MERRIMACK SCHOOL DISTRICT REQUIRED DOCUMENTS FOR STUDENT REGISTRATION

Welcome to the Merrimack School District! To begin the registration process, please contact Patty Townsend to set up an appointment to register your children:

Patty Townsend, District Registrar 2 Brentwood Drive Merrimack, NH 03054 (603) 714-7185 FAX: (603) 424-6240 district.registrar@sau26.org

Which school will th	nis child be attend	ing? What grade?			
\Box MHS	\Box MMS	\Box JMUES	\Box MES	\Box RFS	\Box TFS

The following documents must be presented when coming in to register your child:

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

CATEGORY A	CATEGORY B
Current Mortgage Statement	□ Current Utility Bill
□ Fully signed Lease/Rental Agreement	\Box Car Registration
□ Merrimack Property Tax Bill	□ Insurance Document

• OTHER REGISTRATION REQUIREMENTS:

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

• TRANSCRIPT OR REPORT CARD

□ **High School Only:** An unofficial copy of student's transcripts (and the latest report card if the new year has begun)

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

- \Box Does your child receive Special Education services? \Box Yes \Box No
- \Box Does your child have an active 504 Plan? \Box Yes \Box No
- \Box Does your child receive ELL/ESOL services? \Box Yes \Box No
- \Box Did your child participate in a Gifted & Talented Program? \Box Yes \Box No
- □ Any current court orders (including Parenting Plan) that pertain to the child you are enrolling?
 □ Yes □ No Please provide the plan currently in place.

MERRIMACK SCHOOL DISTRICT NEW STUDENT INFORMATION ENTRY FORM

Today's Date:	School:	DOB:			
First Name: Middle: Last:					
Entering Grade:					
Female □ Male □	Ethnicity: Is the student Hispanic or Latino?YesNoRace: American Indian or Alaska NativeAsianWhiteBlack/African AmericanNative Hawaiian/Other Pacific Islander				
Parent/Guardian Name:					
Relationship to student: Mother	□ Father □ Gua	ardian \Box			
Home Address:					
Street	City/State		Zip		
MailingAddress:Street	City/State		Zip		
			Zip		
Email:					
Cell Phone:	Home:	Work:			
Student's City and State of Birth:		,			
If country of birth other than the U	JS, District of Columbia, or th	e Commonwealth of Puerto	Rico:		
Country of Birth:	Country of Birth: Date first entered US schools:				
Previous School Attended: Grade:			Grade:		
Has your child ever attended the Merrimack School District? Yes \Box No \Box If yes, when? Do you currently have a PowerSchool account in Merrimack? Yes \Box No \Box Do you currently have children enrolled in the Merrimack School District? Yes \Box No \Box If yes, list below:					
Name: School:		Grade:			
Name:		School:	Grade:		
FOR OFFICE USE ONLY:					
Student ID:	Contact 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 B	IRTH:		GENDER:		
			□ Male		
Month	Day	Year	Female		
PARENT/PERSON IN PARENTAL RELATION INFO:					
L	ast Name	First Nam	е	Relation to Student	

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

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					
How severe do you think these difficulties are? Minor Somewhat severe Very severe					
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? INO Yes* *Please complete 10b below					
10b. <i>*<u>If referred for an evaluation</u>,</i> has your child ever <u>received</u> 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?					
Month: Day: Year:					
Signature of Parent or Guardian Date					
Relationship to student: D Mother D Father <u>O Other:</u>					
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: D No D Yes					
**Date of Individual Outcome of Individual O					
MO DAY YR.					
NAME/POSITION OF NH ESOL AND WIDA CERTIFIED PERSONNEL ADMINISTERING WIDA SCREENER					
NAME: Position:					
DATE OF WIDA SCREENER ADMINISTRATION: PROFICIENCY LEVEL ACHIEVED ON WIDA SCREENER: Overall Composite Score: Please attach a copy of the student's WIDA screener score Mo. Day YR. Does the student qualify for EL support? No Yes					
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		□ MES	□ RFS	□ TFS
Student Name:			Grade:	
Address:			N	Merrimack, NH 03054
Parent's Name:		Phone	Number:	
Email:				
Mailing address, if different that	an above:			
Date transportation starts:				
If your child will be taking the Address:				
Who lives there?				
* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * *	* * * * * * * * * * *	* * * * * * * * * *	* * * * * * * * * * * * *
Date entered in Edulog System:				
Type of entry: 🔲 ADD	□ DELETE	UPDATE		
Bus Number:	Pick up time:		FOR MMS/MF Wave 1 🗆 W	
Bus stop:				