

SAU 92

HINSDALE

SCHOOL DISTRICT

NEW STUDENT

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 _____

Ethnicity:

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.

Race:

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 _____

First date of entrance to attend school in the United States _____

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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.

Signature relationship to student _____

PRINT NAME _____

Documentation of residency submitted: ☐ Lease ☐ Property Tax Bill ☐ Mortgage Bill ☐ 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.**

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

Please list legal relationship of all names listed

Name _____ Relationship _____

Day/work Phone # _____ Cell # _____ Email _____

Address if different from the student: _____

Employer name and phone number _____

Name _____ Relationship _____

Day /work Phone # _____ Cell # _____ Email _____

Address if different from the student: _____

Employer name and phone number _____

The above contacts have the right to make decisions regarding your child ____ Yes ____ No ____ Initial

Parent Military Status Not Applicable please check _____

1. Parents or Legal Guardians' Military Status does not apply for this student. ____ Yes ____ No

2. Active Duty in Armed Forces (not including National Guard) ____ Yes ____ No

3. Full Time National Guard ____ Yes ____ No

4. Student has parent or legal guardians in both 2 and 3. ____ Yes ____ No

(Continued)

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NEW STUDENT REGISTRATION

For students of the: Hinsdale NH School District

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.

Name _____ Relationship to student _____

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

Name _____ Relationship to student _____

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

The above contactys are authorized to pick my child up at school. ___ Yes ___ No

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

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

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

Initials _____

Please Initial

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For students of the: Hinsdale NH School District

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

If no do you have internet access elsewhere ? ☐ Yes ☐ No

If yes, what device do you use to connect? Check all that apply:

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

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.

Please opt in by texting yes to 67587, you must do this each time you change your phone number.

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

Signature Required

Intake Reviewer Initials _____

Date of Completion _____

Notes: