



Hinsdale School District P. O. Box 27 Hinsdale, NH 03451

603-336-5332 HES or 603-336-5984 HMHS FAX 603-336-7522 HES or 603-336-7497 HMHS



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

rates and not	This is a preregistration form, r hese questions will help us become acq t all children have had the same expe	PN GRADE (Pre- K-5 th) registration forms will still need to be completed. quainted with your child. All children grow and mature at different criences before coming to a school or a new school. Therefore, we create in helping the teachers understand and work with your child.
	2	DOB
Physical Address:		Home Phone #
Mailing Ad	ldress (if different):	
	ress: rmation please fill out all applic	cable information:
Mothers Name:		Fathers Name:
Step-Mothers Name:		Step-Fathers Name:
Guardians/other Name:		Child lives with:
Mother's Occupation:		Father's Occupation:
Name and I	Relationship of person filling out	this form
Is this studen	nt Hispanic/Latino (Choose only one).	
	No, not Hispanic / Latino	
	Yes, Hispanic / Latino (a person other Spanish culture or original street)	of Cuban, Mexican, Puerto Rican, South or Central America, or in, regardless of race.)
con	* *	hnicity, not race. No matter what you selected above, please arking one or more boxes to indicate what you consider your
Ethnicity:		
Wh	at is the student's race (Choose one or	,
	North and	tive (A person having origins in any of the original peoples of ral America] and who maintains tribal affiliations or community
		in any of the original people of the Far East, Southeast Asia, or the or example Cambodia, China, India, Japan, Korea, Malaysia, the

Filling out this form does not guarantee acceptance into the preschool program. Once accepted any applicable payments must be made, and forms completed before a student will be enrolled.

Philippine Islands, Thailand, and Vietnam).





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	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).	
Parent/Guard	lian Military Status	
Select all that a	pply for the Parents or Guardians:	
	Active Duty in Armed Forces (not including National Guard) including Army, Navy, Air Force, Marine Corps, and Coast Guard	
	Full Time National Guard	
First date of en	ntrance to attend a school in the United States	

Please answer the following questions on the back or attach a separate sheet of paper. Thank you!

- 1. Is your child looking forward to school?
- 2. Is he/she in school now (day care), etc. or had previous schooling?
- 3. Does he/she have siblings? Please list name and ages.
- 4. What kinds of things does he/she enjoy doing?
- 5. Are there other children in the neighborhood he/she plays with? Are they younger or older?
- 6. Is there anything particular you feel the school should know about him/her in order to make school the best experience possible for him/her? (I.e. overly sensitive, easily upset, learning styles, physical restrictions?)

We require proof of residency, a copy of your child's birth certificate, immunization and most recent physical before he/she can be enrolled. <u>If he/she does not live with both birth parents we must have paperwork documenting custody</u>. You will be mailed a packet of forms once we have all your required information (for preschool if space allows). In all future years each family will be mailed yearly update forms in August so that we may keep current information on file. Please fill these out completely and return promptly.