

## **CWUES/WMS New Student Registration**

Students registering at CWUES/WMS will provide the following information to the

school: Copies of

- Birth Certificate
- 2 Proofs of Residence
- Current Immunization Record & Current Physical
- Most recent progress or report card
- Current IEP or 504 Plan (if applicable)
- Custody Paperwork (if applicable)

Forms to be filled out

- Student Information Forms
- Authorization To Release Student Records
- Residency Affidavit
- Health Office Questionnaire
- Internet Usage Agreement
- Bus Contract

Center Woods Upper Elementary/Weare Middle School

**Students will not be allowed to enter school until all required information is supplied to the school. A 24-hour wait period may be required to check immunizations and schedule placement. Initial placement may change if teachers feel that another class may be more appropriate. Individual screening may be administered to provide information necessary for final placement and program implementation.**

Entrance Questionnaire

CWUES/WMS  
16 East Road  
Weare NH, 03281  
603-529-7555

**STUDENT INFORMATION**

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

Kindergarten Preference: (circle one) AM PM NA

Student Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
(Last) (First) (Middle)

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(month/date/year) (city, state)

Guardian 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (if different from Student): \_\_\_\_\_

Guardian 1: Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Guardian 2 : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (if different from Student): \_\_\_\_\_

Guardian 2 Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Please list all other children in the family

Name	Date of Birth	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Alert Now Phone: \_\_\_\_\_ Email: \_\_\_\_\_

With whom does the student reside? \_\_\_\_\_

Parents      Mother      Father      Guardian      Other (specify) \_\_\_\_\_

Are there any court order restrictions? \_\_\_\_\_ Yes\*      \_\_\_\_\_ No

***\*In case of divorce, separation and/or legal guardianship, a photocopy of the court order specifying custodial parent and stipulations is REQUIRED.***

Child will be transported to school by:      Car      Bus

At the end of the day, my child will:      Take Bus      Car Pick Up      Go to Childcare

Does your child have an IEP?      Yes      No      A 504 Plan?      Yes      No

Ethnicity:       No, not Hispanic/Latino      -or-

Yes, Hispanic/Latino ( A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Race: (choose one or more):

White       Asian       Black or African American       Other

American Indian or Alaska Native       Native Hawaiian or Other Pacific Islander

What language is primarily spoken at home?      English \_\_\_\_\_      Spanish \_\_\_\_\_      Other \_\_\_\_\_  
(specify)

Is the student in temporary living arrangements due to the loss of housing or economic hardship?  
Yes \_\_\_\_\_ or No \_\_\_\_\_

If you answered YES to the above question, please check only one box that best describes where the student is currently living: *(The McKinney-Vento Act provides additional services to students living in transitional/temporary housing.)*

living with friends/family members       living in a car

living in a motel/hotel       living in a campsite

living in a shelter       other (a place not designed for ordinary sleeping accommodations)

**EMERGENCY CONTACT INFORMATION**

In the event of an emergency, and parents cannot be reached, please list up to three other people the school can contact to pick-up your child.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

[www.wearemiddleschool.net](http://www.wearemiddleschool.net)

[www.centerwoodsupperelementary.net](http://www.centerwoodsupperelementary.net)



WEARE MIDDLE SCHOOL  
CENTER WOODS UPPER ELEMENTARY SCHOOL



AUTHORIZATION TO RELEASE STUDENT RECORDS

Student: \_\_\_\_\_ Grade \_\_\_\_\_

Consent is hereby given to \_\_\_\_\_  
(Current School Name)

\_\_\_\_\_  
(Current School Address & Phone Number)

to transfer all school records, including health records, test results, Special Education information files and all other pertinent information concerning the above named student to:

**Weare Middle School**  
**Center Woods Upper Elementary School**  
Attn: School Records  
16 East Road  
Weare, NH 03281  
Phone: 603-529-7555 Fax: 603-529-0464

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Name (PRINT)

Apart from sharing with school personnel, Weare Middle School agrees not to release these files or information contained therein to any other individual or agency, unless parental permission has been obtained. The Education Rights and Privacy Act of 1974 requires that parents be notified of the transfer (of school records to another school), receive a copy of the record, if desired, and have the opportunity for a hearing to challenge the content of the record.

**Center Woods Upper Elementary & Weare Middle School  
Residency Affidavit**

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

I, \_\_\_\_\_ declare that I am the parent/ legal guardian of  
(Please Print)

\_\_\_\_\_ and reside at the following address in the Town of  
(Please Print)

Weare NH:

Legal Residence: \_\_\_\_\_  
(Please Print)

Two proofs of residence submitted (please attach):

\_\_\_\_\_ Utility bill indicating address of service in Weare

\_\_\_\_\_ Lease agreement or rent receipt indicating legal residence and landlord's address and phone number

\_\_\_\_\_ Documentation of home ownership in the Town of Weare (i.e. purchase/sales agreement or tax bill  
Indicating legal residence)

\_\_\_\_\_ Already have a child previously registered in district: \_\_\_\_\_  
(Child's Name & Grade)

I hereby certify and swear that this information is true and correct. I authorized the Town of Weare School District to independently verify this information.

Signature: \_\_\_\_\_

\*If renting or residing without a lease/purchase agreement, a notarized letter, from the property owner stating the arrangement, is required. The property owner will then be required to submit proof of Weare residence as indicated above.

**STUDENT MEDICAL FORM**  
**Weare Middle School/CW Upper Elementary**  
**2021/2022**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Date of last Physical Exam \_\_\_\_\_

Has your child had any major illness/disease, injury, or change in health status in the past year? Yes \_\_\_ No \_\_\_  
If yes, please explain \_\_\_\_\_

Does your child have any allergies? (food, drug, insect) \_\_\_\_\_  
If yes, what is the treatment for an exposure incident? \_\_\_\_\_

Is your child taking any type of medication on a regular basis? Yes \_\_\_ No \_\_\_  
Name of medication(s) \_\_\_\_\_ Reason \_\_\_\_\_  
Is it necessary to take the medication at school? Yes \_\_\_ No \_\_\_

**\*\*In order for medication to be administered at school, all medication must be in the original pharmacy or manufacturer container. Prescription medication must be accompanied by signed orders from the physician and signed permission from the parent. Over-the-counter medication must be accompanied by signed permission from the parent.\*\***

Does your child have any disabilities or special medical needs? Yes \_\_\_ No \_\_\_  
If yes, please state disability and limitations on activities: \_\_\_\_\_

Does your child have any of the following medical conditions?  
Asthma \_\_\_\_\_ Cancer \_\_\_\_\_ Diabetes \_\_\_\_\_ Frequent Headaches \_\_\_\_\_  
Seizures \_\_\_\_\_ ADHD \_\_\_\_\_ Heart Disease \_\_\_\_\_ Frequent Stomach Aches \_\_\_\_\_  
Depression \_\_\_\_\_ Other \_\_\_\_\_

\*\*\*\*\*  
A limited selection of over-the-counter medications are supplied in the Health Office. These medications can only be given to your child with your written permission. Please indicate the medications that you would like the school nurse to administer to your child when necessary.

My student may receive the following medications when appropriate:

Tylenol/Acetaminophen 350-1000mg (dose determined by weight) every 4 to 6 hours for headache, pain, fever	Yes ___ No ___
Advil/Ibuprofen 200-400mg every 6 hours for headache, pain, cramps	Yes ___ No ___
Benadryl/Diphenhydramine 25 mg for allergy/rash	Yes ___ No ___
Tums/Antacid Tablets for heartburn, indigestion	Yes ___ No ___
Cough drops for cough/sore throat	Yes ___ No ___

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE



## Home Language Survey (HLS)

**Dear Parent or Guardian:**  
 In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.		
<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
Last Name	First Name	Relation to Student

<b>Language Background</b> (Please check all that apply.)			
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ specify	<input type="checkbox"/> Father _____ specify	<input type="checkbox"/> Guardian(s) _____ specify
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not write

<b>THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:</b>	
<b>SCHOOL DISTRICT INFORMATION:</b>	<b>Student SASID</b>
_____	_____
School Name _____ Address _____	



## Home Language Survey (HLS)—Page Two

<b>Educational History</b>
8. Indicate the total number of years that your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. Yes* <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> *If yes, please explain: _____ How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____ Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____
12. In what language(s) would you like to receive information from the school? _____

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
 \_\_\_\_\_  
 Date

Signature of Parent or Guardian

Relationship to student:  Mother  Father  Other: \_\_\_\_\_

<b>OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLS</b>	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
<b>NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLS AND CONDUCTING INDIVIDUAL INTERVIEW</b>	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER STATE APPROVED WIDA Screener <input type="checkbox"/> NOT ELIGIBLE FOR EL SERVICES
<b>NAME/POSITION OF NH ESOL AND WIDA CERTIFIED PERSONNEL ADMINISTERING WIDA SCREENER</b>	
NAME: _____	POSITION: _____
DATE OF WIDA SCREENER ADMINISTRATION: _____ <small>MO. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON WIDA SCREENER: _____ Overall Composite Score: _____ Does the student qualify for EL support? <input type="checkbox"/> No <input type="checkbox"/> Yes
Please attach a copy of the student's WIDA screener score report and file in student's cumulative folder.	
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP: _____ _____	

# Acceptable Use of Electronic Network & Internet Resources Policy

## School Administrative Unit 24

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### Student Section

I have ready the SAU 24 Acceptable Use of Electronic Network & Internet Resources Policy and/or have had the policy explained to me. I agree to follow the rules contained in this policy. I understand and acknowledge that if I violate this policy, my access privileges can be suspended or terminated as outlined below.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent or Guardian Section

I have ready the SAU 24 Acceptable Use of Electronic Network & Internet Resources Policy and explained to my child. I understand that if my child violates this policy, his/her privileges can be suspended or terminated as outlined below.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in this policy. I will emphasize to my child the importance of following the rules for reasons of his/her own personal safety.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

### Violations of the Acceptable Use Policy

The SAU 24 places a high value on the appropriate and responsible use of its network and Internet resources. A violation of this policy will result in the following consequences:

#### Student Users

**First Infraction:** removal from the computer network for one week (five school days)

**Second Infraction:** removal from the computer network for one calendar month (i.e.: from the 14<sup>th</sup> of September to the 14<sup>th</sup> of October).

**Third Infraction:** removal from the computer network for ninety (90) school days.

All infractions of the policy will be disclosed to parents in writing. Infractions of this policy may result in further disciplinary action based on the rules of the Student Code of Conduct. Some infractions may require reporting to law enforcement. *School administrators reserve the right to modify the consequences outlined above if deemed appropriate.*

**Parents:**

Please review this form and have a discussion with your child prior to returning the signed form. These forms must be returned to your child's teacher within the first week of school.

**SAU 24 Bus Ridership Contract**

Bus discipline is an important safety-related issue. All school rules apply while riding the bus. State law allows school districts to suspend the right of pupils to ride on a school bus when said students fail to conform to the reasonable rules and regulations. Students who receive a discipline report will be given a disciplinary action. Disciplinary action may include suspension from the bus, as well as from school. As provided by state law, any bus suspensions to continue beyond 20 school days must be approved by the School Board (NH RSA 189:9-a). If a *student* has been suspended from riding the bus, it is the parent/guardian's responsibility to transport the *student* to and from school during the days the Bus suspension is in effect.

**RULES FOR SAFE TRANSPORTATION**

*Students* transported by school bus shall be under the authority of the bus driver, who is delegated by the School Board. Disorderly conduct, including abusive language, or refusal to submit to the authority of the driver, shall be sufficient reason for a *student* to be denied transportation.

1. Follow all of the bus driver's directions.
2. All school rules apply to the bus.
3. Students must follow set procedures for getting on and off the bus.
4. Sit properly in your seat.
  - a. Feet not in aisle. '
    - b. Facing forward.
    - c. No standing up while the bus is moving.
    - d. Nothing out the window.
5. No eating or drinking on the bus.  
Taunting and teasing of others- of other students and the driver will not be tolerated. (Harassment/bullying *is* against the law.)
6. Keep your hands to yourself.
7. Behavior that makes the bus ride unsafe or unpleasant for students or the driver is not allowed.

**TYPICAL CONSEQUENCES FOR NEGATIVE  
BUS BEHAVIOR**

**(Depending on the age of the student and the severity of the incident)**

1. Bus driver response to behavior.
2. School disciplinary action and parent contact.
3. 1-3 day bus suspension
4. 3 5 day bus suspension
5. 5-10 day bus suspension and a meeting with child, parent, and administration
6. 10-20 day bus suspension and a meeting with the child, parent, and superintendent.
7. 20 + day bus suspension to be determined by the school board.

My child and I have read the Bus ridership contract and understand it is my child's responsibility to maintain appropriate bus behavior or they may lose the privilege of riding the bus.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



258 Western Avenue  
 Henniker, New Hampshire 03242  
 Telephone: 603-428-3269 ~ Fax: 603-428-6545  
 www.sau24.org

*Serving the Public School Districts of Henniker, John Stark, Stoddard, and Weare*

### Student Photo Restriction Form

During the year, we often take photographs and videos of students, parents, teachers, and school activities highlighting all of the great things going on in our school districts and may include these pictures on school bulletin boards, in school and school partner outlets (such as PTA and PTO), in local newspapers, television, community access cable, and on school websites within SAU 24.

**YOU DO NOT NEED TO COMPLETE & RETURN THIS FORM** if you wish to allow your child's photo to appear on school bulletin boards, in school and school partner outlets (such as PTA and PTO), in local newspapers, television, community access cable, and on school websites within SAU 24.

**IF YOU DO NOT** want your child's image to appear in these public places, please complete the form below, sign it, and return it to your SAU 24 school by September 15 or within two (2) weeks of enrollment.

This does not apply to photos taken and published by media organizations outside the control of any school within SAU 24. In particular, photographs taken and published by local newspapers of any student participating in activities to which the general public is given open access, such as school sports, school plays, and school assemblies, are not restricted.

**I do not** want my child's picture to appear on school bulletin boards, in school and school partner outlets, in local newspapers, television, community access cable, and on school websites within SAU 24.

Student's Name: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

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

#### For Students 18 Years Old or Older

I do not want my picture to appear on school bulletin boards, in school and school partner outlets, in local newspapers, television, community access cable and on school websites within SAU 24.

Your Name: \_\_\_\_\_

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

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you wish to indicate a partial or qualified restriction, please state specifics in a separate, signed letter to the Principal of your SAU 24 School.