

MERRIMACK SCHOOL DISTRICT REQUIRED DOCUMENTS FOR STUDENT REGISTRATION

Which school will this child be attending? What grade? _____

MHS MMS JMUES MES RFS TFS

The following documents must be presented when registering your child:

• **PROOF OF RESIDENCY** ~ Please provide your driver's license and one from each category:

CATEGORY A	CATEGORY B
<input type="checkbox"/> Current Mortgage Statement	<input type="checkbox"/> Current Utility Bill
<input type="checkbox"/> Fully signed Lease/Rental Agreement	<input type="checkbox"/> Car Registration
<input type="checkbox"/> Merrimack Property Tax Bill	<input type="checkbox"/> Home Insurance Document

HOUSING STATUS:

In accordance with the McKinney-Vento Homeless Assistance Act and the NH Department of Education, schools must identify students who may be experiencing homelessness. The District Liaison may contact you.

Is the student currently living in a temporary housing situation? Yes No If yes, please indicate:

Doubled up with friends/family Hotel/Motel
 Shelter or transitional housing Unsheltered (car, park, campground, etc.)

• OTHER REGISTRATION REQUIREMENTS:

- Original birth certificate with raised seal. We will copy and return
- Immunization record and a copy of their most recent yearly physical (less than one year ago)

• TRANSCRIPT OR REPORT CARD

- Latest report card if the school year has begun
- High School Only: An unofficial copy of student's transcript and current schedule

• IF YOU ANSWER "YES" BELOW, PLEASE PROVIDE US WITH SUPPORTING DOCUMENTS:

- Does your child receive Special Education services? Yes No
- Does your child have an active 504 Plan? Yes No
- Does your child receive ELL/ESOL services? Yes No
- Are there any current court orders (including Parenting Plan) that pertain to the child you are enrolling?
 Yes No **If yes, please provide the plan currently in place.**

FOR OFFICE USE ONLY:

Student ID: _____ SASID # _____

Parent Username _____ Password: _____



Home Language Survey (HLS)

This survey is adapted from the NHED for use in the MSD

*Dear Parent or Guardian:
 In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.		
STUDENT NAME:		

First	Middle	Last
DATE OF BIRTH:		GENDER:
_____		<input type="checkbox"/> Male
Month	Day	Year
_____		<input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		

Last Name	First Name	Relation to Student

Language Background (Please check all that apply.)	
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <small>specify</small>
2. What was the first language your child learned?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <small>specify</small>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ <input type="checkbox"/> Father _____ <small>specify</small> <small>specify</small> <input type="checkbox"/> Guardian(s) _____ <small>specify</small>
4. What language(s) does your child understand?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <small>specify</small>
5. What language(s) does your child speak?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <input type="checkbox"/> Does not speak <small>specify</small>
6. What language(s) does your child read?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <input type="checkbox"/> Does not read <small>specify</small>
7. What language(s) does your child write?	<input type="checkbox"/> English <input type="checkbox"/> Other _____ <input type="checkbox"/> Does not write <small>specify</small>

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:	
SCHOOL DISTRICT INFORMATION:	Student SASID
_____	_____
School Name	Address

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* No Not sure *If yes, please explain: _____

How severe do you think these difficulties are? Minor Somewhat severe Very severe

10a. Has your child ever been referred for a special education evaluation in the past? No Yes* *Please complete 10b below

10b. *If referred for an evaluation, has your child ever received any special education services in the past?
 No Yes – Type of services received: _____

Age at which services received (Please check all that apply):
 Birth to 3 years (Early Intervention) 3 to 5 years (Special Education) 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? No 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? _____

Signature of Parent or Guardian

Month: _____ Day: _____ Year: _____
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: No Yes

**DATE OF INDIVIDUAL INTERVIEW: _____
 MO. DAY YR.

OUTCOME OF INDIVIDUAL INTERVIEW: ADMINISTER STATE APPROVED WIDA Screener
 NOT ELIGIBLE FOR EL SERVICES

NAME/POSITION OF NH ESOL AND WIDA CERTIFIED PERSONNEL ADMINISTERING WIDA SCREENER

NAME: _____ POSITION: _____

DATE OF WIDA SCREENER ADMINISTRATION: _____
 MO. DAY YR.

PROFICIENCY LEVEL ACHIEVED ON WIDA SCREENER:

Overall Composite Score: _____

Does the student qualify for EL support? No Yes

Please attach a copy of the student's WIDA screener score report and file in student's cumulative folder.

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP:

MERRIMACK SCHOOL DISTRICT
TRANSPORTATION FORM
603-424-7880

Today's Date: _____

Which school does this student attend?

- MHS MMS JMUES MES RFS TFS

Student Name: _____ Grade: _____

Address: _____ Merrimack, NH 03054

Parent's Name: _____ Phone Number: _____

Email: _____

Mailing address, if different than above: _____

Date transportation starts: _____

If your child will be taking the bus to/from another address on a regular basis, please list that address here:

Address: _____ Merrimack, NH 03054

Who lives there? _____

For school use only:

Date entered in Edulog System: _____

Type of entry: ADD DELETE UPDATE

Bus Number: _____ Pick up time: _____

FOR MMS/MHS ONLY

Wave 1 Wave 2

Bus stop: _____