



## WINDHAM SCHOOL DISTRICT STUDENT REGISTRATION INFORMATION

All school registrations take place at the Central Registration Office, located at Windham High School – 64 London Bridge Road.

Please read through this registration packet, noting the necessary, acceptable forms of registration documents, and call for a registration appointment.

### Appointments

Please call Diane Figaro, Registrar, to schedule your appointment. Appointments are scheduled on Tuesdays and Fridays between 8am – 3:00pm.  
(603) 845-1558 ext. 5840

The parent/guardian who is registering the student(s) must provide **(2) Proofs of Residency** for the Town of Windham. All provided documentation must show a valid street address. P.O. Boxes are not acceptable.

### One from each category please:

#### Category A

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

#### Category B

Current Utility Bill  
Current Car Registration

### Other registration requirements include:

- Birth Certificate (original needed for grades K-1. It will be returned to you)
- Up-to-date immunization records & copy of recent yearly physical
- Copy of parent/guardian driver's license

The parent/guardian should obtain the following records from their previous school in order to expedite the course scheduling process for 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 students where appropriate, please provide a recent copy of:

- I.E.P. **(if applicable)**
- 504 Plan **(if applicable)**
- Any current court order(s) that pertain to the student(s) you are enrolling.

Please call (603) 845-1558 x 5840 if you have any questions.

# WINDHAM SCHOOL DISTRICT REGISTRATION

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).

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

Has this student ever attended a Windham Public School before? YES NO If yes, when \_\_\_\_\_

Are Court Orders in place that pertain to this student? YES NO If YES, please provide a valid Order

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

Does your student receive Special Education services? Yes No

Does your student have an active 504 plan in place? Yes No

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

Parent/Guardian #1 Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

Parent/Guardian #1 Email: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

Parent/Guardian #2 Email: \_\_\_\_\_

Student lives with: P1  P2  Both  Guardian

Do you have other children enrolled in this district?

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

## 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 \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

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>
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_____			
_____			
_____			

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