

Newmarket residence can register your child for school in five easy steps

1 - Fill out the online form <https://www.newmarket.k12.nh.us/sau31/registration>

Complete the **online portion** of the registration process.

2 - Complete the enclosed paper packet.

3 - Gather all the required documents.

**Each student registration will need the following three documents for a complete registration packet.**

- Birth Certificate
- Physical exam and immunization records, dated no more than one year.
- Proof of residency (see the form in packet for the required documents)

4 - Submit the completed application, with four options for sending it to us.

Email: [registration@newmarket.k12.nh.us](mailto:registration@newmarket.k12.nh.us)

Fax: (603) 659-4176

Mail: Newmarket Elementary School  
243 South main Street  
Newmarket, NH. 03857

In Person: Call in advance, ask for Linda in the main office at 659-2192

### **Age requirements for kindergarten**

To enter kindergarten your child must be five years old by September 30th of that incoming year.

# NEWMARKET SCHOOL DISTRICT STUDENT REGISTRATION FORM - PART 3

**Child Information:** (please print, using black or blue ink)

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

STREET ADDRESS \_\_\_\_\_ GENDER \_\_\_\_ M \_\_\_\_ F

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

DATE of BIRTH \_\_\_\_\_ CITY/STATE of BIRTH \_\_\_\_\_ / \_\_\_\_\_ BIRTHCERT? \_\_\_\_ Y \_\_\_\_ N

**Has your child ever registered or been evaluated by Newmarket Public Schools before?** Yes \_\_\_\_ No \_\_\_\_

If yes, when, or how long ago? \_\_\_\_\_

Does your child receive Special Services now? Yes \_\_\_\_ No \_\_\_\_

If yes, check all that apply: IEP \_\_\_\_ 504 \_\_\_\_ Other \_\_\_\_\_

Does your child have health issues? \_\_\_\_ Yes \_\_\_\_ No Explain: \_\_\_\_\_

## PARENT/GUARDIAN MILITARY STATUS:

Select all that apply for the Parents or Guardians:

\_\_\_\_ Full time National Guard

\_\_\_\_ Active duty (not including National Guard) in Armed Forces including Army, Navy, Air Force, Marine Corps, and Coast Guard

## INTERNET ACCESS

Does Parent/Guardian have access to the Internet? At Home \_\_\_\_ Yes \_\_\_\_ No

At Work \_\_\_\_ Yes \_\_\_\_ No

Does Child have access to the Internet at home? \_\_\_\_ Yes \_\_\_\_ No

Does Child have access to a printer at home? \_\_\_\_ Yes \_\_\_\_ No

## CUSTODY – COMPLETE IN SITUATION OF DIVORCE OR SEPARATION

Parent/Guardian must provide a copy of separation or divorce agreement to principal or guidance counselor.

If divorce or separation, who has **legal** custody of the child? NAME/RELATION \_\_\_\_\_

Who has **physical** custody during the week? NAME/RELATION \_\_\_\_\_

Parent/Guardian Name: (print) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ DATE \_\_\_\_\_

# NEW STUDENT HOME LANGUAGE FORM - PART 4

## Home Language Survey

School: Newmarket Elementary District: Newmarket Date: \_\_\_\_\_

Student Information			
First name:	Last name:	Date of Birth:	Gender: <input type="checkbox"/> female <input type="checkbox"/> 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:	<input type="checkbox"/> 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?	
<b>If English is the only language listed, stop here. If another language is listed, please answer the rest of the questions.</b>	
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.

# School Administrative Unit #31

186A Main St.  
Newmarket, NH 03857  
(603) 659-5020  
Fax: (603) 659-5022  
[www.newmarket.k12.nh.us](http://www.newmarket.k12.nh.us)

## Proof of Residency

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Before a child can be enrolled, proof of residency must be established by presenting the required number of documents from each of the following categories:

### Category I- (One document required)

<b>Homeowners:</b> <input type="checkbox"/> Most recent Tax Bill <input type="checkbox"/> Mortgage Papers <input type="checkbox"/> Certificate of Occupancy on a newly built home.	<b>Renter:</b> <input type="checkbox"/> Signed and dated lease and proof of last two months' payment if lease is not at its inception (canceled check or receipts required).	<b>Other:</b> <input type="checkbox"/> Letter from landlord and proof of last two months' payments (canceled check or receipts required). <input type="checkbox"/> Notarized letter with explanation of living arrangements from the resident owner of the property containing contact information for verification by the SAU.
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### Category II- (Two documents showing proper address is required)

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|---|---|
| <input type="checkbox"/> Driver's License                                     | <input type="checkbox"/> Vehicle Registration                             |
| <input type="checkbox"/> Auto insurance policy or                             | <input type="checkbox"/> Current public aid card                          |
| <input type="checkbox"/> Most recent cable/television and/or credit card bill | <input type="checkbox"/> Voter registration                               |
| <input type="checkbox"/> Current homeowners/renters insurance policy          | <input type="checkbox"/> Most recent gas, electric, oil and/or water bill |

The following additional documents are also required to be submitted:

- ☐ Any court ordered, judgments, decrees or other documents (e.g., joint agreements) awarding primary physical custody or granting guardianship of the student to any person.

The SAU reserves the right to evaluate and investigate the documents presented as evidence of residency. By presenting the documents listed above in this procedure does not guarantee admission.

I certify that the facts set forth in this residency form are true and complete. I understand that providing misleading or false information about residency is a criminal offense.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

Phone Number: Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

## NES PARENTAL PLACEMENT INFORMATION

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

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Current Grade \_\_\_\_\_ Current Teacher \_\_\_\_\_

1. What methods, techniques, or aspects of the learning environment have worked for your child?

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2. What are your child's greatest academic, social, and emotional strengths?

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3. What are your child's greatest academic, social, and emotional needs?

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4. Is there a special goal you would like to see next year's teacher work toward for your child?

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6. Additional comments:

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5. For New Kindergarten Placement Only: Name/Address of current Preschool:

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Newmarket Elementary School  
243 South Main Street  
Newmarket, New Hampshire  
(603) 659-2192, FAX (603) 659-4716

### REQUEST FOR STUDENT RECORDS

The following student's from your school have recently enrolled with us:

Student's Name _____	Grade _____
Student's Name _____	Grade _____
Student's Name _____	Grade _____

Please forward the following:

- Complete transcripts of this student's cumulative file
- Report cards to date
- Family background data
- Standardized Achievement Test, Intelligence & Aptitude Test Data
- Health records
- Special education information and evaluations (including psychological, speech, and occupational therapy information)
- 504 or other specific education or behavior plans
- Any additional information that may help provide a satisfactory adjustment for the student in our school
- Other (Specify) \_\_\_\_\_

School Last Attended: \_\_\_\_\_

Parent Consent Statement:

I hereby give my consent for all records and reports relating to my child to be released to the Newmarket Elementary School. I understand that I have a right to review all of my child's records, which are being sent, and may request copies at a cost established by the Newmarket School Board. I understand that I have a right to a record review hearing to challenge the content of my child's records and may do so by contacting the principal of the school.

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

\_\_\_\_\_  
Date