	Office Ll	se Only	_	
LASID:	Enrollment date code:		_SASID: _	

SAU 19 – Goffstown & New Boston School Districts Student Registration

School Entering	g:			
			Grade Entering:	
	tended:	<u> </u>		
		ded school in Goffstown or N		
STUDENT IN	FORMATION:			
Name:		<u> </u>	Home Phone:	
(I Physical Address:	.ast) (Firs	t) (Middle)		
Mailing Address:	(Street)	(City/Town)	(State)	(Zip Code)
	(Street)	(City/Town)	(State)	(Zip Code)
U.S. Citizen?	Date of Cit Date first e	Place of Birth: tizenship: enrolled in a U.S. school:		
Parent Military	Full Ti	Duty in Armed Forces (Army, me National Guard Armed Forces and National G		rps, Coast Guard)
Ethnicity & Ra Answer BOTH Part A.	parts:			
<u>Part B.</u>	☐ American Indian o☐ Asian☐ Black or African Ar☐ White			

Does the student have an Individual Education Plan (IEP)? Yes or No

Does the student have a 504 Accommodation Plan? Yes or No.

PARENT/GUARDIAN INFORMATION: Who has legal guardianship of the student? Are there currently custody restrictions including restraining orders, parenting plans, or divorce decrees that identify the student's legal residence for school attendance purposes? Yes or No If yes, parents must also provide the School District with a copy of a current parenting plan or other court documentation. Residency must be established consistent with RSA 193:12,II(a)(2)(A) and District Policies JFAA. Student lives with: ____Both Parents Same Household ____Both Parents Separate Households ____Mother Only ____Mother/Stepfather ____Father Only ____Father/Stepmother ____Mother/Mother ____Father/Father ___Other Guardian(s) Mother: Home phone: _____ Cell phone: _____ PHYSICAL ______MAILING ____ ADDRESS: ADDRESS: E-mail Address: Home phone: _____ Cell phone: _____ PHYSICAL _______ MAILING _____ _____ADDRESS: ___ E-mail Address: Other Guardian(s): Relationship: Work phone: Cell phone: Email Address: Home Language Survey 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? Information for parents and guardians: All public school districts in the United States are required to provide language assistance to the parents and guardians of students in their local schools. In addition, it is the school's responsibility to identify any and all students who may have a language influence other than English. This is in order to determine whether the school is obligated to provide additional academic language services. In New Hampshire, these services are usually called ESOL or ELL Services. Instructions for survey administrator: 1. Please ensure this survey is in a language which is comprehensible to the parent/guardian who is completing it, and provide an interpreter to translate the survey when necessary. 2. If responses indicate a language other than English, contact the ESOL/ELL Program Coordinator in your school or district immediately. 3. Note the date of referral to Student Services/ESOL Program: Month: __Day: ___Year:__ 4. File the original Home Language Survey in the student's cumulative folder Parent/Guardian Signature: ______ Date: _____

Revised 10/17/18