



STUDENT PRE-REGISTRATION FORM

Welcome to SAU 41! Please complete the following information so we can begin the pre-registration enrollment process. Upon submission, of this form, you will be required to complete our official registration through **PowerSchool Registration**, our online student registration software.

Today's Date: ___/___/___ Date to Begin School: ___/___/___ Grade Entering School: ___

Name: _____
Last First Middle Preferred

Date of Birth: _____ Place of Birth: _____ Gender: M F
City State

Ethnicity: CAUCASIAN ASIAN BLACK/AFRICAN AMERICAN HISPANIC NATIVE AMERICAN/ALASKAN
 NATIVE HAWAIIAN/PACIFIC ISLANDER

Home Phone: _____ Home Address: _____
Street Town

Previous School: _____
Name Address Phone

Parent/Legal Guardian Name: _____ Relationship: _____
Address: _____ Living with: Y N

Cell phone: _____ Work/Day Phone: _____

Email: _____ Employer: _____

Marital Status: MARRIED SEPARATED DIVORCED WIDOWED SINGLE PARENT OTHER

Parent/Legal Guardian Name: _____ Relationship: _____
Address: _____ Living with: Y N

Cell phone: _____ Work/Day Phone: _____

Email: _____ Employer: _____

Marital Status: MARRIED SEPARATED DIVORCED WIDOWED SINGLE PARENT OTHER

Parent/Legal Guardian Name: _____ Relationship: _____
Address: _____ Living with: Y N

Cell phone: _____ Work/Day Phone: _____

Email: _____ Employer: _____

Marital Status: MARRIED SEPARATED DIVORCED WIDOWED SINGLE PARENT OTHER

Is your child currently receiving special education (IEP)? YES NO

Is your child currently enrolled on a Section 504 plan? YES NO

Do you have other children enrolled in the District? If yes, please list: YES NO

Name Grade School Name Grade School

Name Grade School Name Grade School

For Office Use Only

- Proof of Residency Received
- Parenting Plan or N/A
- Special Education Records Received or N/A
- Copy of Birth Certificate Received
- Immunizations Received
- Report Card/Transcript Received

Developmental History Form

Child's Name: _____ Nickname: _____

Date of Birth: _____ Place of Birth: _____

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Single: Engaged: Married: Separated: Divorced: Widowed:

Step Parent Name: _____

Children in the Family (Oldest to Youngest)

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Others in Household

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Is your child adopted?

Yes: No:

If yes, does your child know they are adopted?

Yes: No:

Has your child attended Preschool?

Yes: No:

If yes, where and how long?

Have you noticed any speech concerns?

Yes: No:

If yes, please check:

Baby Talk: Unclear Speech: Stuttering:

Other: _____

What is your child's primary language? _____

Are there other languages spoken in the home?

Does your child like to be read to? Yes: Sometimes: No:

If so, by whom?

How often is your child read to?

Can your child read by him/herself? Yes: Sometimes: No:

Developmental History Form

How does your child feel about school?

How does your child like to spend his/her time?

Does your child have any special interests or talents?

How does your child get along with other children?

What do you consider your child's social and academic strength?

What is one thing socially and academically you'd like to see your child work on?

Does your child have any physical problem that his/her teachers should know about?

**Has your child had any significant emotional experience that his/her teacher should be aware of?
(ex: Loss of a family member, close friend or pet, difficult move etc.)**

What additional information would you like your child's teacher to know about your child so that they can help him/her have a positive experience in his/her first year at Hollis Elementary School?

Signature:

Date:

*Thank you for completing this Developmental History Form.
It is a valuable tool in helping teachers best meet the needs of your child.*

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* <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> *If yes, please explain: _____ How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> No <input type="checkbox"/> YES			
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>Mo Day Yr</small>	OUTCOME OF INDIVIDUAL INTERVIEW:	<input type="checkbox"/> ADMINISTER STATE APPROVED WIDA Screener <input type="checkbox"/> NOT ELIGIBLE FOR EL SERVICES	
NAME/POSITION OF NH ESOL AND WIDA CERTIFIED PERSONNEL ADMINISTERING WIDA SCREENER			
NAME: _____		POSITION: _____	
DATE OF WIDA SCREENER ADMINISTRATION: _____ <small>Mo Day Yr</small>	PROFICIENCY LEVEL ACHIEVED ON WIDA SCREENER:	Overall Composite Score: _____	Does the student qualify for EL support? <input type="checkbox"/> No <input type="checkbox"/> Yes
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP:			Please attach a copy of the student's WIDA screener score report and file in student's cumulative folder.