

STUDENT REGISTRATION

For students of: Hinsdale NH School District

Student Information	SASID#	Date of Entrance
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STUDENT NAME _____ Grade _____ Date of Birth _____
Last First Middle

Other names student is known by _____

Birth Certificate Documentation Yes No Male Female Place of Birth _____

US Citizen Yes No Other _____

Student's Home (Physical) Address _____

Mailing Address _____

Student's Home Phone _____

Race:

Is this student Hispanic/Latino (Choose only one).

- No, not Hispanic / Latino
- Yes, Hispanic / Latino (a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's (or your) race to be.

Ethnicity:

What is the student's race (Choose one or more).

- American Indian or Alaskan Native (A person having origins in any of the original peoples of North and South America [including Central America] and who maintains tribal affiliations or community attachment.
- Asian (A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including, for example Cambodia, China, India, Japan, Korea, Malaysia, the Philippine Islands, Thailand, and Vietnam).
- Black or African American (A person having origins in any of the black racial groups of Africa).
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).

OTHER CHILDREN IN THE RESIDENCE

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

SAU 92 Hinsdale School District

STUDENT REGISTRATION

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Residency and Contact Information

Note: NH Statutes provide that a student has the right to attend school only in the district where the parent or legal guardian resides. NH statutes also allow a penalty for unsworn certification.

I, _____ hereby state that the following information is correct to the best of my knowledge. I will notify this school of changes in my address or contact information as soon as possible.

Signature

PRINT NAME _____

Documentation of residency submitted: Lease Property Tax Bill Utility Bills Landlord Letter Other (Notarized)

Address on Documents _____

WHO DOES THE STUDENT LIVE WITH?: Both Parents Father Mother Guardian Other

IS THIS A TEMPORARY LIVING ARRANGEMENT? No Yes

DO YOU CONSIDER YOURSELF HOMELESS? Yes No

PARENTS ARE:

Married Divorced* Separated* Widowed

***If divorced or separated, documents must be submitted before registration is complete.**

PARENT/GUARDIAN INFORMATION (Please provide address if different from the student's)

Name _____ Relationship _____

Day Phone # _____ Cell # _____ Email _____

Address if different from the student: _____

Name _____ Relationship _____

Day Phone # _____ Cell # _____ Email _____

Address if different from the student: _____

Name _____ Relationship _____

Day Phone # _____ Cell # _____ Email _____

Address if different from the student: _____

Name _____ Relationship _____

Day Phone # _____ Cell # _____ Email _____

Address if different from the student: _____

(Continued)

SAU 92 Hinsdale School District

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Documents submitted: Court approved parenting plan Dated _____
 Restraining order Dated _____
 Other documents Dated _____

Emergency Contact Information

IN CASE OF EMERGENCY, WHEN PARENTS CANNOT BE REACHED, PLEASE CONTACT: (If more than one number please list contact twice.)

Name _____ Relationship to student _____

Phone _____ List only **one** phone number per contact.

Authorization to pick student up at school? Yes No Parent's Initials _____

Name _____ Relationship to student _____

Phone _____ List only **one** phone number per contact.

Authorization to pick student up at school? Yes No Parent's Initials _____

Name _____ Relationship to student _____

Phone _____ List only **one** phone number per contact.

Authorization to pick student up at school? Yes No Parent's Initials _____

Student Needs

Does the student speak a language other than English? Yes No

Does the student have an IEP (Individual Educational Plan)? Yes No Does the student have a 504 plan? Yes No

Does the student have a disability? Yes No

Do you have other concerns about your child's educational needs? Yes No

Receipt of Records
Special Services Initials _____

I verify all the information provided is accurate.

Signature

Date

Intake Reviewer Initials _____

Date of Completion _____