

### ADMISSION AND ATTENDANCE

No person shall attend school, or send a pupil to the school, in any district of which he is not an inhabitant, without the consent of the district or of the school board. (RSA 193:12)

Any student residing within the geographic boundaries of Londonderry under the immediate supervision and custody of a parent or legal guardian shall be deemed a lawful resident of Londonderry.

I understand that my child and I need to be residents of the town of Londonderry in order for my child to attend Moose Hill School. Proof of residency is required with this document; it may include rental/lease agreement, recently paid electric, cable, phone or oil bill, tax bill or purchase and sales agreement if you are moving into the area. Proof of residency must show the current Londonderry address. If there is a custody agreement, the legal residency is the one in which the student resides most of the time.

\*I verify that my child and I are residents of Londonderry and reside at:

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(Address)

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Parent/Guardian signature

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Date

\*If your residency status changes, you must notify Moose Hill School.

**MOOSE HILL SCHOOL  
LONDONDERRY EARLY EDUCATION PROGRAM/KINDERGARTEN  
Londonderry, New Hampshire 03053**

**DEVELOPMENTAL HISTORY FORM**

School Year \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male/Female (circle one) Today's Date \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ ETHNICITY \_\_\_\_\_

PARENTS/GUARDIANS \_\_\_\_\_ PHONE # \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE # \_\_\_\_\_

PRIMARY LANGUAGE \_\_\_\_\_ OTHER LANGUAGE SPOKEN \_\_\_\_\_

**MEDICAL INFORMATION**

FAMILY DOCTOR \_\_\_\_\_ HOSPITAL PREFERRED \_\_\_\_\_

HEALTH INSURANCE \_\_\_\_\_ NUMBER \_\_\_\_\_

**Briefly describe any medical diagnosis, allergies, disabilities, syndromes, or special medical concerns regarding your child:**

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**Does your child have any dietary restrictions?**

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**PERMISSION INFORMATION**

\* Do you give permission for your child to be photographed and/or videotaped for use in publicity of the school?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

\* Do you give permission for your name, address and phone number to be given to the school's Parent Group and classmates?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

Do you give permission for your child to participate in field trips sponsored by the school? (This may include riding on a bus. Parents will also be invited to participate in these field trips.) \_\_\_\_\_ YES \_\_\_\_\_ NO

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR INFORMATION ON IMMUNIZATION  
REQUIREMENTS PLEASE GO TO THE  
FOLLOWING WEBSITE

[www.dhhs.nh.gov/dphs/immunization/documents/school09-10.pdf](http://www.dhhs.nh.gov/dphs/immunization/documents/school09-10.pdf)

## **PARENTS OF CHILDREN TAKING PROVIDER BUS**

### **PROVIDER TRANSPORTATION POLICY & PROCEDURES**

Dear Parents and Guardians:

I would like to take this opportunity to confirm that your child will be receiving specialized transportation for the upcoming school year as per their IEP. The Londonderry School District has contracted with the Provider Bus Company. We have been working with this company for many years and have developed a great working relationship to ensure your child's safety at all times.

In order for all children to arrive to and from school in a timely manner we ask that you contact Provider's dispatch at 895-9664 ext. 100 if your child is not going to be riding the bus in the morning and/or afternoon. This will reduce the amount of time waiting for students who are not attending school on a particular day. The expected wait time per stop is four minutes.

The Provider will run on your child's school calendar, providing transportation on days that school is in session. Please be aware however that the Provider does adhere to Londonderry School District's inclement weather delays and school cancellation decisions. If Londonderry has a 90 minute delay, expect your child's pick up time to be adjusted by 90 minutes. For students at Moose Hill, if there is a 90 minute delay, your child's session is cancelled. As for school cancellations due to inclement weather, it has been determined that the local roads are not safe to transport students and the Provider will not be driving your child to school regardless of your child's school cancellation policy. In this case, you may always elect as a parent to drive your child to school.

Any changes in your child's pick up or drop off location must be pre-arranged through this office. Please do not contact Provider directly to make changes to your child's route.

If you have any questions or concerns regarding your child's transportation please contact me at 432-6920 ext. 1113 or email at [kcarpinone@londonderry.org](mailto:kcarpinone@londonderry.org) at any time. I hope you and your child have a safe and successful school year.

Thank you,

Kimberly Carpinone  
Director of Pupil Services  
Londonderry School District

**MEDICAL ALERT**

**LEGAL ALERT**

**LONDONDERRY SCHOOL DISTRICT  
Registration Form**

For School Use Only:	LEEP AM ___ PM___
Student ID _____	Days _____
Birth Certificate _____	Proof of Residency _____
Start Date _____	Medical _____
Teacher _____	Dev Hist _____

**STUDENT NAME** \_\_\_\_\_  
Last First Middle Name

**GRADE ENTERING** \_\_\_\_\_

Has child previously attended Londonderry Public Schools? \_\_\_\_\_ LEEP? \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  Male /  Female  
If so, Name Month Day Year

Name and address of previous school \_\_\_\_\_

**Student's Home Address** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Mailing Address** (only if different from Home) \_\_\_\_\_ **Social Security Number** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ETHNIC GROUP**  American Indian or Alaskan Native  Asian or Pacific Islander  
 Check all that apply:  Black (not Hispanic origin)  Hispanic  White (not Hispanic origin)

**Language(s) other than English spoken at home** \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_  
 Mrs./Ms./Miss/Dr.  
 Cell Phone \_\_\_\_\_  
 Mother's Occupation \_\_\_\_\_

Home Address \_\_\_\_\_ Home No. \_\_\_\_\_  
 Mother's Employer \_\_\_\_\_  
 Employer's Address \_\_\_\_\_ Work No. \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_  
 Mr./Dr.  
 Cell Phone \_\_\_\_\_  
 Father's Occupation \_\_\_\_\_

Home Address \_\_\_\_\_ Home No. \_\_\_\_\_  
 Father's Employer \_\_\_\_\_  
 Employer's Address \_\_\_\_\_ Work No. \_\_\_\_\_

**Stepparent/** \_\_\_\_\_  
**Domestic Partner Title:** Mr. Dr. Mrs. Ms. Miss  
 Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Home No. \_\_\_\_\_  
 Employer \_\_\_\_\_ Work No. \_\_\_\_\_

**Child lives with:** \_\_\_\_\_ **Relationship to the child:** \_\_\_\_\_ (Please indicate if Foster Parent)

Please check here if any Court Orders exist which relate to this student, and attach copies of all Orders, including legal guardianship orders, divorce or separation orders which address legal and physical custody, relevant visitation orders, orders with regard to educational records (FERPA), and/or restraining orders. Please also attach copies of any petitions for guardianship or legal custody which have been filed with the Court. It is your responsibility to timely provide the School District with any subsequent Orders which are issued by any courts with regard to these matters.

If the Court has issued a joint custody order and both parents are residents of Londonderry, please set forth the elementary school of primary residence \_\_\_\_\_

Does your child receive special education service(s)?  YES  NO      504?  YES  NO      Remedial?  YES  NO

**Names of all Children in Household:**

Eldest First	Date of Birth	Relation to Student
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I (*sign name*), \_\_\_\_\_ authorize the Londonderry School District to treat and/or call a doctor and/or take this child to a physician in case of an emergency – by ambulance if necessary.

**Local Emergency Contact (other than the parents):**

3. \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

4. \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Please check here if your child has previously had either an Emergency Care Plan (ECP) (contains specific information about child's medical condition, current and emergency medications, and appropriate emergency intervention) or an Individual Health Care Plan (HP) and attach a copy of the plan.

My signature below verifies that all of the above information is correct.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

**LONDONDERRY SCHOOL DISTRICT**  
**Londonderry, New Hampshire 03053**

SCHOOL DISTRICT OFFICE	268 Mammoth Road	Tel: 432-6920
SUPERINTENDENT OF SCHOOLS		Nathan Greenberg
ASSISTANT SUPERINTENDENT OF SCHOOLS		Andy Corey
BUSINESS ADMINISTRATOR		Peter Curro
DIRECTOR OF PUPIL SERVICES		Kim Carpinone

MOOSE HILL SCHOOL (LEEP and Kindergarten)	150 Pillsbury Road	Tel: 437-5855
Principal.....		Carol Mack
Kindergarten Director.....		Bonnie Breithaupt
Special Education and LEEP Director.....		Lynn Slapsys
Administrative Assistant.....		Sue Kimball
Nurse.....		Jean Queenan RN

**ADMISSIONS**

In order to register for entrance into Kindergarten and Leep it is required that we have a birth certificate on file. We are required to see your child's **ORIGINAL BIRTH CERTIFICATE. NO PHOTOCOPIES, BAPTISMAL CERTIFICATES OR HOSPITAL CERTIFICATES OF LIVE BIRTH WILL BE ACCEPTED.**

In order to attend Moose Hill School, the child must reside in Londonderry under the immediate supervision and custody of a parent or legal guardian. Proof of residency is required at the time of registration. Proof of residency may include rental/lease agreement, recently paid electric, cable, phone or oil bill, tax bill or purchase and sales agreement if you are moving into the area. Proof of residency must show the current Londonderry address. If there is a custody agreement, the legal residency is the one in which the student resides most of the time.

State Law requires a complete medical examination by a licensed physician. The exam must be performed within 12 months PRIOR to the date of entry into the Londonderry School System. The following immunizations are required by State Law and must be reviewed by the school nurse PRIOR TO SCHOOL ADMISSION:

Measles	Polio Vaccine
Mumps	DPT or DT (Diphtheria, Pertussis, Tetanus)
Rubella	Hepatitis B Vaccine
	Varicella Vaccine

**NO CHILD WILL BE ADMITTED TO SCHOOL UNTIL PROOF OF REQUIRED IMMUNIZATION IS RECEIVED AND VERIFIED.**

### **TRANSPORTATION**

Bus transportation is provided for children with special needs at no charge. LEEP students will only be dropped off to a parent/guardian or pre-assigned adult at the bus stop. If parents wish to pick up their children in a car on a regular basis, a note from the parent must be on file with the office.

### **ABSENCES**

When your child is absent or tardy, you are responsible for contacting the school **PRIOR** to the start of each school day. This procedure is set up to help insure the safety of your child. The absence telephone line number for Moose Hill School is 437-5192.

### **SCHOOL NURSE**

The school nurse supervises the health program in the Londonderry schools. It is important for the school to be able to contact a parent (or person designated by a parent) in case of illness or accident. Therefore, please fill out all emergency cards completely (**SIGN**) and notify the school of any changes throughout the year.

**Transportation of an ill child is the parent's responsibility.**  
**Please make advance arrangements if necessary.**

State Law prohibits all school personnel from giving medication, except by a physician's written instructions. In such cases, please contact the school nurse for arrangements. **Please do not send any medication into school with your child. No medications will be sent home with any child.**

Any request from home asking that a child remain indoors or be excused from recess will **NOT** be honored unless the request is accompanied by a physician's certificate.

Any child ill with a communicable disease must remain out of school until all symptoms have disappeared. A physician's certificate is required in cases of communicable skin diseases such as impetigo, ringworm, etc. Any child sent home with head lice must remain out of school until the school nurse has determined that the child's hair is free of all lice and nits. **If this condition is discovered at home, please report to the school nurse so that she may investigate possible contacts.**

The school nurse will test vision and hearing yearly. If your child has passed the screening test but complains or shows signs of difficulty, please arrange for a physician's examination and notify the school nurse of the findings.

If you have a child of any age who has an educational or physical disability, this information should be reported to the school office as soon as possible.

Please be sure to notify the school nurse if your child has any allergies or medical conditions.

## **SCHOOL SUPPLIES**

Books and supplies required for pupil use are furnished by the school district. Normal wear is expected. However, destruction of school property cannot be permitted. Pupils who lose books or damage materials will be responsible for the cost of replacement on a prorated basis.

## **NO SCHOOL**

The **NO SCHOOL** announcements for Londonderry will be announced on the following radio and television stations:

WZID ( 95.7 FM)	WFEA (1370 AM)
WGIR (610 AM and 101.6 FM)	WBZ (1030 AM)
	WDER (1320 AM)
Channel 4	WBZ-TV
Channel 9	WMUR-TV
LEO-21	Londonderry Educational Television (Cable TV only)

## **EARLY RELEASE DAYS**

Three Wednesdays throughout the school year will be set-aside for staff in-service training sessions. Two will be NO AM sessions and PM will meet as usual. One will be AM only and PM is cancelled. Early Release days will be so noted on the school calendar. Parents who will not be at home during the school day should make arrangements for the care of their children on Early Release days. More details to follow at the beginning of the school year.

## **A NOTE FOR PARENTS/GUARDIANS OF KINDERGARTEN/LEEP STUDENTS**

Children entering school for the first time are taking a big step. They are leaving the familiar surroundings of their home and the close associations of the family to enter an unfamiliar building and to associate with a larger number of new people. You should help your child take this step by making it appealing to him/her.

Children who have acquired certain habits and abilities will adjust more easily. You should not try to teach the work to be presented in the classroom, but you could help children attain the following objectives:

1. Identify themselves - know their name, parent/guardians names, address and telephone number (including area code)
2. Care for clothing:
  - a. Put on and take off outer clothing and boots.
  - b. Hang up their coat and keep boots, mittens and hats together.

**NAMETAPES OR MARKINGS TO IDENTIFY ALL OUTER CLOTHING, SNACK CONTAINERS, AND SCHOOL BAGS WOULD BE GREATLY APPRECIATED BY THE TEACHERS.**

3. Use a handkerchief or tissue.
4. Attend to their own toilet needs.
5. Take pride in personal neatness and cleanliness.

The confidence acquired through the ability to do these seemingly simple acts will help youngsters to face the new situations they will meet in school. Many kindergarten/Leep youngsters have an unpleasant experience the first day because the parent/guardian and child leave each other in tears. We strongly request that parents/guardians send their youngsters to school on the bus, (if applicable) the first day. The teachers will greet them and help them find their rooms.

LONDONDERRY SCHOOL DISTRICT  
Londonderry, New Hampshire 03053

**STUDENT'S MEDICAL HISTORY**

STUDENT NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SCHOOL \_\_\_\_\_

A. **PRE-NATAL HISTORY**

CIRCLE ONE

During pregnancy, did child's mother have:

- |    |  |    |     |
|----|--|----|-----|
| 1. | German measles, other viral disease or illness | NO | YES |
| 2. | Any medications                                | NO | YES |
| 3. | Serious accidents                              | NO | YES |
| 4. | Rh condition                                   | NO | YES |
| 5. | Other Explain _____                            |    |     |

B. **BIRTH AND POST-NATAL HISTORY**

- |    |                                      |    |     |
|----|--------------------------------------|----|-----|
| 1. | Weight at birth _____ lbs. _____ oz. |    |     |
| 2. | Normal delivery                      | NO | YES |
| 3. | Breathing difficulties               | NO | YES |
| 4. | Jaundice                             | NO | YES |
| 5. | Congenital abnormalities             | NO | YES |
| 6. | Apgar Score _____                    |    |     |
| 7. | Other (explain) _____                |    |     |

C. **DEVELOPMENTAL HISTORY**

At what age did the child:

- |    |                            |    |                                   |
|----|----------------------------|----|-----------------------------------|
| 1. | Walk alone _____ months    | 4. | Talk in single words _____ months |
| 2. | Bladder train _____ months | 5. | Talk in sentences _____ months    |
| 3. | Bowel train _____ months   | 6. | Any speech problems? NO YES       |

D. **MEDICAL HISTORY** (circle any of the following that your child has had:

Wheezing    Chicken Pox    German Measles    Operations    Asthma    Measles  
Meningitis    Scarlet Fever    Pneumonia    Strep Throat    Mumps    Diabetes  
Serious Accidents    Ear Infections    Eye Disorder    Hearing Disorder    Kidney/Bladder Disorder  
Other \_\_\_\_\_

E. **ALLERGIES** (circle)    Insects    Medication    Other \_\_\_\_\_

F. **FAMILY HISTORY** (circle)    Seizures    Tuberculosis    Diabetes    Asthma    Heart Disease

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_