

**NEW HAMPSHIRE PUBLIC SCHOOLS
SCHOOL ADMINISTRATIVE UNIT #1**

**CONTOOCCOOK VALLEY SCHOOL DISTRICT
OFFICE OF THE SUPERINTENDENT OF SCHOOLS
106 Hancock Road, Peterborough, NH, 03458-1197**

Cari Christian-Coates, M.Ed
Director of Student Services
ccoates@conval.edu
603-924-7503 x2048

June 26, 2019

Hello All and Happy Summer!

I wanted to share with you all the enrollment packet that will be sent to parents when they come to the school district to enroll a student. Please also find a copy of the process that we will be following at the SAU for the centralized enrollment process.

- If parent contacts the school, please refer to Kate x2027.
- Kate mails the enclosed packet to the parent. In the event that Kate is not available Carol Hills will be the backup for this.
- The parent will receive a cover letter with the packet indicating who to contact if they have specific questions about the enrollment process-those difficult enrollment issues in regard to custody etc. will be forwarded to me.
- Once the forms are completed the parent will contact Kate to schedule a time to come in so that Kate or Carol can review the forms and ensure that all of the documents needed for enrollment are completed.
- At the time that the packet is completed Kate will enroll the student in Powerschool and send the information to the Administrative Assistants at the individual school/s.
- When families are providing change of address information, residency will need to be confirmed by the school. Please refer to the checklist in the packet to confirm the residency.
- ConVal High School will continue to complete the registration at the Registrar's office, and seek guidance from the central office as needed.

If you have forms at your school that are different from the information in this packet please replace those with the forms in this packet as to add consistency to the district process.

Please let me know if you have any questions.


Thanks, Cari

Educating the Children of:
Antrim, Bennington, Dublin, Frankestown, Greenfield, Hancock, Peterborough, Sharon, Temple
Telephone (603) 924-7503 Fax (603) 924-0070
www.conval.edu

CONVAL SCHOOL DISTRICT REGISTRATION CHECKLIST

Student _____ Date _____

Before any student is enrolled in the ConVal School District, his or her parent or legal guardian must provide Proof of Residency in the ConVal School District.

Verification of Residency

All applicants for enrollment must submit at least one document from each Column A, B and C.

Column A

Evidence of Residency

Record of recent mortgage payment and/or property tax bill

Copy of Lease and record of recent rental payment

Landlord Affidavit and recent rental payment

Section 8 Agreement

Column B

Evidence of Occupancy

Recent bill dated within the past 60 days showing ConVal address

Gas bill

Oil bill

Electric bill

Home telephone bill (not cell phone)

Cable bill

Column C

Evidence of Parent/Guardian Identification (photo ID)

Valid Driver's License

Valid State-Issued Photo ID

Passpor

Parent/Legal Guardian

Birth Certificate with parent(s) name

If divorced, the custodial parent must show proof of custody (divorce decree, parenting plan, signed court order – make a copy for school records). In the case of a single parent, they must prove residency and that the child lives with them.

Aunt, uncle, grandparent, biological non-custodial parent must produce a court order or copy of petition for custody with stamped docket number* from NH Probate granting custody.

Notarized letters are not sufficient.

***Additional documentation will be required following Probate court hearing date.**

Medical Records/Immunizations: RSA:141-C:20 a.b.c. Identify any life threatening illness or allergies and medical requirements.

Physical Examinations of Students: Complete physical examination within 1 year preceding entry into school. Include up to date immunizations or a waiver. Policy JLCA.

IEP: Ask: *Is your child currently or has your child ever received special education services?* Every effort should be made to obtain a copy of the child's current IEP prior to placement.

504: Ask: *Did your child have a 504 plan in place at his/her most recent school?* Every effort should be made to obtain a copy of the child's current 504 prior to beginning school.

Foster Care: If DCYF places a student in Foster Care in our District, the district **must** receive notification from the District Court: **Motion to Join Legally Liable School Districts** and a **2242 Residential Placement Change Notice prior to enrolling the student**. If unclear, please contact the Assistant Director of Student Services at 924-7503 ext 2048. **Notify** the Assistant Director of Student Services when any foster student is enrolling in your school.

Homeless: Homeless family (student) – Refer to the current Technical Assistance Advisory. **Notify** School Social Worker-Homeless Liaison.

Suspension and Expulsion

Suspension – Refer to Policy JKE page 2: Enrollment of Suspended Students.

Expulsion – Refer to Policy JKE – If a student has been expelled s/he may not enroll in ConVal School District.

ConVal School District Transfer/Request for Records

RSA 194-31: All elementary and secondary educational institutions including academies, private schools and public schools shall, upon request of a private school or a school district as authorized by a parent, student or former student, furnish a student record to any elementary or secondary educational institution. There shall be no charge for any record furnished.

PERMISSION TO RELEASE STUDENT INFORMATION

Student's Name

Birth Date

Grade Level

State ID#

Records to be obtained from:

Agency Requesting Information:

School Name: _____

School Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone #: _____

Phone #: _____

I hereby give my permission for the release of any and all pertinent records for this student, _____, including but not limited to: academic records, cumulative files, special education evaluations/referrals, medical records and testing data.

Date

Signature of Parent/Guardian

Date

Signature of School Official

**CONTODCOOK VALLEY SCHOOL DISTRICT
HEALTH PROVIDER'S REPORT OF PHYSICAL EXAMINATION**

Name: _____ M F Birth Date: _____ Grade: _____
 Last First M.I.

HISTORY

Allergies: _____ Speech: _____ Behavior/Develop. Level: _____

Seizures: _____ Asthma: _____ Serious Illnesses: _____

Hospitalizations: _____ Surgeries: _____

Other Medical Diagnoses: _____

Note: A complete physical examination and required immunizations are mandatory prior to entrance into the public school system. RSA 200:32; 200:38.
 Immunization Exemptions: A waiver must be completed for a child to be exempt from immunizations for medical reasons or religious beliefs.

IMMUNIZATIONS: Please attach photocopy of immunization record. It must show Month, Day and year

PHYSICAL EXAMINATION

Date of Exam: _____ / _____ / _____

Height: _____ Weight: _____ Body Type: _____ BP: _____

Vision (R): _____ Hearing (R): _____ Lead - (Date/result): _____

Vision (L): _____ Hearing (L): _____ Other: _____

Please if normal/abnormal NI Ab Comments:

Heart			
Lungs			
GI			
Musculoskeletal			
Integumentary			
EENT			
Oral			
Neurological			
Coordination			

This student has the following problems, which may adversely affect his or her educational experience:
 Vision Auditory Speech/Lang Physical Dysfunction Social/Emotional Behavior
 The student has a health condition, which may require emergency action at school, e.g., seizures, allergies, and anaphylaxis. *Specify below*
 The student is on long-term medication. *Specify below*
 Comments and recommendations (additional information about any of the above)

This student may participate fully in the school program, including physical education activities.
 This student may participate in the school and physical education programs with the following restrictions/adaptations:
(Specify reason and restriction)

 MD/ARNP/PA Signature Please print name Phone number Date



What is CareDox?

- CareDox is a comprehensive digital health platform for K-12 schools. We help school nurses deliver care, keep students safe and connect with parents.
- ConVal school nurses use CareDox to document nurse office visits and maintain your student's health record.
- ConVal nurses are the only staff who have access to your student's health record.

During the summer, you will receive an email from CareDox inviting you to create an account and complete your student's enrollment.

As an official partner of your child's school district, CareDox takes the *registration forms* that your district uses and digitizes them so you can *fill them out online*. You will not be asked to provide any information that your school has not asked for before.

What do I need to do when I get my email?

- Please use the link provided in the email to create a parent account and complete the Student Enrollment for the upcoming year.
- If you have more than one student in the district, you can access all of them using one account.
- If you have an account and have completed an enrollment in the past, we only ask you to review the information and make any necessary updates.

Keeping health data secure

Our platform adheres to the strictest HIPAA and FERPA privacy compliance regulations to protect the health data of our students and schools. CareDox never shares student health information.



**CONTOOCOOK VALLEY SCHOOL DISTRICT
Elementary Student Health History**

NAME OF STUDENT: _____ TODAY'S DATE: _____

BIRTH DATE: ____/____/____ PLACE OF BIRTH: _____

PHYSICIAN: _____

DENTIST: _____ [Name] [Address & Phone]
 _____ [Name] [Address & Phone]

Please answer all questions on this form to the best of your knowledge. Your responses will be shared with school personnel only on an as needed basis.

I. STUDENT'S HISTORY

A. Birth/Developmental

Birth Weight ____ lb. ____ oz. Full term yes ____ no ____ If no, numbers of weeks early ____
 Any Problems during delivery? _____

Language

At approximately what age did your child first begin to speak?
 First words _____ Two or three words together _____ Sentences _____

Motor

At what age did your child learn to walk? _____

B. HEALTH

Please check if your child has had any of the following:

<input type="checkbox"/> Eyeglasses	<input type="checkbox"/> Urinary tract infections	<input type="checkbox"/> Allergic reactions/ Intolerance to:
<input type="checkbox"/> Lazy Eye	<input type="checkbox"/> Skin Issues	<input type="checkbox"/> Medication
<input type="checkbox"/> Ear infections*	<input type="checkbox"/> Seizures	<input type="checkbox"/> Environmental Allergens
<input type="checkbox"/> Ear Tubes	<input type="checkbox"/> Elevated lead level	<input type="checkbox"/> Bee stings
<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Insect Bites
<input type="checkbox"/> Frequent fevers	<input type="checkbox"/> Chicken Pox*	<input type="checkbox"/> Food (please list)
<input type="checkbox"/> Stomachaches/pains	<input type="checkbox"/> Hospitalizations	
<input type="checkbox"/> Frequent Constipation	<input type="checkbox"/> Surgery	
<input type="checkbox"/> Heart condition	<input type="checkbox"/> Serious injuries	
<input type="checkbox"/> Asthma/Wheezing*	<input type="checkbox"/> Broken bones	
<input type="checkbox"/> Freq. Respiratory Infections	<input type="checkbox"/> Leg/joint pain	
<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Head Injury	
<input type="checkbox"/> Stomach Issues	<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Other – explain below

*Chicken pox disease – give date of disease (can be approximate) _____

* Ear Infections please give approximate number _____

If checked, please explain, indicate if the condition still exists and list any treatments. Please contact the school nurse if your child has asthma, diabetes, any other chronic health condition or if you have any concerns about your child's health.

Please check if your child has any problems with the following and explain below:

<input type="checkbox"/> Sleeping issues	<input type="checkbox"/> Teeth	<input type="checkbox"/> Hyperactivity
<input type="checkbox"/> Nightmares	<input type="checkbox"/> Thumb sucking	<input type="checkbox"/> Impulsivity
<input type="checkbox"/> Bed wetting	<input type="checkbox"/> Appetite	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Snoring		

How many hours per night does your child sleep? _____

C. MEDICATION

Is your child taking medication at home? _____ Yes _____ No

What? _____

Why? _____

Will your child need to take medication during school? _____ Yes _____ No if yes, please contact the school nurse. (Medication cannot be administered or used in school without written parental permission and written health care provider orders. The student may carry asthma inhalers and Epi-pens with written permission of the parent(s) and with health care provider orders. Forms are available in the Health Office.)

D. RESTRICTIONS

Are there any physical or medical restrictions that impact your child at school? _____ Yes _____ No

If yes, please explain: _____

E. EXAMS

Date of last physical exam	_____	by whom?	_____	Results	_____
Date of last dental exam	_____	by whom?	_____	Results	_____
Date of last vision exam	_____	by whom?	_____	Results	_____
Date of last hearing exam	_____	by whom?	_____	Results	_____

II. FAMILY HEALTH HISTORY

Mother's health	poor	fair	good	excellent
Father's health	poor	fair	good	excellent
Siblings' health	poor	fair	good	excellent

Please circle any of the following health concerns or conditions that your child's parents, grandparents, aunts, uncles or siblings have had:

<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	ADHD
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Any inherited diseases:
<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Other:

Please explain family health history concerns: _____

III. OTHER INFORMATION

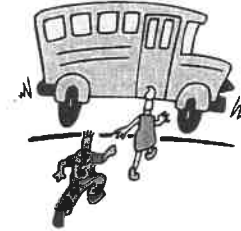
Please share here other relevant health, medical or family issues:

(Date)

(Signature)

(Relationship to student)

OFFICE OF THE SUPERINTENDENT OF SCHOOLS
ConVal School District
Peterborough, NH 03458
924-3336



To: All Parents of New Students
From: Office of the Superintendent
Re: Transportation

I am pleased to welcome your children to the District. In order to facilitate a smooth transition for both your children and our bus drivers, please note the following:

Bus Information

1. Please be sure to fill out all the information requested, especially if your child will be going to a daycare center or babysitter after school. Be sure to include the name and phone number of the daycare center or babysitter. Please note that we do not transport between towns.
2. Be very clear about your address and the description of your house. Many areas are still quite rural, so "Rural Route #3, blue house" may apply to more than one blue house. Try to be as descriptive as possible.
3. Also include the name of any of your other children that may be attending the same school.

General Rules and Information

1. Our drivers are on a tight schedule, so please be available when the bus arrives. If the driver must wait, other runs may be delayed.
2. Drop off times may vary by a few minutes, due to changes that may have occurred on the route that day. For example, if enough students are absent, this may shorten the time it takes to get to your stop. Please be patient, especially at the beginning of the year, while schedules are being finalized.
3. Children whose schedules change during the week must have a note for the driver. Though we take pride in knowing most of our students by name, we can't keep track of their schedules. If your child's schedule varies from day to day, please give the driver a note each day. That is the only way to assure that your child is dropped off at the correct stop.

Thank you for your cooperation in adhering to the above. Please feel free to call the Superintendent's office with any transportation concerns. Have a great year!

TRANSPORTATION DATA SHEET

SAU 1 ♦ ConVal School District ♦ (603) 924-3336 ♦ (603) 924-0070 fax



New Student

Date:	Student ID:	LASID:					
Name:	DOB:						
Physical Address:							
		Phone:					
Pick-up Location:							
		Phone:					
Drop-off Location:							
		Phone:					
School:	Grade:	Year: 2019-2020					
Days of the week and times:	am	pm	M	T	W	Th	F
Parent/Guardian:		Phone:					
Parent/Guardian:		Phone:					
Emergency Contact:		Phone:					
Sitter/Other Responsible Party:		Phone:					
Administrative Signature:		Date:					

Student Transportation of America 364 Hancock Road Peterborough, NH 03458 603.924.9211

EEA – Student Transportation Services

The District shall provide transportation for pupils to schools in the District consistent with provisions of RSA 189:6, RSA 189:6-a, RSA 189:9, and RSA 189:9-a provided that they live one mile or more from the school. Exceptions that are in the best interest of student safety may be made by the Superintendent or designee.

General Operating Policy

Bus routes, stops and schedules shall be established annually, under the direction of the Superintendent or his/her designee in cooperation with the pupil transportation contractor subject to review by the School Board. Routes will be developed annually and posted.

Pupils attending private schools and charter schools shall be entitled to the same transportation privileges within the District as are provided for pupils in public school within the District.

Routes will use the most direct roads safe for bus travel. Where an alternate route may be selected without sacrifice to efficiency or economy, preference will be given to that route serving the larger number of students more directly. School buses will not travel on unsafe roads.

New routes shall be established in the interest of efficiency, or when full capacity of the trips on existing routes has been reached.

School schedules may be adjusted to allow maximum utilization of each bus in the system.

The Superintendent or his/her designee may modify approved routes, stops, and/or schedules during the school year if conditions warrant such a modification. All modifications to any bus route will be reported to the ConVal School Board.

Approved bus stops shall be located at safe and appropriate intervals in places where students may be loaded and unloaded. Drivers may not load or unload pupils at other than authorized bus stops.

The number of bus stops on each trip shall be limited to enable buses to maintain a reasonable average speed and not to exceed the established times of the routes.

Student Conduct on School Buses

Bus drivers have the responsibility to maintain orderly behavior of students on school buses and will report in writing misconduct to the student's Principal. The school principal will have the authority, to suspend the riding privileges of students failing to conform to Board rules and regulations. Parents of children whose conduct on school buses endangers the health, safety, and welfare of other riders will be notified that their children face the loss of school bus riding privileges in accordance with the student discipline code. The Board must approve suspensions of the right to ride the school bus that continue beyond twenty (20) days.

Resolution of Conflicts

Parents who wish to request a change or exemption from any of the Student Transportation policies shall direct that request to the SAU Business Administrator. If the SAU Business Administrator ruling does not satisfy the parent, he/she may appeal the ruling within 15 days to the Superintendent. If the parent is again not satisfied by the ruling, he/she may appeal within 15 days to the School Board.

Legal References:

RSA 189:6, Transportation of Pupils

Home Language Survey

Student Information			
First Name:	Last Name:	Date of Birth:	Gender Male: Female:
Country of Birth:	Date of Entry in US:	Date first enrolled in US school:	Current Grade:
Family Information			
Name of Parent/Legal Guardian:		Phone Number:	
Address:		<input type="checkbox"/> Please translate school notices. Language(s):	
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 following 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: English for Speakers of Other Languages