

## 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**

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Mary A. Moriarty  
*Superintendent of Schools*

Ashley Dolloff  
*Business Administrator*

Lisa Holiday  
*Director of Student Services*

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**:

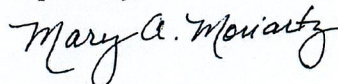
1. **Admission Requirements for Students Entering or Transferring into the Inter-Lakes School District** (School Board Policy #5119). A copy of a fully executed lease with the name and phone number of the landlord; a copy of a fully executed closing statement and/or deed; a telephone, electric, or cable bill; an envelope with yellow forwarding postal sticker; or a bill or mailing from doctor's bill, bank statement, or payroll check.
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.
5. For students of divorced parents, a copy of the written agreement identifying which school the child will attend and proof of one parent's residency in that district.
6. Please note additional documentation may be requested by the School District to prove residency.

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](mailto:mary.moriarty@interlakes.org).

Respectfully,



Mary A. Moriarty  
Superintendent of Schools

## SCHOOL ADMINISTRATIVE UNIT #2

### Student Records Request

Name of Student: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

- ☐ **Ashland Elementary School**  
(Kindergarten – Grade 8)  
16 Education Drive, Ashland, NH 03217  
Phone: 968-7622
- ☐ **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 Lake, 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:

- Permanent Cumulative School Record showing all grades
- Health Records including up-to-date immunizations
- Attendance Records
- Discipline Records
- Achievement Test Scores
- Special Education and 504 Records
- Psychological 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: \_\_\_\_\_

*Upon refusal to sign to send discipline records, please know the district will inform the next school district if the discipline behavior posed a significant risk to the well-being and safety of others.*



## 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 #5119 – 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 1<sup>st</sup> 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



## 2024-2025 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:        | _____ |
| Work Phone:           | _____ | Employer:          | _____ |
| E-Mail:               | _____ | E-Mail:            | _____ |
| 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 take 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 an 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: \_\_\_\_\_



**2024-2025 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:** \_\_\_\_\_



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**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

**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 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: \_\_\_\_\_



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



**2024/2025 Transportation Registration  
Form Inter-Lakes School District  
Grades K-12**



If your child(ren) requires bus transportation for the **2024/2025** school year, please complete this form and return it to your child's school or the SAU office. All students **MUST** register in order to receive school bus services for the 2024-2025 school year.

**Parent/Guardian Information:**

|                              |  |                               |
|------------------------------|--|-------------------------------|
| <b>Parent/Guardian Name:</b> |  | <b>Home Physical Address:</b> |
| <br>                         |  | <br>                          |
| <b>Town of Residence:</b>    |  |                               |
| <b>Telephone:</b>            |  |                               |
| <b>Telephone:</b>            |  |                               |

**Student Information**

| <i>Please list each student and his or her transportation needs.</i> | School Attending |     |       | Grade | Please check |    |      |
|--|------------------|-----|-------|-------|--------------|----|------|
| Student Name(s)  | ILES             | SCS | ILMHS |       | AM           | PM | Both |
|  |                  |     |       |       |              |    |      |
|  |                  |     |       |       |              |    |      |
|  |                  |     |       |       |              |    |      |
|  |                  |     |       |       |              |    |      |
|  |                  |     |       |       |              |    |      |

**Comments/Concerns/Questions:**

|                      |
|----------------------|
| <br><br><br><br><br> |
|----------------------|

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**First Student** \_\_\_\_\_

**School Office** \_\_\_\_\_

**SAU Office** \_\_\_\_\_



# INTER-LAKES SCHOOL DISTRICT SCHOOL COUNSELING SERVICES

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

## Contact us:

Nicholas Connell, M.Ed. District Guidance Director

Last names He - L Grades 7 - 12 ILM/HS

[nick.connell@interlakes.org](mailto:nick.connell@interlakes.org)

(603) 279-6162

Stacey Gagnon, M.Ed., School Counselor

Last names M - Z Grades 7 - 12 ILM/HS

[stacey.gagnon@interlakes.org](mailto:stacey.gagnon@interlakes.org)

(603) 279-6162

Melissa LaPan, M.Ed. School Counselor

Last names A - Ha, Grades 7 - 12 ILM/HS

[melissa.lapan@interlakes.org](mailto:melissa.lapan@interlakes.org)

(603) 279-6162

Kate Clark, M.Ed. School Counselor

Grades 4 - 6 Inter-Lakes Elementary School

[kate.clark@interlakes.org](mailto:kate.clark@interlakes.org)

(603) 279-7968

Laurie Raymond, M.Ed., District Outreach Counselor

[laurie.raymond@interlakes.org](mailto:laurie.raymond@interlakes.org)

(603) 279-6162

Ashley Shuffleton, M.Ed. School Counselor

Grades Pre-K - 3 Inter-Lakes Elementary School

[ashley.shuffleton@interlakes.org](mailto:ashley.shuffleton@interlakes.org)

(603) 279-7968

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

Grades K - 6 SCS

[sandy.spiro@interlakes.org](mailto:sandy.spiro@interlakes.org)

(603) 284-7712

Alicia White, Guidance Registrar

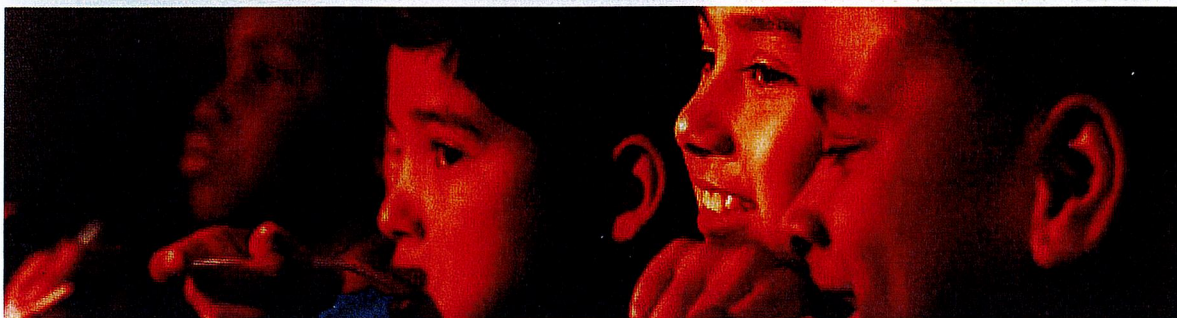
Grades 7 - 12 ILM/HS

[alicia.white@interlakes.org](mailto:alicia.white@interlakes.org)

(603) 279-6162



# INFORMATION FOR PARENTS



## IF YOUR FAMILY LIVES IN ANY OF THE FOLLOWING SITUATIONS:

In a shelter



In a motel or campground due to the lack of an alternative adequate accommodation



In a car, park, abandoned building, or bus or train station



Doubled up with other people due to loss of housing or economic hardship

*Your school-age children may qualify for certain rights and protections under the federal McKinney-Vento Act.*

### Your eligible children have the right to:

- Receive a free, appropriate public education.
- Enroll in school immediately, even if lacking documents normally required for enrollment.
- Enroll in school and attend classes while the school gathers needed documents.
- Enroll in the local school; or continue attending their school of origin (the school they attended when permanently housed or the school in which they were last enrolled), if that is your preference.
  - \* If the school district believes that the school you select is not in the best interest of your children, then the district must provide you with a written explanation of its position and inform you of your right to appeal its decision.
- Receive transportation to and from the school of origin, if you request this.
- Receive educational services comparable to those provided to other students, according to your children's needs.

*If you believe your children may be eligible, contact the local liaison to find out what services and supports may be available. There also may be supports available for your preschool-age children.*



Local Liaison  
Lisa Holiday  
603-279-3144  
[lisa.holiday@interlakes.org](mailto:lisa.holiday@interlakes.org)

State Coordinator  
Christina Dotson  
[Christina.L.Dotson@doe.nh.gov](mailto:Christina.L.Dotson@doe.nh.gov)  
(603) 271-3840

If you need further assistance with your children's educational needs,  
contact the National Center for Homeless Education:

1-800-308-2145 \* [homeless@serve.org](mailto:homeless@serve.org) \* <http://ncche.ed.gov>



# Inter-Lakes School District SCHOOL CALENDAR 2024 - 2025

X = No School for Students ❄ = Possible Snow Make-Up

| August 2024 |    |    |    |    |    |    |
|-------------|----|----|----|----|----|----|
| Su          | Mo | Tu | We | Th | Fr | Sa |
|             |    |    |    | 1  | 2  | 3  |
| 4           | 5  | 6  | 7  | 8  | 9  | 10 |
| 11          | 12 | 13 | 14 | 15 | 16 | 17 |
| 18          | 19 | 20 | 21 | 22 | 23 | 24 |
| 25          | X  | X  | X  | X  | 30 | 31 |

| September 2024 - 20 Days |    |    |    |    |    |    |
|--------------------------|----|----|----|----|----|----|
| Su                       | Mo | Tu | We | Th | Fr | Sa |
| 1                        | X  | 3  | 4  | 5  | 6  | 7  |
| 8                        | 9  | 10 | 11 | 12 | 13 | 14 |
| 15                       | 16 | 17 | 18 | 19 | 20 | 21 |
| 22                       | 23 | 24 | 25 | 26 | 27 | 28 |
| 29                       | 30 |    |    |    |    |    |

| October 2024 – 22 Days |    |    |    |    |    |    |
|------------------------|----|----|----|----|----|----|
| Su                     | Mo | Tu | We | Th | Fr | Sa |
|                        |    | 1  | 2  | 3  | 4  | 5  |
| 6                      | 7  | 8  | 9  | 10 | 11 | 12 |
| 13                     | X  | 15 | 16 | 17 | 18 | 19 |
| 20                     | 21 | 22 | 23 | 24 | 25 | 26 |
| 27                     | 28 | 29 | 30 | 31 |    |    |

| November 2024 – 16 Days |    |    |    |    |    |    |
|-------------------------|----|----|----|----|----|----|
| Su                      | Mo | Tu | We | Th | Fr | Sa |
|                         |    |    |    |    | 1  | 2  |
| 3                       | 4  | X  | 6  | 7  | 8  | 9  |
| 10                      | X  | 12 | 13 | 14 | 15 | 16 |
| 17                      | 18 | 19 | 20 | 21 | 22 | 23 |
| 24                      | 25 | 26 | X  | X  | X  | 30 |

| December 2024 – 14 Days |    |    |    |    |    |    |
|-------------------------|----|----|----|----|----|----|
| Su                      | Mo | Tu | We | Th | Fr | Sa |
| 1                       | X  | 3  | 4  | 5  | 6  | 7  |
| 8                       | 9  | 10 | 11 | 12 | 13 | 14 |
| 15                      | 16 | 17 | 18 | 19 | 20 | 21 |
| 22                      | X  | X  | X  | X  | X  | 28 |
| 29                      | X  | X  |    |    |    |    |

| January 2025 – 19 Days |    |    |    |    |    |    |
|------------------------|----|----|----|----|----|----|
| Su                     | Mo | Tu | We | Th | Fr | Sa |
|                        |    |    | X  | X  | 3  | 4  |
| 5                      | 6  | 7  | 8  | 9  | 10 | 11 |
| 12                     | 13 | 14 | 15 | 16 | 17 | 18 |
| 19                     | X  | 21 | 22 | 23 | 24 | 25 |
| 26                     | 27 | 28 | 29 | 30 | X  |    |

| February 2025 – 15 Days |    |    |    |    |    |    |
|-------------------------|----|----|----|----|----|----|
| Su                      | Mo | Tu | We | Th | Fr | Sa |
|                         |    |    |    |    |    | 1  |
| 2                       | 3  | 4  | 5  | 6  | 7  | 8  |
| 9                       | 10 | 11 | 12 | 13 | 14 | 15 |
| 16                      | 17 | 18 | 19 | 20 | 21 | 22 |
| 23                      | X  | X  | X  | X  | X  |    |

| March 2025 – 20 Days |    |    |    |    |    |    |
|----------------------|----|----|----|----|----|----|
| Su                   | Mo | Tu | We | Th | Fr | Sa |
|                      |    |    |    |    |    | 1  |
| 2                    | 3  | 4  | 5  | 6  | 7  | 8  |
| 9                    | 10 | X  | 12 | 13 | 14 | 15 |
| 16                   | 17 | 18 | 19 | 20 | 21 | 22 |
| 23                   | 24 | 25 | 26 | 27 | 28 | 29 |
| 30                   | 31 |    |    |    |    |    |

| April 2025 – 19 Days |    |    |    |    |    |    |
|----------------------|----|----|----|----|----|----|
| Su                   | Mo | Tu | We | Th | Fr | Sa |
|                      |    | 1  | 2  | 3  | 4  | 5  |
| 6                    | 7  | 8  | 9  | 10 | 11 | 12 |
| 13                   | 14 | 15 | 16 | 17 | 18 | 19 |
| 20                   | 21 | 22 | 23 | 24 | 25 | 26 |
| 27                   | X  | X  | X  |    |    |    |

| May 2025 – 19 Days |    |    |    |    |    |    |
|--------------------|----|----|----|----|----|----|
| Su                 | Mo | Tu | We | Th | Fr | Sa |
|                    |    |    |    | X  | X  | 3  |
| 4                  | 5  | 6  | 7  | 8  | 9  | 10 |
| 11                 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18                 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25                 | X  | 27 | 28 | 29 | 30 | 31 |

| June 2025 – 15 Days |    |    |    |    |    |    |
|---------------------|----|----|----|----|----|----|
| Su                  | Mo | Tu | We | Th | Fr | Sa |
| 1                   | 2  | 3  | 4  | 5  | 6  | 7  |
| 8                   | 9  | 10 | 11 | 12 | 13 | 14 |
| 15                  | 16 | 17 | 18 | 19 | 20 | 21 |
| 22                  | ❄  | ❄  | ❄  | ❄  | ❄  | 28 |
| 29                  | ❄  |    |    |    |    |    |

## School Board Meeting Dates:

Green = Teacher/Paraeducator Workshop Day

August 26: New Educator Orientation

August 27,28,29: Teacher/Paraeducator Workshop Days

December 2: PK-6 Teacher-Directed Workshop Day (PK-6 Paraeducators OFF 7-12 Teacher/Paraeducator District Directed Workshop Day)

January 2: Teacher/Paraeducator Workshop

January 31: 7-12 Teacher-Directed Workshop Day (7-12 Paraeducators OFF) PK-6

Teacher/Paraeducator District Directed Workshop Day

March 11: PK – 12 Paraeducator Workshop Day

Orange = First Day of School & Early Releases

September 3: First Day of School

December 20: Early Release Day

June 20: Tentative Last Day of School/ Early Release

Pink = Parent/Student/Teacher Conferences

November 5: Parent/Student/Teacher Conferences

March 11: Parent/Student/Teacher Conferences PK-12

Blue Underline=

Teachers only - District Extended Afternoon Meetings (3:25 p.m.-5:10 p.m.) October 22, January 14, April 8, May 13

Holidays and Recesses

September 2: Labor Day

October 14: Indigenous People's Day

November 11: Veterans Day

November 27,28,29: Thanksgiving Recess

December 23-January 1: December Recess

January 2: December Recess Students Only

January 20: Martin Luther King Jr. Day

February 24 – February 28: Winter Recess

April 28 – May 2: Spring Recess

May 26: Memorial Day

June 23-30 Snow Make-Up Days (if necessary)

The School Board Meeting Calendar is subject to change. The most up-to-date version can be found at: <https://www.interlakes.org/school-board>

"Teachers" refers to all staff covered by the Collective Bargaining Agreements between the Inter-Lakes School Board and the Inter-Lakes Education Association.

Board Approved: March 19, 2024