

This information is extremely important please make sure to answer every question. Thank you.

SAU 92

HINSDALE SCHOOL DISTRICT

NEW STUDENT REGISTRATION For students of the: Hinsdale NH School District

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

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 _____

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NEW STUDENT REGISTRATION FORM For students of the: Hinsdale NH School District

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.

_____ relationship to student _____
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 Never Married
*If divorced or separated, documents must be submitted before registration is complete.

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

LEGAL Info Only

Please list legal relationship of all names listed

Fathers Name _____

Day/work Phone # _____ Cell # _____ Email _____

Address if different from the student: _____

Employer name and phone number _____

Mothers Name _____

Day /work Phone # _____ Cell # _____ Email _____

Address if different from the student: _____

Employer name and phone number _____

Do you have internet access at home? ___ Yes ___ No

If yes, what device do you use to connect?

- ___ Desktop/laptop computer
- ___ Tablet (e.g.: iPad, Kindle, Chromebook etc.)
- ___ Smartphone

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Documents submitted:

<input type="checkbox"/> Court approved parenting plan	Dated _____
<input type="checkbox"/> Restraining order	Dated _____
<input type="checkbox"/> 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** _____

Please Initial

Name _____ Relationship to student _____

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

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

Please Initial

Name _____ Relationship to student _____

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

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

Please Initial

Student Needs

Does the student speak a language other than English? Yes No If yes please fill out Home Language Survey

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

Receipt of records Special Services Initials _____

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

Do you have internet access at home? Yes No If no do you have internet access elsewhere? Yes No

Do you have computer internet access? Yes No Do you have phone internet access? Yes No

I hereby give permission for the Student (s) to be transported by ambulance in case of an emergency

Initials _____

Please Initial

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HINSDALE

SCHOOL DISTRICT

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TEXT MESSAGING

The Hinsdale School District is able to send text messages to your cell phone with alerts/ announcements. If you would like to be receive these short text messages please indicate below up to two cell phone numbers you want to receive the messages.

Cell phone number

Cell phone number

Message and data rates may apply depending on your carrier and mobile plan

I verify all the information provided is accurate.

Print Parent or Guardian Name

Parent/Guardian Signature

Date



Intake Reviewer Initials _____

Date of Completion _____

Notes: