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: February 2019

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 # ____________________

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 ______________________ Relationship ______________________	Daytime Phone ______________ ☐cell ☐home ☐work
2	Full Name ______________________ Relationship ______________________	Daytime Phone ______________ ☐cell ☐home ☐work
3	Full Name ______________________ Relationship ______________________	Daytime Phone ______________ ☐cell ☐home ☐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

Student Name ______________________ **Grade** ______ **Teacher** ____________

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

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 give:

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

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

JACQUES MEMORIAL ELEMENTARY SCHOOL
MILFORD, NEW HAMPSHIRE 03055

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
______ Hearing
______ Behavior/Emotional Issues
______ Fine Motor Skills
______ Gross Motor Skills
______ 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: ______________________
Permanent ______________ Skin: ______________________
Tonsils: ______________________ Hernia: ______________________
Nutrition: ______________________ Nervous System: ______________________
(Specify if Epilepsy) ______________________

IMMUNIZATIONS AND TESTS

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

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

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☐ 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: ☐ female ☐ 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:	☐ 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.?	☐ No ☐ 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?	☐ Yes ☐ No
Which language(s) does your child read?	
In which language(s) does your child write?	
Has your child had any difficulties with learning?	☐ Yes ☐ No
Has your child ever been absent from school for a long period of time? (health)	☐ Yes ☐ No
Has your child's education ever been interrupted for a year or more?	☐ Yes ☐ 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 _____ 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.