

## WINDHAM SCHOOL DISTRICT STUDENT REGISTRATION INFORMATION

Welcome to the Windham School District. Please read through this registration packet carefully, completing the registration form; signing the Release of Records form and Residency Affidavit.

Parent(s) must provide two **(2) Proofs of Residency** for the Town of Windham.  
*(One from each category below)*

All documents must show a valid street address. P.O. Boxes are not acceptable.

### **Category A**

Current Mortgage Statement  
Warranty Deed  
Fully signed/executed Lease/Rental Agreement

### **Category B**

Current Utility Bill  
Car Registration  
Paystub

*When a Purchase & Sale Agreement is presented prior to the start of a school year (over summer months) and the closing date is slated to occur before the first day of school, the student may be pre-enrolled. In all cases, the school office will obtain the Closing Deed, which the parent/guardian will provide to the school upon closing.*

Parent(s) should obtain the following records from their previous school in order to expedite the course scheduling process for those students entering grades 6-12:

- Unofficial Transcript, including final grades & credits  
**(for students entering grades 10-12)**
- Most up-to-date report card  
**(for students entering grades 6- 9)**

### **For all students where appropriate:**

- I.E.P. **(if applicable)**
- 504 Plan **(if applicable)**

### **Other registration requirements include:**

- Birth Certificate (original needed for grades PreK – Gr. 1)
- Up-to-date Immunization records & yearly physical
- Copy of parent/guardian driver's license

Once **all** requested enrollment documents are in order, please call the school to schedule a registration appointment. Thank you.

Golden Brook  
(603) 845-1552  
K-2nd

Center School  
(603) 845-1554  
3<sup>rd</sup> – 5<sup>th</sup>

Middle School  
(603) 845-1556  
6<sup>th</sup> – 8<sup>th</sup>

High School  
(603) 845-1558 ex. 5840  
9<sup>th</sup> – 12<sup>th</sup>

Sibling(s) being enrolled? \_\_\_\_\_

Grade Level(s) \_\_\_\_\_

## WINDHAM SCHOOL DISTRICT REGISTRATION

PreK  GBS  WCS  WMS  WHS

Student Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Town Windham State: NH Zip: 03087

Date of Birth: \_\_\_\_\_ Incoming Grade Level: \_\_\_\_\_

Gender: Male Female (circle one)

Have you ever attended a Windham Public School before? Yes No

Are Court Orders in place that pertain to this student? Yes No

(If YES, please provide a valid copy of the Order)

Language spoken at home: English \_\_\_\_\_ Other \_\_\_\_\_

Does your student receive Special Education services? Yes No

(If YES, please provide an up-to-date, signed IEP)

Ethnicity of Student: \_\_\_\_\_

Parent One Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Parent One Phone: \_\_\_\_\_

Parent One Email: \_\_\_\_\_

Parent Two Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Parent Two Phone: \_\_\_\_\_

Parent Two Email: \_\_\_\_\_

Student lives with: P1  P2  Both  Guardian

Please provide your Parenting Plan/Custody Agreement if applicable

Transferring from:

School Name: \_\_\_\_\_ Address \_\_\_\_\_

## RELEASE OF RECORDS

**Golden Brook School**  
112B Lowell Road  
Windham, NH 03087  
Phone: (603) 845-1552  
Fax: (603) 845-1553

**Windham Center School**  
2 Lowell Road  
Windham, NH 03087  
Phone: (603) 845-1554  
Fax: (603) 845-1555

**Windham Middle School**  
112A Lowell Road  
Windham, NH 03087  
Phone: (603) 845-1556  
Fax: (603) 845-1557

**Windham High School**  
64 London Bridge Road  
Windham, NH 03087  
Phone: (603) 845-1558  
Fax: (603) 845-1571

**Sending school, please mail all records to the school address listed above.**

Today's Date: \_\_\_\_\_

**Student Name:** \_\_\_\_\_

DOB: \_\_\_\_\_

**Transferring from:**  
SCHOOL NAME & ADDRESS \_\_\_\_\_

Please accept this form as permission to forward the **entire** education and health records of the above-named student; including but not limited to the following:

- Academic (including an **official transcript for Grades 9-12**)
- Attendance History
- Discipline
- Health
- Psychological (if applicable)
- Special Education evaluation and programming (if applicable)
- Active 504 Plan (if applicable)
- State testing results

**Parent Signature** \_\_\_\_\_

*Parent(s): Please **return** this signed form, along with your other Registration Documentation, at your Registration Appointment. Thank you.*

Windham School District SAU #95  
19 Haverhill Road  
Windham, NH 03087  
[www.windhamsd.org](http://www.windhamsd.org)

### WINDHAM RESIDENCY AFFIDAVIT

NH RSA 193:12

"Notwithstanding any other provision of law, no person shall attend school, or send a pupil to the school, in any district of which the pupil is not a legal resident, without the consent of the district or of the school board...legal residence is where his or her parents reside..."

<u>Student Name(s)</u>	<u>DOB</u>	<u>Age</u>	<u>Grade</u>
_____			
_____			
_____			

Parent(s)/Legal Guardian(s) \_\_\_\_\_

Address: \_\_\_\_\_

Windham, NH 03087 \_\_\_\_\_

I hereby certify and swear that this information is true and correct. I understand that the information I have provided will be used and relied upon by the Windham School District to determine enrollment. If after enrollment, I move out of the Town of Windham, I will give proper notification to the school. I authorize the Windham School District to independently verify this information when necessary.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Verification by School Official

\_\_\_\_\_  
Date