

NEWFOUND AREA SCHOOL DISTRICT/SAU #4

REGISTRATION/INFORMATION UPDATE - 2015/16

To help us insure that all information is accurate, we ask that you complete this form fully.

Student's Legal Name _____ Gender M F

Physical Address _____

Mailing Address _____

Home Telephone Number _____ Bus Student Yes No

Parent E-Mail Address _____

(Weekly newsletters will be e-mailed to this address.)

Please indicate town of residence Alexandria Bridgewater Bristol Danbury Groton Hebron New Hampton

Date of Birth _____ Place of Birth _____

Student will be living with (name(s)): _____

Relationship to Student: Parent Guardian Other (please specify) _____

Does this person have physical custody? Yes No

Does this person have legal custody? Yes No

If the person with physical and/or legal custody is a divorced parent or not the child's parent, please provide the school with a copy of the court document that awarded custody.(RSA 193:12)

Mother/Guardian _____

Name Home Address

AlertNow Primary Phone No. / AlertNow Secondary Phone No.

Place of Employment Phone Number

Father/Guardian _____

Name Home Address

AlertNow Primary Phone No. / AlertNow Secondary Phone No.

Place of Employment Phone Number

Childcare Provider (if applicable) _____

Name Phone Number

Emerg. Contact (other than parent) _____

Name Relationship to Student Phone No.

List all members living in household: Age (minors only) Relationship to Student

Due to the Civil Rights Act of 1964, the Federal Government now requires that we provide them with information pertaining to the student's race. Please indicate:

____ American Indian/Alaskan Native ____ Hawaiian Native/Pacific Islander
____ Black (non-Hispanic) ____ White (non-Hispanic) ____ Asian ____ Hispanic

STUDENT DISMISSAL UPDATE 2015/2016

(Please complete both sections)

Student's Name _____ Grade _____

Teacher's Name _____

It is very important that we know exactly where your child will be going each and every day after school. Please fill in the instructions below. The school office should be notified of any change in your child's schedule. For safety reasons, written permission is required for your child to go somewhere other than what is noted on this form, as well as if someone other than the parent or guardian is to pick up your child at school.

Ordinary Before/After-School Instructions:

Bus # taken to school: _____

Bus # taken after school/destination: _____

Other: _____

You will note on the school calendar contained in your Student/Parent Handbook that we have six planned Early Dismissal Days during the school year. On those days, school will be dismissed at 12:00 noon, following lunch. In addition to these scheduled days, due to unforeseen circumstances, an unplanned early dismissal may occur. In these situations, the Superintendent will communicate this to the public by radio, television, web site, AlertNOW system, or other available means. Please discuss with your child what you would like him/her to do if school is dismissed early. We ask that you do not instruct your child to phone home, as the school lines need to remain open.

Early Dismissal Instructions (please include bus # if applicable):

IF THERE ARE ANY CHANGES IN THESE PROCEDURES, PLEASE INFORM THE SCHOOL IN WRITING, DETAILING THOSE CHANGES.

Thank you for your cooperation.

Parent/Guardian Signature _____

Date _____

Room Parent Contact Permission Form 2015/2016

As many of you are aware, every school year each classroom has a room parent. This room parent is in charge of organizing, among other things, parties and special events that are held in the classroom throughout the school year.

Your child's room parent will be in need of assistance in baking, purchasing paper goods, beverages, etc., and will be calling on you for help. If you are willing to be contacted by the room parent, please sign below, giving permission for your child's teacher to make available your phone number.

Thank you.

I give permission for my phone number to be given to my child's room parent.

Child's Name _____ Teacher _____
(Please print)

Parent Name(s) _____
(Please print) (Please print)

Phone Number(s) _____
(Home and/or cell)

E-Mail Address _____

Signature(s) _____ Date _____