



Helpful Contact Information

Kingswood Regional High School

603-569-2684

GWSD - Transportation

603-569-2684

Kingswood HS

Athletic Department

603-569-8100

GWSD - Food Service

603-569-2433

*Free and Reduced Lunch -
Paper application available upon request*

NH Help Line Crisis Help Line

2-1-1

9-8-8

Kingswood Counseling Center

Shannon Cloos MSW - School Social Worker

Lara Crane MSW - Counselor

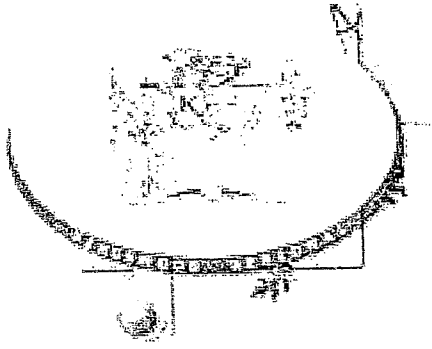
Wendy Huggard M. Ed.- Counselor

Shelly Ispan-Laing MA LCMHC - Counselor

Kristan Sheffer MA - Counselor

Meaghan DeColfmacker - Registrar

Kristine Giunco - Secretary



Kingswood High School Counseling Center

Lara Crane, Gr 12 (A-B), Gr 11 (A-C), Gr 10 (A-C), Gr 9 (A-H); Counselor
Kristan Sheffer, Gr 12 (C-K), Gr 11 (D-K), Gr 10 (D-K), Gr 9 (I-L); Counselor
Wendy Huggard, Gr 12 (L-M), Gr 11 (L-R), Gr 10 (L-P), Gr 9 (M-R); Counselor
Shelly Ispan-Laing, Gr 12 (N-Z), Gr 11 (S-Z), Gr 10 (Q-Z), Gr 9 (S-Z); Counselor
Meaghan DeColfmacker, Registrar
Kristine Giunco, Administrative Assistant

Dear Parent/Guardian,

Thank you for contacting Kingswood Regional High School (KRHS). Provided you are currently living within the Governor Wentworth Regional School District (Brookfield, New Durham, Ossipee, Effingham, Middleton, Wolfeboro, Tuftonboro) you are eligible to enroll your student at KRHS.

The following documents are requirements for school enrollment:

▪ **Completion of New Student Registration Form, as well as Online Registration**

- ❖ *In addition, you will receive an email with a link and specific Infinite Campus account information to complete your on-line registration. Please be on the lookout for this email. This step must be completed prior to the student being enrolled.*

▪ **Residential Affidavit with Proof of Residency (one of the following):**

- ❖ Certificate of Residency from the town clerk (Not available in Wolfeboro)
- ❖ Rent Receipt indicating legal residence, and landlord's name, address, and phone number
- ❖ Documentation of home ownership in the towns of Brookfield, Effingham, Middleton, New Durham Ossipee, Wolfeboro, or Tuftonboro **and** current utility bill
- ❖ Court Order for Placement
- ❖ Social Services Papers (e.g. AFDC, Social Security)

Note: A purchase and sales agreement must have approval of the Superintendent; if accepted, one of the above items must be submitted to the school where enrolled within 30 days, or as indicated by the Superintendent.

- **Custody Agreement/Guardianship Documentation** (If applicable-MUST be official court documents)
- **Birth Certificate**
- **Medical Authorization and Emergency Contact (for Health Office)**
- **School Physical Form-to be filled out by physician** (dated within the previous 12 months of enrollment)
- **Complete Immunization Record**
(If applicable, a *notarized* Religious Exemption form may be submitted)
- **Request for Transfer of School Records**
(transcript, report card and schedule; or portfolio of work if previously home schooled)
- **Special Education Plan** (Copy of IEP or 504 if applicable)
- **Transportation Registration**

Once **ALL** documents have been received, you will be contacted to schedule an enrollment appointment with you, the student, and your student's assigned counselor. Please note that it can often take 3 to 5 days to transfer into KRHS, depending on the speed in which documents can be obtained. We will work with you to make the process as smooth as possible. It is suggested that parents/guardians also contact the previous school and ask for student records to be sent to KRHS.

At the enrollment appointment, both parent/guardian and student are **required** to attend. The student's history, including credits will be reviewed, and an appropriate schedule will be created based on history, parent and student input. In most cases the student will officially start school the day following the enrollment appointment. This is required so that teachers are prepared to receive your student into their classroom. On the first day of class, the student will report to the counseling office, and a student leader will help your student become familiar with their schedule.

Lastly, let me be the first to say; WELCOME TO OUR SCHOOL! I also understand that this process can feel overwhelming, so if you have any questions about enrolling your student at KRHS, please don't hesitate to contact me in the School Counseling Department directly at 603-569-2055 EXT 1010.

Kind Regards,

Meaghan DeColfmacker
Registrar

Governor Wentworth School District – New Student Registration Form



Which school will your student be enrolling? _____

Student Information: (please print, using black or blue ink)

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

M/F _____ Date of Birth _____ City/State of Birth _____

Physical Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell # _____

Mailing Address (if different from above) _____

<p>Ethnicity: (circle one) Is your child Hispanic/Latino? Yes or No</p> <p>Race: (check all that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other</p>	<p>Student resides with (check one):</p> <p>Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/></p> <p>Joint Shared Custody <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Do you have any court orders? <input type="checkbox"/> If yes, a complete original copy of any legal documents/court orders must be presented (i.e. divorce decree/parenting plan pertinent to custody & registration for school, custody, restraining order, etc.)</p>
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Last school attended: _____ **Grade(s):** _____
(School) (City) (State)

Date of withdrawal: _____ **Grade now entering** _____

Has your child ever registered or been evaluated by Governor Wentworth School District? If yes, when, or how long ago?

Does your child receive Special Services now? If yes, check all that apply: IEP 504 Other _____

Does your child have health issues? Yes No

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. _____ |

Primary Household (Parents/Guardians/Legal Custodians: Names(s) with whom the student primarily resides)

1. Name: _____ Relationship to student _____
 Work Phone: _____ Cell Phone: _____ Email Address: _____

2. Name: _____ Relationship to student _____
 Work Phone: _____ Cell Phone: _____ Email Address: _____

Secondary Household (Parents/Guardians/Legal Custodians: Name with whom the student **does not** primarily reside)

Name: _____ Relationship to student: _____
 Home Phone: _____ Cell #: _____ Work #: _____ Email Address: _____

Secondary Address (no PO Boxes) _____
Number/Street City/Town State/Zip

Emergency Contact (Other than family members listed above.)

Name: _____ Relationship to student _____
 Home Phone: _____ Cell #: _____ Work #: _____

 Parent / Guardian Signature Date

Governor Wentworth Regional School District
140 Pine Hill Road
Wolfeboro, NH 03896
www.govwentworth.k12.nh.us

Governor Wentworth Residency Affidavit

NH RSA 193:12

"Notwithstanding any other provision of law, no person shall attend school, or send a pupil to the school, in any district of which the pupil is not a legal resident, without the consent of the district or of the school board...legal residence is where his or her parents reside..."

<u>Student Name(s)</u>	<u>DOB</u>	<u>Age</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent(s)/Legal Guardian(s): _____

Physical Address: _____

Mailing Address: _____

Telephone: _____

Proof of Residency: (one must be submitted and stapled to this form)

- _____ Certificate of Residency from the town clerk (Not available in Wolfeboro)
- _____ Rent Receipt indicating legal residence, and landlord's name, address, and phone number
- _____ Documentation of home ownership in the towns of Brookfield, Effingham, Middleton, New Durham, Ossipee, Wolfeboro, or Tuftonboro **and** current utility bill.
- _____ Court Placement
- _____ Social Services Papers (e.g. AFDC, Social Security)
- _____ Other (must be approved by SAU Office)

I hereby certify and swear that this information is true and correct. I authorize Governor Wentworth Regional School District to independently verify this information.

Signature of Parent/Guardian

Date

Signature of School Official

Date

**GOVERNOR WENTWORTH REGIONAL SCHOOL DISTRICT
SCHOOL PHYSICAL FORM**

NAME: _____ **DATE EXAMINED:** _____
DATE OF BIRTH: _____ **AGE:** _____ **GRADE:** _____

Please list any illnesses, accidents, operations, congenital defects, chronic conditions, family history, etc.

Is medication needed for any pre-existing condition (Diabetes, Seizures, Asthma, etc.)? Yes ___ No ___

If yes, please indicate medication and dosages: _____

Will he/she need to take medication at school? Yes ___ No ___ Comments: _____

Please complete the Medication Form for medications being taken at school.

ALLERGIES: _____ **TREATMENT:** _____

DRUG ALLERGIES: _____

HEIGHT: _____ **WEIGHT:** _____ **BLOOD PRESSURE:** _____

HEARING: Right Ear _____ Left Ear _____ **SYSTEM REVIEW:**

Chronic Ear infection? _____ General Appearance _____

PE Tubes? _____

Tympanogram _____ Nutrition _____

VISION: Right Eye _____ Left Eye _____ HEENT _____

Glasses: Yes _____ No _____ Neck _____

TEETH/MOUTH: _____ Heart _____

SPEECH: _____ Chest _____

COMMUNICABLE DISEASES: _____ Abdomen _____

Chicken Pox: Date/Year _____ GU _____

Titer: Month/Year _____ Musculoskeletal _____

Other: _____ Neuro _____

LAB TESTS: Hgb _____ Hct _____ Skin _____

Urinalysis _____ **TB TEST:** Results/Date _____

ORTHOPEDIC: Structural Abnormality _____

Posture _____ Feet _____

Is this student able to participate in Physical Education, sport or recess without restrictions? _____ If

yes, specify any limitations _____

IMMUNIZATIONS: Please attach a copy of the student's current Immunization Record to this form.

PHYSICIAN'S SIGNATURE

*** Physical examinations must be within 12 months prior to entrance to GWRSD ***
Immunizations must be in accordance with NH State requirements.



Medical Authorization and Emergency Contact Information
For Health Office

Student Information: (please print, using black or blue ink) **Student is enrolled in:** _____
(Name School)

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

Grade: _____ **Date of Birth:** _____ **Circle One: Male/Female** **Cell Phone #:** _____

Home Address: _____
(Street) (Town) (State) (Zip Code)

Parent/Guardian #1: _____ / _____
(Last) (First) (Relationship to student)

Primary Contact Information: Home Phone _____ **Cell Phone:** _____

Name of Workplace: _____ **Work Phone:** _____

Parent/Guardian #2: _____ / _____
(Last) (First) (Relationship to student)

Primary Contact Information: Home Phone _____ **Cell Phone:** _____

Name of Workplace: _____ **Work Phone:** _____

Emergency Contact(s): In the event either parent/guardian cannot be reached, the following people, listed below, have permission to assume temporary care of your child in case of illness, early school dismissal, etc.

Name: _____ **Relationship to Student:** _____ **Phone/Cell:** _____

Name: _____ **Relationship to Student:** _____ **Phone/Cell:** _____

Student's Provider Information:

Primary Care Facility: _____ **Physician Name:** _____ **Phone:** _____

Dentist Office: _____ **Dentist Name:** _____ **Phone:** _____

Orthodontist Office: _____ **Ortho. Name:** _____ **Phone:** _____

I give permission for the school to obtain immunization records from my child's doctor. **Yes** **NO**

More information is needed on the back of this sheet - Please turn over to complete.

Medical Authorization and Emergency Contact Information (Continued...)

Answer the following questions to best of your ability:

1.) Please list any **MEDICAL CONDITIONS** your child has: _____

2.) Does your child have any **ALLERGIES**? If yes, please list: _____

3.) Does your child have **ASTHMA**? (check one) Yes No (if yes, list medication below)

4.) Does your child take any **MEDICATION** daily? If yes*, please list name of medication, appropriate dosage and time of day taken: _____

MEDICATIONS MUST BE BROUGHT IN A PROPERLY LABELED PRESCRIPTION BOTTLE BY A PARENT/GUARDIAN WITH A PHYSICIAN'S NOTE

5.) Does your child have **MEDICAL INSURANCE**? Yes No (if yes, circle option below)
None, Wellsense/Medicaid, Private Insurance, or Other: _____

The following over the counter medications are available to students while at school and are **ONLY** given by nursing staff. We have permission to give your student **ONLY** the medications checked off below:

Tylenol Ibuprophen Tums Benadryl Sudafed Cough Drops

Burn spray/gel Aloe Orasol Calamine/Caladryl Lotion Cepacol Lozenges

Triple Antibiotic Ointment/Bacitracin/Neosporin Hydrocortisone ointment/cream Zyrtec

Clartin Pepto Bismol Sting Relief Spray (N/A at KRHS) Chloraseptic Spray (N/A at KRHS)

In case of an accident or serious illness, I request the school to contact me or the person(s) whose names I have given. The school may make whatever arrangements seem necessary, which may include emergency medications and/or making provisions for transportation of my child to the hospital for treatment. Parents are responsible for any incurred expense.

To ensure the health and safety of your child, pertinent medical and/or custody information will be shared with appropriate staff.

The information listed on this form is true and accurate to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

GOVERNOR WENTWORTH REGIONAL SCHOOL DISTRICT
TRANSPORTATION REGISTRATION

*PLEASE PRINT A SEPARATE FOR EACH STUDENT

NEW STUDENT: _____ or CHANGE OF ADDRESS: _____

TODAY'S DATE: ____/____/____

STARTING DATE: ____/____/____

SCHOOL: _____ GRADE: _____ OR KINDERGARTEN: AM: _____ PM: _____

DISTRICT ID: _____ DATE OF BIRTH: ____/____/____ GENDER: _____ (M or F)

STUDENT'S NAME: LAST: _____ FIRST: _____

NUMBER AND STREET NAME: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

OTHER REGISTERED STUDENTS IN HOUSEHOLD:

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____

NAME OF PARENT OR GUARDIAN: _____

HOME PHONE: _____ CELL: _____ WORK: _____

EMERGENCY CONTACT/NUMBER: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

.....
(FOR TRANSPORTATION USE ONLY)

AM ROUTE: _____ DRIVER NOTIFIED: _____ DATE: ____/____/____

PM ROUTE: _____ DRIVER NOTIFIED: _____ DATE: ____/____/____

PARENT & SCHOOL NOTIFIED OF STOP TIME & LOCATION: _____ DATE: ____/____/____

STOP LOCATION: _____ STOP TIME: _____

PROCESSED BY: _____ DATE: ____/____/____

**Governor Wentworth Regional School District
REQUEST FOR TRANSFER OF SCHOOL RECORDS**

Student Last Name _____ First _____ Middle _____
Date of Birth _____ Current Grade _____

Previous School District: _____
School Name: _____
School Address: _____
School Phone: _____ Fax: _____

RELEASE RECORDS TO:

**Kingswood Regional High School
School Counseling Department
396 South Main Street
Wolfeboro, NH 03894
Phone: (603) 569-2055
Fax: (603) 569-2001**

Please release all appropriate information listed below. Information should be sent to the Guidance Department at the school address indicated above.

- | | |
|---|--|
| <input type="checkbox"/> Transcript of Grades | <input type="checkbox"/> Custody Information, if applicable |
| <input type="checkbox"/> Withdrawal Grades | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Current Schedule | <input type="checkbox"/> SASID #, if transferring from a NH School |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Proof of recent physical |
| <input type="checkbox"/> Immunization Records | |

Note: Please provide any additional medical information pertinent to this student

CONFIDENTIAL RECORDS:

- | | |
|--|--|
| <input type="checkbox"/> Individual Education Plan (IEP) | <input type="checkbox"/> Psychological Testing Results |
| <input type="checkbox"/> 504 Plan | |

*Parental permission is no longer required when records are requested by authorized school personnel.
(Family Educational Rights and Privacy Act. Vol. 41, No. 11B, Page 24673)

Parent/Guardian Name (Please Print) _____ Phone: _____

Parent/Guardian Signature _____ Date: _____

*Parents, legal guardians, or legal age students may request a review and/or copy of the records transferred. If this is desired, the school office should be notified. If you request a copy of the school records being transferred, the school is relieved of responsibility for confidentiality of those records.

**Records transferred by this release are not to be transferred to any other third party by the receiving school without the written consent of the parent, legal guardian, or student over 18 years of age.

OFFICE USE ONLY
Date faxed/emailed previous school _____
Date records received _____