
January 28	Teacher Workshop 7 - 12; PK - 6 School Day
February 28 - March 4	Winter Recess
April 1	Parent/Student/Teacher Confer PK - 12 (Para-Educator Workshop Day)
April 25-29	Spring Recess
May 30	Memorial Day
June 23	Tentative Last Day of School/ER
June 24-29	Snow Make-Up Days (if necessary)

PLEASE NOTE: This calendar may be changed by School Board action or by inclement weather conditions. Such changes will be announced as far in advance as possible to avoid personal and family inconvenience. School Cancellations, e.g., snow days; will extend the school year.