

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 _____

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:

(Address)

Parent/Guardian signature

Date

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

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

SCHOOL DISTRICT OFFICE	268C 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 (Kindergarten)	150 Pillsbury Road	Tel: 437-5855
Principal.....		Carol Mack
Kindergarten Director.....		Bonnie Breithaupt
Administrative Assistant.....		Sue Kimball
Nurse.....		Jean Queenan RN

ABOUT MOOSE HILL

- Kindergarten is a Half Day Program
- There will be a certified teacher and a teacher assistant assigned to every classroom
- The AM Session is from 8:45 to 11:20am
- The PM Session is from 12:30 to 3:05pm
- There is no before or after school care at Moose Hill School.
- Each student is assigned to either the AM or PM session by location of residence.
- We cannot switch sessions due to daycares. Please find a daycare located in your part of town.

ADMISSIONS

In order to register for entrance into Kindergarten, a child must be five years old on or before September 30th in accordance with New Hampshire Law RSA 193.1 and Londonderry School District Policy JEB. The child's **ORIGINAL BIRTH CERTIFICATE** must be presented to verify date of birth. **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. Driver's license will not be accepted as proof of residency.

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 kindergarten children according to local board policy. Group stops are arranged when possible. Buses for the AM sessions only run in the AM part of the town. Buses for the PM session only run in the PM part of town. Students living on or south of Ash Street, Carousel Court, Pillsbury Road or Wiley Hill Road will attend the AM session. Students who live north of Ash Street, Pillsbury Road or Wiley Hill Road will attend the PM session. If your child attends daycare, the daycare should be in the part of town that you live. However, we do not service all daycares in town. The daycare needs to be on a bus route. We cannot switch sessions for day care reasons. The school will issue a schedule for bus routes in late summer. 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. A transportation information form is included in the registration packet. It is due by June 15th, the latest.

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 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 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 the first day. The teachers will greet them and help them find their rooms.

Moose Hill School
150 Pillsbury Road
Londonderry, N.H. 03053

Transportation Information

Child's Name _____

Home Address _____ Home Bus # _____

Phone Number _____ Room # _____

AM or PM session _____ Drop off BUS # _____

Please indicate below the schedule your child will have for the school year. Include the name and address of the childcare provider if other than home pick up. **Note:** the address **must** be in the same area as the session your child attends.

DAY OF WEEK	PICK UP ADDRESS	DROP OFF ADDRESS	Name of adult meeting the bus*
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Parent's Names: _____

Other **adults** who have permission to meet your child at the bus stop? These people need to be at least 15 years old.

Names: _____

*** Please note that any changes take 3-5 business days to be put into effect especially if it means adding a stop to the bus routes. Thank you for your consideration.**

Parent signature: _____ Date _____

Please return this form to the office at Moose Hill School.

For office use only:

- Teacher Office Bus Company Computer entry

EMAIL NOTIFICATION SIGN UP

Dear Parents/Guardians:

In an effort to use technology to improve the efficiency and timeliness of communications, we are offering families an opportunity to receive school notifications electronically, via email. We have been working in conjunctions with the PTA/PTSO to reduce the overall amount of paper used district-wide. If you are interested in receiving school notices via email, please complete this form and return it to your child's school. In addition, some school information will be posted on www.londonderry.org.

If you choose to correspond with us through email, we may retain the content of your email messages together with your email addresses and our responses. All personal information and email addresses will be kept strictly confidential, in a secure location, and will not be shared with any third parties. Understand that despite everyone's best efforts, timely delivery of email is not guaranteed.

Please fill out one form per child.

Please check one:

- Yes**, in lieu of paper copies, I would like to receive school notifications via email at the address(es) listed below.
- No**, I prefer a paper copy of school notifications.

Grade _____ Hr _____ ID # _____

Last Name _____ First Name _____

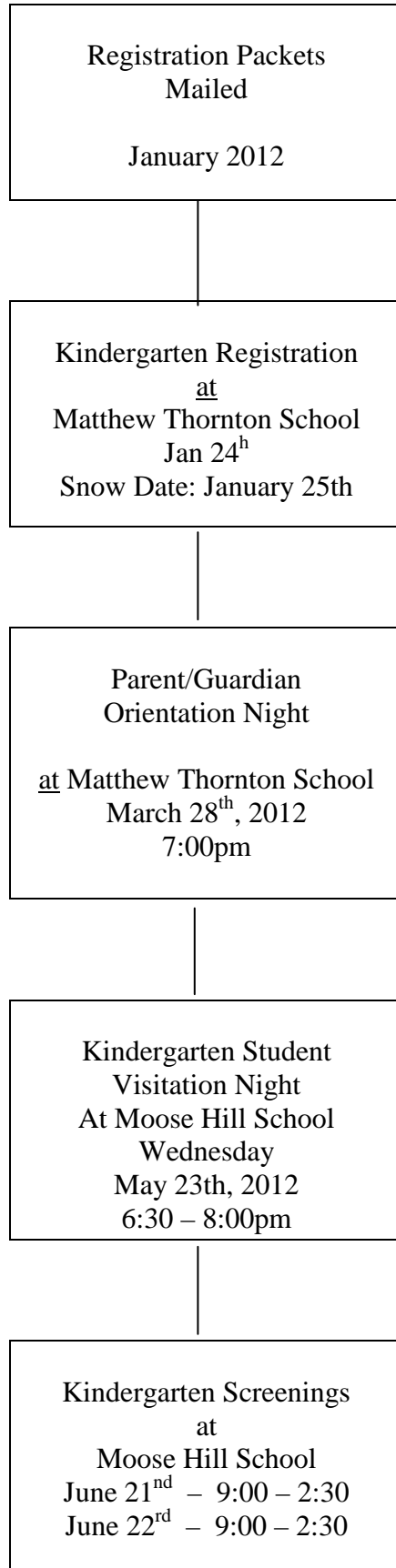
- Delete** this email: _____
- New** email address: _____
- Additional** email address: _____

Parent/Guardian Name: _____
(Please Print Name)

Parent/Guardian Signature: _____ Date: _____

Parents/guardians are responsible for notifying the school if there is a change in any of the above information. Our goal is to begin email distributions in the near future.

KINDERGARTEN ENTRANCE PROCEDURE FLOW CHART



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

KINDERGARTEN REGISTRATION

RELEASE OF INFORMATION FORM

In order to make the correct placement decision for your child, it is important to obtain information regarding performance in kindergarten/preschool. **PLEASE COMPLETE THE INFORMATION BELOW AND BRING THIS FORM WITH YOU TO KINDERGARTEN REGISTRATION IN FEBRUARY.**

Child's Name _____ Birthdate _____

Relationship of undersigned to above child _____

I hereby give my permission to the Londonderry School District to request information regarding the educational records of said child from:

(Name of preschool) (Telephone #)

(Address)

Signature _____ Date _____

Parent or Legal Guardian

This permission expires one year from the date it is signed. A copy of this permission shall have the same force as the original.

January 2012

Dear Parents/Guardians:

The entrance into Kindergarten is an important time in your child's life. There have been several events scheduled which will help to make the transition to public education a smooth one.

According to information available to us, your child's fifth birthday falls on or before September 30, 2012, which results in his/her eligibility for Registration and Screening. Registration makes it possible for your school to plan for transportation, staff, class size, and materials needed for incoming students. **Registration is scheduled for January 24th at Matthew Thornton School. CHILDREN SHOULD NOT ATTEND AT THIS TIME.** If all your paperwork is filled out properly, the registration process takes approximately 20-30 minutes.

The Kindergarten screening process utilized by the Londonderry School District is a multi-criteria procedure. This process allows the screening team to obtain information about your child via the Parent Questionnaire, Pre-School Questionnaire, hearing and vision results, and the Kindergarten screening. Health factors, which may interfere with school success, are identified through the screening process. Screening also provides insight into the developmental level of your child.

YOUR CHILD'S ORIGINAL BIRTH CERTIFICATE MUST BE PRESENTED AT REGISTRATION TO VERIFY THE DATE OF BIRTH. NO OTHER DOCUMENT WILL BE ACCEPTED. A copy of this legal document will be made and retained for school records.

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 and a current date. A driver's license will not be accepted as proof of residency. If there is a custody agreement, the legal residency is the one in which the student resides most of the time.

A Parent Orientation meeting will be held at Matthew Thornton School on March 28th at 7:00 PM.

(continued on reverse)

A complete medical examination must be performed by a licensed physician **within 12 months prior to the first day of school.** The following immunizations are required by State Law:

Mumps
Measles Vaccine
Rubella Vaccine
Oral Polio Vaccine
DPT (Diphtheria, Pertussis, Tetanus)
Hepatitis B (Series of 3)
Varicella Vaccine

COMPLETED MEDICAL FORMS MUST BE RETURNED TO MOOSE HILL SCHOOL NO LATER THAN JULY 31, 2012.

Below is a list of requirements necessary for Registration. Be certain to **COMPLETE and BRING** all forms listed with you when you come to register your child in January.

1. BIRTH CERTIFICATE – ORIGINAL/CERTIFIED COPY

NO OTHER DOCUMENT WILL BE ACCEPTED.

(For example, Baptismal Certificate, Hospital Certificate of Live Birth, etc.)

2. Proof of Residency
3. Registration Form
4. Release of Information Form
5. Hearing and Vision Form
6. Parent Questionnaire
7. Student's Medical History Form
8. Physical Examination and Immunization Form (if completed by physician)
9. EMAIL Notification Sign Up

Thank you for your cooperation and support in making this a smooth transition for your child. We look forward to working with you and your youngster.

Sincerely,

Carol Mack
Principal

Bonnie V. Breithaupt
Director

DATE _____

SCHOOL _____

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

HEARING AND VISION FORM

CHILD'S NAME _____ BIRTHDATE _____

ADDRESS _____ TELEPHONE # _____

PARENT'S NAME(S) _____

CHILD: Wears Glasses _____ YES _____ NO Date of Last Exam _____

Has Tubes in Ears _____ YES _____ NO Date _____

STOP: THE FOLLOWING INFORMATION WILL BE COMPLETED AT THE SCREENING.

HEARING SCREENING

PURETONE RIGHT _____ LEFT _____

SCHOOL NURSE RE-TEST RESULTS DATE _____

TYMPANOGRAM RIGHT _____ LEFT _____

PURETONE RIGHT _____ LEFT _____

VISION SCREENING

SNELLEN CHART GLASSES WORN DURING SCREENING? _____ YES _____ NO

RIGHT EYE _____ RESCREEN _____

LEFT EYE _____ RESCREEN _____

SCHOOL NURSE RE-TEST RESULTS DATE _____

RIGHT EYE _____ LEFT EYE _____

KINDERGARTEN INFORMATION SHEET

- Kindergarten is a Half Day Program
- There will be a certified teacher and a teacher assistant assigned to every classroom.
- The AM Session is from 8:45 am to 11:20 am.
- The PM Session is from 12:30 pm to 3:05 pm.
- There is no before or after school care at Moose Hill School.
- Each student is assigned to either the AM or PM session by location of residence.
- **Students on, or south of, Ash St., Carousel Ct, Pillsbury Road, or Wiley Hill Road will attend the AM session.**
- **Students north of Ash St., Pillsbury Road or Wiley Hill Road will attend the PM session.**
- Due to enrollment numbers, we cannot switch sessions for daycare or any other reason.
- Bus Transportation will be provided for all students. Parents, or a designated adult, must be at the bus stop to greet each child coming home from school, as no child will be dropped off to an unattended stop.
- There will be no student drop off area for kindergarten students. If you drive your child to school, you will need to park and wait in the car until staff come out to supervise arrival time (8:45/12:30). You may then walk your child to the front area of the school and your child may walk into school with the bus students. Once kindergarten staff has left the bus area, you will need to walk your child into school and check in at the front office.

LONDONDERRY SCHOOL DISTRICT

Londonderry, New Hampshire

KINDERGARTEN REGISTRATION

Registration will take place at MATTHEW THORNTON Elementary School (275 Mammoth Road) Tuesday, January 24th from 6:00 to 8:00 PM. Appointments have been scheduled according to the alphabet. Please attend at the time scheduled for the first letter of your last name. We urge you to make every effort to attend at your scheduled time. **If your scheduled date is cancelled due to inclement weather, the rescheduled date will be January 25th at your assigned times.**

CHILDREN SHOULD NOT ACCOMPANY PARENTS AT THIS TIME.

**IF YOU ARE UNABLE TO REGISTER AS INDICATED, PLEASE CALL
MOOSE HILL SCHOOL AT 437-5855 DURING SCHOOL HOURS**

REGISTRATION TIMES ARE AS FOLLOWS:

Last names beginning with	ABCDEF	Tuesday	January 24 th at 6:00 PM
Last names beginning with	GHIJKL	Tuesday	January 24 th at 6:30 PM
Last names beginning with	MNOPQR	Tuesday	January 24 th at 7:00 PM
Last names beginning with	STUVWZYX	Tuesday	January 24 th at 7:30 PM

MOOSE HILL SCHOOL
Londonderry, New Hampshire 03053

PARENT QUESTIONNAIRE – KINDERGARTEN PROGRAM

Dear Parents/Guardians:

It is felt that you, as parents/guardians, have valuable information to share regarding your child. This information, along with the preschool questionnaire and kindergarten screening results will help plan the best placement for your child entering kindergarten in the Londonderry Schools.

PLEASE BE SURE TO COMPLETE BOTH SIDES OF THIS FORM.

CHILD'S NAME _____ NICKNAME _____

ADDRESS _____ BIRTHDATE _____

Did your child attend preschool? YES _____ NO _____

Name of Preschool _____

Address _____

Child's Status in Family: Oldest _____ Middle _____ Youngest _____ Only Child _____

1. Does your child button, snap and zip his/her clothes? _____

2. Does your child have any jobs or responsibilities at home? _____

Please list: _____

3. Can your child follow a two-step direction? _____
(Ex. "Go to the refrigerator and get milk.")

4. Does your child show an interest in drawing and coloring? _____

5. Does your child put puzzles together? _____

6. Does your child cut with scissors? _____

7. Does your child talk easily with adults? _____ With children? _____

8. Does your child initiate conversation with children who he/she knows? _____

9. Would your child rather play alone or with other children? _____

10. Does your child adjust easily to new situations? _____

- 11. Does your child like listening to a story? _____
- 12. How long can he/she be attentive to a story? _____
- 13. Do you read to your child on a regular basis? _____
- 14. Does your child know how to hold books and turn the pages? _____
- 15. Is your child curious about “what the words say” in a book? _____
- 16. Does your child understand stories read aloud? _____
- 17. Can your child retell a story from looking at pictures in a book? _____
- 18. Does your child recite nursery rhymes? _____
- 19. Does your child attempt to write words? _____
- 20. Does your child show an interest in writing his/her name? _____
- 21. What are your child’s favorite free time activities? _____

22. * Is there any additional information we should be aware of? (social, educational)
**

23. * Do you have any information you would like to share regarding your child’s readiness for school?
**

24. * Any other comments: _____
**

* Please direct any special placement issues in writing directly to the Director.
** Please do not include medical information on this form.

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 _____

**LONDONDERRY SCHOOL DISTRICT
ACCEPTABLE USE POLICY AGREEMENT FORM**

THE FOLLOWING MUST BE COMPLETED BY THE PARENT OR GUARDIAN OF ALL STUDENTS UNDER THE AGE OF 18 PRIOR TO ANY USE OF TECHNOLOGY RESOURCES

As the parent or guardian of _____, I acknowledge that I have received, read and fully understand the Londonderry School District's Acceptable Use Policy.

1. It is clear to me that use of the District's "technology resources", such as the District's computers, network, electronic mail service, website and Internet web access is designed for educational purposes only.
2. I have discussed and explained the Londonderry School District Acceptable Use Policy to my child.
3. I agree to immediately report any misuse of the District's technology resources to the District administration.
4. I understand that my child's violation of the Londonderry School District Acceptable Use Policy may result in the restriction, suspension or cancellation of access privileges, and may result in other disciplinary action, civil liability or criminal prosecution by the appropriate authorities.
5. I have emphasized to my child the importance of following this policy for reasons of his/her own personal safety and the safety of others.
6. I understand that I allow my child to use the District's technology resources at his/her own risk and at my own risk.
7. I hereby release, indemnify and hold harmless the Londonderry School District, its staff and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of or inability to use the District's technology resources.
8. I certify that the information contained in this form is true and accurate.
9. (Please check only one) I hereby ___give/___do not give permission for my child to access the Londonderry School District technology resources.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____ Date: _____

(please print)

Home Address: _____

Home Phone Number: _____ Work Phone Number _____

LONDONDERRY SCHOOL BOARD

Adopted: January 22, 2002

Amended: September 7, 2004

Amended: May 6, 2008