SAU 68
Lin-Wood Public School
Lincoln-Woodstock Cooperative School District
72 Linwood Drive
Lincoln, New Hampshire 03251
Telephone (603) 745-2214

Dear Parents/Guardians:

Welcome to Lin-Wood! Our annual Kindergarten screening will be held on Tuesday, May 12th 2026. Children who will be 5 years old by September 30, 2026.

Our registration process will be an opportunity for you to complete registration forms, which are enclosed. Please fill them out before you come to register your child. On the day of registration, your child will have the opportunity to participate in a variety of learning activities while you complete the registration process.

As your child enters Kindergarten, you will have concerns and questions. We hope this letter will provide you with health information to acquaint you with the school and state requirements.

New Hampshire law requires that all students be immunized for protection against Diphtheria, Pertussis, (DPT), Measles, Mumps, Rubella (MMR), Polio (OPV or IPV), Hepatitis B, and Varicella (chicken pox)before enrollment in school. A physical examination within the year prior to the start of school is also required. Please find enclosed a physical form, your physician may use or he may use his own to be returned to the school on registration day.

Your child is scheduled for _____, at_____. If you have any questions about scheduling, please call Sheila Rich at 745-2214 or email srich@lin-wood.org.

To avoid confusion, we respectfully request that you leave all other children at home and/or with a sitter.
Please bring the following to the registration:

- **Birth certificate**
- **Registration forms**
- **Physical form (if completed)**
- **Immunization records**
- **Proof of residency**
- **Drivers license**
- **Parenting plan/Guardianship**

We look forward to seeing you and your child at Kindergarten registration.

Sincerely,
Elementary School Staff

SAU 68

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Dear Parents & Guardians,

Below is information about support available for students at Lin-Wood Elementary School. At Lin-Wood we aim to help our students acquire and apply the knowledge, skills, and attitudes necessary to develop healthy identities, manage emotions and achieve personal and collective goals. If you have questions specific to your child, we encourage you to first discuss them with your child's teacher. You may also choose to contact the assistant principal, Ashley Youngheim, ayoungheim@lin-wood.org, the elementary front office staff, Sheila Rich, srich@lin-wood.org or our school based counseling supports whose contact information is included below.

CLASSROOM GUIDANCE

All students K-5 are scheduled to participate in classroom guidance weekly. Each group is tailored to the student's grade level and reinforces six core kindness concepts including, respect, caring, inclusiveness, integrity, responsibility and courage. We encourage you to talk with your child about what they are learning and find opportunities for encouraging and building kindness at home and in our community.

SMALL GROUPS

Some students may be invited to participate in small groups if they need more time to develop certain skills and could benefit from additional practice or if there are more targeted supports that could benefit their age group needs. If your child is invited to participate, a form will be sent home about the group topic for you to complete and return agreeing to their participation.

ONE-ON-ONE COUNSELING SUPPORTS

In some cases, a student could benefit from individual counseling contacts to further develop specific skills or manage an ongoing stressor. If at any time you have questions about whether this is a support your child may need, we suggest that you start by contacting your child's classroom teacher who can complete a counseling referral form. If individual counseling sessions are determined to be appropriate for your child, a form will be sent home for you to complete. Mrs. Campbell and Mrs. Bell may provide individual counseling.

CRISIS INTERVENTION

Additionally, sometimes there are immediate concerns regarding a student's safety or well being. These cases may be brought to the attention of our school based counseling staff by school staff or a parent. In these cases we may meet with your child on an emergent basis to assess safety or risk.

RESOURCE REFERRAL

In some cases a student or family may benefit from resources outside of the school setting. As school social worker, Mrs. Bell can assist your family with connecting with a variety of resources including but not limited to, mental health, housing, financial support, and food access. There is an introductory Crisis Resource Guide that can be found at lin-wood.org/crisis_resource_guide

ADDITIONAL RESOURCES OF INTEREST

988 Suicide Lifeline and Crisis Support 988lifeline.org chat online or call/text 988

The Lifeline provides 24/7, free and confidential support for people in distress and prevention and crisis resources for you and your loved ones

The Random Acts of Kindness Foundation randomactsofkindness.org

Nonprofit with the belief that all people can connect through kindness and that kindness can be taught. As a "Kindness Certified School" Lin-Wood uses their resources to guide our supports and school programs to "Make Kindness the Norm" at Lin-Wood. They also have home resources for parent and caregiver use.

Tri-County Community Action Program tccap.org

North Country program providing families with supportive services including housing support, utility assistance, transportation and Headstart programs.

The Bridge Project thebridgeprojectnh.org 603-348-4009

Lincoln-Woodstock community support for connecting families with needed services, especially families struggling with addiction, financial difficulties and other challenging life circumstances.

Common Sense Media commonsense.org

Leading source of technology and entertainment recommendations for parents and schools. Can help adults make informed decisions about internet, media, and technology to help kids be safer and healthier.

The Big Life Journal biglifejournal.com

Online resource to help promote a growth mindset for children. Resources (including journals, parenting info, and a podcast for kids) that make it easier to nurture kids who believe in themselves and their ability to achieve big things.

Sydney Campbell
School Counselor
Lin-Wood Elementary School
603-745-2214 x239
scampbell@lin-wood.org

Erin Bell, LCMHC
School Social Worker
Lin-Wood Public School
603-745-2214 x204
ebell@lin-wood.org

NEW STUDENT REGISTRATION FORM

Date Beginning School: _____ Entry Code: _____ District ID: _____

SECTION 1: STUDENT INFORMATION

Student Name: _____ _____ _____
LAST FIRST MIDDLE

Gender: _____ Grade Level: _____ DOB: _____/_____/_____

Birthplace: City/Town: _____ State: _____

Preferred Name (i.e. Liz vs. Elizabeth): _____ Student Cell: _____

Primary Phone Number (to contact parent/guardian): _____

Is the student Hispanic or Latino? *(Circle one)* YES NO

What is the student's race? *(Check all that apply)* ☐ American Indian/Alaskan Native ☐ Asian

☐ Black or African American ☐ Native Hawaiian/Other Pac Islander ☐ White

SECTION 2: RESIDENCY AFFIDAVIT

Physical Address: _____

Town: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

Town: _____ State: _____ Zip: _____

Is this a temporary or permanent living arrangement? _____ TEMPORARY _____ PERMANENT

Proof of residence submitted: ☐ Lease agreement ☐ Tax Bill ☐ Already on file at school

I certify that the above information is true and correct and of my own personal knowledge.

Legal Guardian Signature: _____ **Date:** _____

SECTION 3: GUARDIAN INFORMATION

Please list the guardians below as notated on the student's birth certificate and/or legal adoption

Mother Name: _____ Email: _____

Mother address: _____
Street Town State Zip

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

Student lives with Mother? ☐ Yes ☐ No Mother to receive school mailings? ☐ Yes ☐ No Can Pick Up? Yes No

Can we contact the mother for student information (academic, discipline, medical)? ☐ Yes ☐ No

Father Name: _____ Email: _____

Father address: _____
Street Town State Zip

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

Student lives with Father? ☐ Yes ☐ No Father to receive school mailings? ☐ Yes ☐ No Can Pick Up? Yes No

Can we contact the father for student information (academic, discipline, medical)? ☐ YES ☐ NO

IF SEPARATED, WHO IS THE PRIMARY CUSTODIAL PARENT? _____

GUARDIAN INFORMATION CONTINUED ON FOLLOWING PAGE

SECTION 3 (continued): LEGAL GUARDIAN INFORMATION

If student does not live with either parent:

Legal Guardian Name: _____

Relationship to Student: _____

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

SECTION 4: PARENT MILITARY STATUS

Is one or both parent/guardian(s) active duty in the United States Military (not including the National Guard)?

☐ NO ☐ YES, ONE PARENT ☐ YES, BOTH PARENTS

Is one or both parent/guardian(s) full time in the United States National Guard?

☐ NO ☐ YES, ONE PARENT ☐ YES, BOTH PARENTS

SECTION 5: ADDITIONAL HOUSEHOLD MEMBERS

Please list any other adults that live in the same household as the student.

Name: _____ Relationship to student: _____

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

Name: _____ Relationship to student: _____

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

Name of brothers/sisters at home:

Name: _____ DOB: _____ Grade: _____

Name: _____ DOB: _____ Grade: _____

Name: _____ DOB: _____ Grade: _____

SECTION 6: EMERGENCY CONTACT INFORMATION

In the event of an emergency, the school will attempt to notify the members of the household first.
Please list 3 additional emergency contacts below.

#1 Name: _____ Relationship to student: _____

Physical address: _____
Street Town State Zip

Home #: _____ Cell #: _____ Can Pick up Student: Yes No

#2 Name: _____ Relationship to student: _____

Physical Address: _____
Street Town State Zip

Home #: _____ Cell #: _____ Can Pick up Student Yes No

#3 Name: _____ Relationship to student: _____

Physical address: _____
Street Town State Zip

Home #: _____ Cell #: _____ Can Pick up Student: Yes No

SECTION 7: PREVIOUS SCHOOL INFORMATION

Last school attended: _____ Last day: _____ If First USA school date entered: _____

School address: _____
Street Town State Zip

School Phone: _____ Fax: _____

Does your child have a 504 plan? ☐ **YES** ☐ **NO**

Does your child have an IEP? ☐ **YES** ☐ **NO**

Does your child receive special education services? ☐ **YES** ☐ **NO**

If yes, please state what service(s):

☐ Counseling ☐ Occupational Therapy ☐ Physical Therapy

☐ Resource Room ☐ Self-Contained Room ☐ Speech Therapy

☐ Title I ☐ Para support

☐ Other -specify: _____ Medical concerns: _____

SECTION 8: SCHOOL MESSENGER

Lin-Wood Public School uses Blackboard Connect, a system used to send messages to guardians via phone calls and emails in the case of an emergency or for Lin-Wood Public School announcements. Please identify the phone numbers and email addresses you wish to receive these messages.

NOTE: The PRIMARY phone number will receive <u>ALL</u> messages.

PRIMARY #1: _____ PRIMARY #2: _____

EMAIL 1: _____ EMAIL 2: _____

Lincoln-Woodstock Cooperative School District – SAU #68 – Residency Statement

In order to be admitted to the Lincoln-Woodstock Cooperative School District, a pupil must reside in Lincoln or Woodstock.

New Hampshire state law is quite specific in that no person who lives outside of the District may attend school 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.

Parents who intend to move into the community during the school year may request, through the Superintendent's Office, enrollment of their children prior to the establishment of residence, giving written notice of the anticipated date of residence. The local School Board can either grant or deny the request.

Please acknowledge that you have read the above by signing the appropriate line below. This attests that the child you are registering lives in Lincoln or Woodstock.

If a pupil registers at Lin-Wood Public School and it is found that the pupil and the legal guardian 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.

New Hampshire Statue clarifies definitions of "legal residency of a minor child" (RSA 193)

_____ 1. Parents live together. The legal residence of a minor student is where his/her parents reside.
_____ 2. Parents live apart but are not divorced. Legal residence is the residence of the parent with whom the child resides.*
_____ 3. Parents are not married. Legal residence is the residence of the parent with whom the child resides.*
_____ 4. Parents are divorced with joint legal custody. Residence is the residence of the parent with whom the child resides.*
_____ 5. Parents are divorced and one parent has been given sole or primary physical custody by a court. Legal residence of the child is the residence of the parent with sole or primary physical custody.*
_____ 6. Child is living with a legal guardian. Legal documentation of guardianship must be provided to the school. *A notarized letter is NOT legal documentation*. This must have been approved by the court system. In addition, the school will notify the Internal Revenue Service that the child has been placed under guardianship and, therefore, is no longer a member of the parents' household.

*Divorce decrees and/or parenting plans are required to establish residency for school purposes.

Is an adult prohibited from seeing/taking this child? _____yes _____no
If yes, name of restricted person(s) _____
If yes, and person is a biological parent, please provide documentation that specifically denies parental rights.

Residency Affidavit:
The facts set forth on this registration form are true and complete. I understand that providing misleading or false information about residence is a criminal offense. In addition, if this affidavit is untrue, I agree to pay tuition for my child/children to the District. I also acknowledge my obligation to keep the school informed immediately of any change in residency including new 911 address and telephone numbers.

Physical Street Address _____

_____ I am a resident of Lincoln

_____ I am a resident of Woodstock

_____ I plan to establish residency by _____ _____
Date Parent/Guardian Signature

Copy of Tax Bill		Date of Employed:	
Copy of Electric Bill w/residence and name of person on it. *PO Box mailing address is not acceptable.*		Place of Employment:	
Copy of Lease/Rental Agreement			
Notarized letter from Landlord			
Government Issued Voter Registration Card			
NH Driver License			
Vehicle Registration			

New Hampshire
Department of Education
Serving New Hampshire's Education Community

Home Language Survey

School: _____ District:_____Date: _____

Instructions for survey administrator:

1. Please ensure this survey is in a language which is comprehensible to the parent/guardian who is completing it, and provide an interpreter to translate the survey when necessary.
2. If responses indicate a language other than English, contact the Student Services Coordinator or ESOL/ELL Program Coordinator in your school or district immediately.
3. Note the date of referral to Student Services/ESOL Program: *Month:*_____*Day:*_____*Year:*_____(*initial*)
4. File the original *Home Language Survey* in the student's cumulative folder.

Information for parents and guardians:
All public school districts in the United States are required to provide language assistance to the parents and guardians of students in their local schools. In addition, it is the school's responsibility to identify any and all students who may have a language influence other than English. This is in order to determine whether the school is obligated to provide additional academic language services. In New Hampshire, these services are usually called ESOL or ELL Services.

Student Information: Please complete this general information about your son or daughter.			
First name:	Last name:	Date of Birth:	Gender: o female o male
Country of Birth:		Date first enrolled in a U.S. school: Month_____Year_____	Current grade:

Family Information: Please complete this information about your family.	
Name of parent/legal guardian:	Phone number:
Address:	Would you like school notices translated? If yes, in which language: _____

Questions about Language: Please answer the following questions about the languages that you and your family use.
What language(s) does your child hear or speak in your home?
Which language(s) did your child first hear or speak?
If English is the only language listed above, you may skip over the next questions. *If another language is listed, please answer the following questions.*
What language(s) do you use with your child?
What language(s) does your child hear or use at home with relatives and friends?
What language(s) does your child use with people in your community?

Parent/Guardian Signature:_____Date:_____

Lincoln-Woodstock Cooperative School District

Pupil Services Questionnaire

TO BE FILLED OUT BY ALL INCOMING STUDENTS

This form will be given to the Director of Pupil Services

CONFIDENTIAL

Students Name: _____ Date: _____

Date of Birth: _____ Grade: _____

Identify the student's current living arrangements

Please check all that apply

☐ In a shelter, domestic violence shelter, group home, transitional housing, or FEMA trailer (not section 8 housing)

☐ In a foster home or awaiting foster care

☐ In a home of a friend or relative temporarily (due to lack of housing or financial conditions)

☐ In a motel/hotel

☐ In a place NOT considered traditional housing (car, campground, park, abandoned building)

☐ In your own home without adequate utilities (running water, heat, electricity)

☐ Living alone as a minor student(s) without an adult (unaccompanied youth)

☐ In a home of a friend or relative permanently

☐ In own home (includes section 8 housing)

Medicaid:

Is the above student apart of any Medicaid Program such as Katie Beckett, NH Healthy Family WellSense, or Medicaid?

If YES, please write the student's Medicaid number: _____

Special Education:

Has the student ever been referred for Special Education Services? YES OR NO

Section 504:

Has the student ever been referred for 504 services? YES OR NO

If YES, does the student have a current 504 plan? YES OR NO