

MILFORD SCHOOL DISTRICT
JACQUES MEMORIAL SCHOOL
A Great Place to Start
9 Elm Street
Milford, NH 03055
(603) 673-4434 Fax: (603) 249-0009

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. Your child is officially registered for kindergarten once **ALL** paperwork has been returned to the school.

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 kindergarten. 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).

KINDERGARTEN 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.

**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 # _____

Is this student Hispanic/Latino? (please check ONE): Yes, Hispanic/Latino No, not Hispanic/Latino

Student's Race (check as many as apply): American Indian/Alaskan Native Asian

Black/African American Native Hawaiian/Pacific Islander White

CONTACT INFORMATION

Parent/Legal Guardian #1 _____	Home Phone _____
Address _____	Employer Name _____
_____	Employer Phone _____
Email _____	Cell _____
Relationship to student _____	Receive mailings _____
Parent/Legal Guardian #2 _____	Home Phone _____
Address _____	Employer Name _____
_____	Employer Phone _____
Email _____	Cell _____
Relationship to student _____	Receive mailings _____

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 _____	Daytime Phone _____
	Relationship _____	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work
2	Full Name _____	Daytime Phone _____
	Relationship _____	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work
3	Full Name _____	Daytime Phone _____
	Relationship _____	<input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work

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

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)

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)?

Current Medications (please list)

_____	Home	School
_____	Home	School
_____	Home	School

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*****

Student Name _____

Grade _____

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

**MILFORD SCHOOL DISTRICT
JACQUES MEMORIAL SCHOOL
9 Elm Street
Milford, NH 03055
(603) 673-4434 Fax: (603) 249-0009**

KINDERGARTEN PARENT QUESTIONNAIRE

Child's Name: _____

Has your child attended Preschool/Childcare? Yes No

If yes, Where? _____

Does your child cry easily? Yes No Not Sure

Does your child separate easily? Always Not Usually

Comments: _____

Have you had concerns about any of the following?

- | | |
|--|--|
| <input type="checkbox"/> Speech | <input type="checkbox"/> Fine Motor Skills (cutting, coloring) |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Gross Motor Skills (jumping, running) |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Interaction with Peers |
| <input type="checkbox"/> Behavior/Emotional Issues | |

Please explain _____

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

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.

(OVER)

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

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

When your child plays with other children does he/she tend to be:

The Leader The Follower Not Sure

Would your child rather play alone or with other children?

Alone Other Children Not Sure

Do you feel your child handles routine changes well?

Yes No Not Sure

How long will your child sit and listen to a story?

5 minutes 15 minutes Longer than that

Does your child read? Yes No

Please explain _____

What is your child's favorite book?

What hand does your child use to eat, draw, write or cut (with scissors)? Left Right

Please feel free to write anything you feel could have a bearing on how your child will adjust to school.

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

School: _____ District: _____ Date: _____

Student Information			
First name:	Last name:	Date of Birth:	Gender: <input type="checkbox"/> female <input type="checkbox"/> male
Country of Birth:	Date of entry in U.S.:	Date first enrolled in a U.S. school: Month Year	Current grade:

Family Information	
Name of parent/legal guardian:	Phone number:
Address:	<input type="checkbox"/> Please translate school notices. Language _____

Questions for Parents/Guardians	Response
Please list all languages spoken in your home.	
Which language did your child first hear or speak?	
If English is the only language listed, stop here. If another language is listed, please answer the rest of the questions.	
Which language(s) do you speak to your child?	
Which language(s) does your child speak at home with adults?	
Which language(s) does your child speak at home with other children?	

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 _____

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

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
_____ SPED Files

_____ Medical/Health Records
_____ 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.



PREPARING FOR KINDERGARTEN



The move from preschool to “real” school is exciting (and often tearful) for both children and parents. There’s a lot you can do to make the transition to kindergarten enjoyable.

Making Friends with the School. Point out the school as you drive or walk past, and say, “That’s your school.” Take your child to play on the school’s playground after school, on weekends, and during the summer.

Learning Social Skills. *Sharing* is a regular part of the day in kindergarten. Help your child learn to take turns by sharing toys, crayons, and games with friends and family members. Waiting is tough for preschoolers, but you can help them get used to it by saying things like, “We’ll go to the park after lunch.” Teach your child to *communicate* with words, not actions, when upset. Emphasize that screaming, crying, hitting, kicking and other “temper tantrum” behavior is not acceptable.

Listening is Important. Looking at a person who’s talking to you is more than good manners when it’s the teacher who’s doing the talking. Work with your child on paying attention and following simple directions: “Please put your pillow on your bed, and then put your shoes in the closet.”

Loosening the Apron Strings. If your child is not already attending preschool or day care, look for ways for them to spend some time apart from you. Trade off with a friend, or sign your child up in a community or church program for preschoolers.

Who am I? Kindergarteners should know not only their full names, but the first and last names of their parents and caregivers. Memorizing your phone number and address may be a little easier for a preschooler if you set them to a familiar tune like “Mary Had a Little Lamb.”

All by Myself. Your child should know how to zip, snap, tie, button and fasten Velcro. Be sure that your little one can also take care of his or her bathroom needs well before the first day of school.

Begin with Basics. Go beyond teaching your child the “ABC” song by working on letter recognition, especially letters that spell out his or her name. It is also helpful if your child can recognize isolated letters and those not in alphabetical sequence. Talk about the colors and shapes around you – the round clock, the red umbrella. Make simple counting a part of your preschooler’s day by counting aloud as you put each piece of silverware in the drawer, climb stairs, or bring in bags of groceries. Help your little one learn important concepts by “acting out” the differences between up and down, in and out, high and low, over and under, small and tall.

Ensure a Healthy Start. Make sure your child’s immunizations are up to date. A complete physical before the start of school is required. Vision and hearing tests are also a good idea. Start your preschooler on a school day regimen of bedtime and wake-up time several weeks before school starts. At this age, a child should have ten hours of sleep.

Most importantly, understand that your child is unique and will learn at his or her own pace. So do not become frustrated if your child fails to master simple skills right away. The best thing you can do to prepare your preschooler for kindergarten is to invest as much time as possible helping him or her learn new skills. The long-term results will be worth your efforts.