Dear Parents and/or Guardians:

Welcome to Jacques Memorial School! We look forward to sharing the beginning of your child’s educational journey.

Registering for school requires specific immunizations and documentation. Please read the following information carefully.

☐ PHYSICAL EXAMINATION
A physical examination is required by law and must have taken place after September 1, 2018. All immunizations must be up-to-date. The doctor must complete and sign the enclosed Physician’s Report form or provide us with their signed computer generated report. We urge you to make an exam appointment now, as the doctors’ offices are usually booked quite far ahead. Please return your child’s Physician’s Report to the school as soon as the physical exam has been completed.

BY LAW, CHILDREN WILL BE DENIED ENTRANCE TO SCHOOL WITHOUT THE FOLLOWING IMMUNIZATIONS:

1. A minimum of four (4) doses of DTaP (Diphtheria, Tetanus, acellular Pertussis) with the last dose given on or after the 4th birthday.
2. A minimum of three or four doses of Polio vaccine with one dose after age four and the last two doses separated by 6 months.
3. Two (2) doses of MMR (Measles, Mumps, Rubella) at least one on or after the 1st birthday.
4. Three (3) doses of Hepatitis B.
5. Two (2) doses of Varicella (Chicken Pox vaccine) or lab test demonstrating immunity.
6. Haemophilus Influenza Type B (HIB) – one dose after 15 months or four dose series with the last dose being administered at greater than 12 months of age. Only required for children under the age of 5.

*All immunizations given at acceptable intervals as required by the state.
These are the current 2018-2019 state requirements and are subject to change without notice.

☐ BIRTH CERTIFICATE
Our office must verify your child’s ORIGINAL BIRTH CERTIFICATE before entrance to school. We will make a copy and return the original to you.

☐ LEGAL DOCUMENTS (IF APPLICABLE)
Our office must have copies of any legal documents that prohibit any person from seeing or dismissing your child during or at the end of the school day (i.e. Custody or Restraining Orders).

☐ PARENT QUESTIONNAIRE

☐ STUDENT REGISTRATION FORM

☐ HOME LANGUAGE SURVEY
RESIDENCY
Proof of Residency is required for entrance into the Milford schools. Below is a list of documents that are acceptable proof. In the unusual case that you have none of these available, a signed and notarized statement of residence must be submitted.

- Purchase and Sales Agreement
- Utility bill or deposit indicating address
- Driver’s License
- Lease Agreement
- Voter Registration
- Social Services Paper – Social Security, AFDC

If the purchase of a house has not been completed, a copy of the Purchase & Sales Agreement and a letter of intent is submitted to the Superintendent of Schools for approval.

Bus routes are determined in late August and will be posted on the school district web site, www.milfordk12.org.

In an effort to assist parents with their childcare needs, we have been in contact with the Milford private care providers. There are providers that may offer something that fits your needs. Information is available upon request. Parents/guardians will need to contact the private provider directly to see what they are offering. Any arrangements for extended care are between parents/guardians and the private provider.
### MILFORD SCHOOL DISTRICT
### STUDENT REGISTRATION FORM (ELEMENTARY)

#### STUDENT INFORMATION
- **Date of Birth**
- **Place of Birth**
- **Last Name**
- **First**
- **Middle**
- **Grade**
- **Home Address**
- **Apt#**
- **Gender**
- **City**
- **State**
- **Zip**
- **Home Phone**
- **Mailing Address (If different than home)**
- **Apt#**
- **City**
- **State**
- **Zip**
- **Bus #**
- **AM**
- **PM**
- **Student Lives with**
- **Previous school attended**
- **Primary Parent Contact**
- **Phone #**

#### CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Parent/Legal Guardian #1</th>
<th>Parent/Legal Guardian #2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address</strong></td>
<td><strong>Address</strong></td>
</tr>
<tr>
<td><strong>Email</strong></td>
<td><strong>Email</strong></td>
</tr>
<tr>
<td><strong>Relationship to student</strong></td>
<td><strong>Relationship to student</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Home Phone</strong></td>
<td><strong>Home Phone</strong></td>
</tr>
<tr>
<td><strong>Employer Name</strong></td>
<td><strong>Employer Name</strong></td>
</tr>
<tr>
<td><strong>Employer Phone</strong></td>
<td><strong>Employer Phone</strong></td>
</tr>
<tr>
<td><strong>Cell</strong></td>
<td><strong>Cell</strong></td>
</tr>
<tr>
<td><strong>Receive mailings</strong></td>
<td><strong>Receive mailings</strong></td>
</tr>
</tbody>
</table>

#### EMERGENCY CONTACTS
(Adults other than those listed above who are willing to assume temporary care of your child and will be contacted if we are unable to contact a parent or guardian.)

1. **Full Name**
   - **Relationship**
   - **Daytime Phone**
2. **Full Name**
   - **Relationship**
   - **Daytime Phone**
3. **Full Name**
   - **Relationship**
   - **Daytime Phone**

#### Are there any restrictions regarding dismissals, visitations, or information on your child?  
- **Yes**
- **No**
  
If yes, explain

**If there are legal restrictions for the school to observe, i.e., custody/guardianship orders or protection orders, the school must be provided with the appropriate legal documentation.**

---

**Parent / Guardian signature**

**Date**
MEDICAL HISTORY

Does the student HAVE?

- Asthma---------------------- Yes No
- Seizures--------------------- Yes No
- Diabetes--------------------- Yes No
- Hearing problem------------ Yes No
- Vision problem------------- Yes No

ALLERGIES

- Bees------------------------ Yes No
- Environmental-------------- Yes No
- Seasonal-------------------- Yes No
- Food(s)--------------------- Yes No
- Medication(s)--------------- Yes No

Please list food(s) and/or medication(s), then describe type of reaction(s):

Does the student USE?

- Inhaler @ school----------- Yes No
- Epi-Pen for allergic reactions Yes No

May we have permission to give:

- Tylenol (pain or fever)------ Yes No
- Ibuprofen (pain)------------ Yes No
- Tums (indigestion)--------- Yes No
- Menthol Cough Drops-------- Yes No
- Benadryl ------------------ Yes No
  (emergency allergic reaction only)

May we have permission to use:

- Antibiotic Ointment-------- Yes No
- Calamine Lotion------------ Yes No
- Antiseptic Cream----------- Yes No
- Bee Sting Swabs------------ Yes No
- Anbesol for dental pain---- Yes No

Should the school nurse be aware of any other medical problems or restrictions?

*** The State of NH requires parent permission and a doctor’s order for students who need an Epi-Pen, inhaler, or prescription medications while in school. Please contact the nurse for parent form(s). ***

Doctor’s Name ___________________________ Phone # ___________________________
Dentist’s Name ___________________________ Phone # ___________________________

PERMISSION TO PROVIDE EMERGENCY TREATMENT

I hereby grant permission to the Milford School District to administer First Aid, Epinephrine (Epi-Pen) if necessary, and secure proper emergency treatment for my child in the event a parent or legal guardian cannot be contacted.

Parent / Guardian signature ___________________________ Date __________

PERMISSION TO CONTACT STUDENT’S DOCTOR to confirm immunization and physical exam during the school year (August to June).

Parent / Guardian signature ___________________________ Date __________

“I have confirmed all of the above information concerning my child.”

Parent / Guardian signature ___________________________ Date __________

*******PLEASE NOTIFY THE SCHOOL AT ONCE IF INFORMATION CHANGES*******
MILFORD SCHOOL DISTRICT
NOTICE OF RESIDENCY REQUIREMENT

I understand that in order for my son/daughter to attend school in Milford, he/she must be a legal resident of Milford in accordance with New Hampshire RSA:193:12, or be attending under a valid tuition agreement. Failure to comply with this requirement may result in the school district taking legal action to recover tuition costs for the student attendance. If you are unsure about residency requirements, please contact the SAU office at 673-2202.

I have read the above statement and attest that my son/daughter is a legal resident of Milford or is attending as a tuition student. If attending as a tuition student, the School District may seek compensation from me.

______________________________  _________________________
Parent/Guardian Signature        Date
GRADE ONE PARENT QUESTIONNAIRE

Child’s Name: ____________________________________________

Has your child attended Kindergarten?       Yes _______       No _______

Name of Kindergarten: ____________________________________________

How did he/she adjust to Kindergarten? ____________________________________________

Does your child have separation anxiety issues? ____________________________________________

Have you had concerns about any of the following?

_____ Speech  _____ Fine Motor Skills
_____ Hearing  _____ Gross Motor Skills
_____ Behavior/Emotional Issues  _____ Interaction with Peers

Is there any family history of school or learning difficulties? If so, please explain.

__________________________________________________________________________

Has your child had a history of ear infections or had tubes placed in one or both ears?

__________________________________________________________________________

Was your child premature?        Yes _______        No _______

Were there any complications at delivery or in infancy that would be helpful for the school to know? If so, please explain.

__________________________________________________________________________

Did your child have any serious illness/injury?        Yes _______        No _______

Allergies?        Yes _______        No _______

Has your family had any problems or concerns (i.e. divorce, separation, loss of parent or other close family member, frequent moves, etc.) that we should know about?

__________________________________________________________________________

What would you like us to know about your child?

__________________________________________________________________________

Feb 2011
MILFORD SCHOOL DISTRICT

PHYSICIAN’S REPORT OF ROUTINE PHYSICAL EXAMINATION

Name: ____________________________ Birth Date: ____________________________
School: __________________________ Grade: _________________________________

PHYSICAL EXAMINATION

Height: __________ Weight: __________ Hemoglobin: _______________________
Eyes: ________ Vision: __________ Glands: (specify) _________________________
Ears: _________ Hearing: __________ Heart: _____________________________
Nose: _________ Blood Pressure: ______ Lungs: ____________________________
Teeth: Temporary Orthopedic: _________________________
Permanently Nervous System: _________________________
Tonsils: _________ Skin: ______________________________
Nutrition: __________________________ Hernia: __________________________

IMMUNIZATIONS AND TESTS

<table>
<thead>
<tr>
<th>DATES</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP/DT/DTaP/Td/Tdap</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POLIO</td>
<td></td>
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<td></td>
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<tr>
<td>MMR (Measles/Mumps/Rubella)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>VARICELLA (Chicken pox)</td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>HEPATITIS B</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>HIB – Required for under age 5</td>
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<td></td>
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<td></td>
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<tr>
<td>Exempt per RSA 200:32:</td>
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</tbody>
</table>

Recommendations and/or special instructions: Previous Diseases and Operations, Allergies, etc.:

__________________________

Is this child capable of carrying a full program of school work including gymnastics and athletics?

Yes ☐ No ☐

Must the school program be modified to meet the needs of this child?

Yes ☐ No ☐

By restrictions of use of stairs?

Yes ☐ No ☐

By special seating accommodations?

Yes ☐ No ☐

Rest periods?

Yes ☐ No ☐

Other?

__________________________

Date of Examination ____________________________ Physician’s Signature ____________________________ Phone Number ____________________________
Student Name: ________________________ Grade: _____

Parent's Military Status

Please check the box that applies for any Parent or Legal Guardian.

☐ 1. Parents' or Legal Guardians' Military Status does not apply for this student

☐ 2. Active Duty in Armed Forces (not including National Guard)

☐ 3. Full Time National Guard

☐ 4. Student has Parent or Legal Guardians in both 2 and 3
Jacques School has gone green. We will be emailing newsletters, student resources, etc. If you would like a hard copy sent home with your child please notify us in writing, otherwise notices will be sent via email please provide the address below. Thank you

☐ I would like to continue receiving paper copies of newsletters, etc.
☐ Please send student notices to the email address I have provided.

Name: ___________________________________________

Student’s Name: ___________________________________________

Email address: ___________________________________________

Teacher: ____________________________ Grade: ________________
# MILFORD SCHOOL DISTRICT
## Home Language Survey

<table>
<thead>
<tr>
<th>School:</th>
<th>District:</th>
<th>Date:</th>
</tr>
</thead>
</table>

## Student Information

<table>
<thead>
<tr>
<th>First name:</th>
<th>Last name:</th>
<th>Date of Birth:</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ female □ male</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country of Birth:</th>
<th>Date of entry in U.S.:</th>
<th>Date first enrolled in a U.S. school:</th>
<th>Current grade:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Month Year</td>
<td></td>
</tr>
</tbody>
</table>

## Family Information

<table>
<thead>
<tr>
<th>Name of parent/legal guardian:</th>
<th>Phone number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>□ Please translate school notices.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Language ________________________</td>
</tr>
</tbody>
</table>

## Questions for Parents/Guardians

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please list all languages spoken in your home.</td>
<td></td>
</tr>
<tr>
<td>Which language did your child first hear or speak?</td>
<td></td>
</tr>
<tr>
<td><strong>If English is the only language listed, stop here. If another language is listed, please answer the rest of the questions.</strong></td>
<td></td>
</tr>
<tr>
<td>Which language(s) do you speak to your child?</td>
<td></td>
</tr>
<tr>
<td>Which language(s) does your child speak at home with adults?</td>
<td></td>
</tr>
<tr>
<td>Which language(s) does your child speak at home with other children?</td>
<td></td>
</tr>
</tbody>
</table>

For parents and guardians: If a language other than English is listed above, an ESOL teacher will test your child to find out if he or she can speak, understand, read, and write well in English. The results will be sent to you within 30 days. Based on the results of the test, your child may be eligible to enroll in an English language (ESOL) class at school. Parents/guardians may accept or decline ESOL program services for their child.

**Instructions for survey administrator:**

1. Please provide an interpreter when necessary.
2. If responses indicate a language other than English, please contact the ESOL teacher and provide her/him with a copy of this survey. Date of referral to ESOL teacher: ______________________
3. File original Home Language Survey in student’s cumulative folder.
ESOL Student Identification and Eligibility
(for use of ESOL Teacher)

**Home Language Survey**

Name of student ____________________________  School ____________________________

Survey received by __________________________  Date received ________________________

<table>
<thead>
<tr>
<th>Follow-up questions about eligible ESOL student</th>
<th>ESOL Teacher’s notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did your child attend school outside the U.S.?</td>
<td>☐ No  ☐ Yes  Country__________________________</td>
</tr>
<tr>
<td></td>
<td>Circle grades completed: K 1 2 3 4 5 6 7 8 9 10 11 12</td>
</tr>
<tr>
<td>Has your child ever attended English Language (ESOL) or Bilingual classes?</td>
<td>☐ Yes  ☐ No</td>
</tr>
<tr>
<td>Which language(s) does your child read?</td>
<td></td>
</tr>
<tr>
<td>In which language(s) does your child write?</td>
<td></td>
</tr>
<tr>
<td>Has your child had any difficulties with learning?</td>
<td>☐ Yes  ☐ No</td>
</tr>
<tr>
<td>Has your child ever been absent from school for a long period of time? (health)</td>
<td>☐ Yes  ☐ No</td>
</tr>
<tr>
<td>Has your child’s education ever been interrupted for a year or more?</td>
<td>☐ Yes  ☐ No</td>
</tr>
</tbody>
</table>

**Screening and Eligibility Status**

Date of screening ____________________________  Test used ____________________________

Composite score __________  Comprehension __________

Speaking _______  Listening _______  Reading _______  Writing _______

Eligible for ESOL services? ☐ Yes  ☐ No  Recommended instructional level ____________________________

Recommended intensity of services ____________________________

Due date to notify parent/guardian of student’s eligibility to enroll in ESOL program ____________________________

( within 30 days of beginning of school year or within two weeks of screening if enrollment after start of school year)

**ESOL Program Placement**

Start date ____________  Parent/Guardian declines ESOL services: Letter received ____ Date ________

Student moves ___ is withdrawn from ___ ESOL program  Date ________
Milford School District
CONSENT FOR RELEASE/EXCHANGE OF INFORMATION

Date: ____________________________

To/From: ____________________________ To/From: Jacques Memorial School

9 Elm St.

Milford, NH 03055

Student: ____________________________ Date of Birth: __________

Parent/Guardian: ____________________________

Address: ____________________________________________________________

I hereby give my permission for the Release/Exchange of relevant records and
information, as described below, regarding my child to the Milford School District. The
release entitles the Milford School District to both send and receive written documents
and to orally communicate information concerning my child. This information will be
used for the following purpose:

______________________________________________________________

____ Educational Records  ____ Medical/Health Records
____ SPED Files  ____ Test Results

I understand that under the provisions of Public Law 93-830, the Family Educational Rights and
Privacy Act of 1974, the School District will not release any personally identifiable information
regarding my child except with my written permission specifying the records to be released,
reasons for such release and to whom the records should be released.

Signature: ____________________________ Date: ____________________________

A copy of this consent shall have the same force as the original. This consent is valid for
one year from the date signed.