





Instruction Sheet for completing package:

-  Complete all enclosed documents
 - Request for Student Records _____
 - New Student/General Demographic _____
 - Proof of Residency (include proof) _____
 - Opt Out _____
 - (please remember that opting out of certain options may result in exclusion from the yearbook and sporting programs)
 - Permission to Exchange Information _____
 - Home Language Survey _____
 - Race and Ethnicity Form _____
 - Health Form (provided by Nurse) _____

-  Additional items needed
 - Up to date Immunization Record _____
 - Physical Form within two years _____
 - IEP information (if necessary) _____
 - Custody Orders (if necessary) _____
 - Copy of Birth Certificate _____
 - Most current transcript/report card _____
 - Copy of Parent/Guardian ID _____

Once the package is complete and additional information gathered please call 679.5472 x217 to make an appointment to meet with your counselor to create a schedule.

Please contact First Student at 778.6900 for information on busing schedules.

The Program of Studies, Student Handbook, Athletic and other helpful information can be found at <http://www.sau14.org/EHS/index.cfm>.



Epping High School
 Guidance Department
 21 Academy St
 Epping NH 03042
 603.679.5472 x217
 603.679.2966 (f)
www.sau14.org



REQUEST FOR STUDENT RECORDS

TO SENDING SCHOOL:

PLEASE FAX IMMUNIZATION RECORDS AND CURRENT TRANSCRIPT TO 603.679.2966 ASAP SO THAT WE MAY ENROLL THIS STUDENT AND BUILD AN APPROPRIATE SCHEDULE. HARD COPIES AND ALL OTHER ACADEMIC, HEALTH AND SPECIAL EDUCATION RECORDS (*SPED records should be mailed separately and marked attention SPED Department to the same address*) SHOULD BE MAILED TO THE ADDRESS ABOVE. THANK YOU.

PART I: *(this information will be used to have your student's records transferred)*

Student Name: _____ DOB: ___/___/___ Grade: _____

Previous School: _____
 Address: _____

Phone: _____:_____:_____
 Fax: _____:_____:_____

PART II: *(Special Education Students)*

Does this student currently have an IEP? _____ Yes _____ No
 Has this student had an IEP in the past? _____ Yes _____ No
 Has this student been considered for any Special Education services in the past? _____ Yes _____ No
 Is English the primary language spoken in the home? _____ Yes _____ No
 If no, what is the primary language? _____

Parent/Guardian Name: *(please print)* _____

Home Address: _____

Home Phone: _____:_____:_____
 Cell Number: _____:_____:_____

Parent/Guardian Signature _____/_____/_____
Date



Epping High School ~ 21 Academy St ~ Epping NH 03042
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NEW STUDENT AND GENERAL DEMOGRAPHIC SHEET

Student Information

(Please print)

Student Name: _____ Grade Entering: _____ Original Year of Grad: _____

Address: _____

Gender: Male Female

Mailing: _____

Ethnicity: Please see form included in this packet

Date of Birth: ____/____/____ City/State of Birth: _____

Parent/Guardian Information

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child(ren), **UNLESS** a parent has a court order that indicates otherwise. The school **MUST HAVE A COPY OF THE COURT ORDER** on file; or either parent may check the child out of the school with proper identification.

(please print)

Mother's Name: _____ **Email:** _____@_____._____

Address: (if different than student): _____

Home #: (____)____.____, Cell #: (____)____.____, Work #: (____)____.____x____

Father's Name: _____ **Email:** _____@_____._____

Address: (if different than student): _____

Home #: (____)____.____, Cell #: (____)____.____, Work #: (____)____.____x____

When neither parent is the guardian, please complete the section below AND provide proper documentation

Guardian 1 Name: _____ **Email:** _____@_____._____

Address: (street, town, state, zip): _____

Home #: (____)____.____, Cell #: (____)____.____, Work #: (____)____.____x____

Relationship: (check one) Grandparent, Aunt, Uncle, Friend, Neighbor, Other: _____

Guardian 2 Name: _____ **Email:** _____@_____._____

Address: (street, town, state, zip): _____

Home #: (____)____.____, Cell #: (____)____.____, Work #: (____)____.____x____

Relationship: (check one) Grandparent, Aunt, Uncle, Friend, Neighbor, Other: _____

OVER PLEASE
General Questions

Does your student currently receive Special Education or 504 Services? ____ Yes ____ No

Please list names and ages of siblings: _____

Would you like a second Report Card mailed to non-custodial parent? ____ Yes or ____ No – if yes, which _____

Last school attended (*name, city and state*): _____

Date student left last school attended: ____/____/____

Is your student involved or interested in extracurricular activities? ____ Yes or ____ No – if yes, which _____

May the coach and/or advisor for the extracurricular activity contact your student? ____ Yes or ____ No

Note: it remains the student's responsibility to seek out sign up information for sports or clubs with or without contact

Emergency Contact Information

In the event of an emergency **ONLY** when parents/guardians cannot be reached, please list three people we may contact to pick up your student.

NOTE: This does not represent a list for general dismissals. All dismissals must be approved by a parent/guardian, preferably in writing.

“In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to contact the parties or my child’s physician/dentist listed below and on their health form. The school may also make whatever arrangements seem necessary, including calling an ambulance and transporting my child to the hospital.”

Parent/Guardian Signature: _____ Date: ____/____/____

Contact #1 Name: _____ Phone #: (____)____.____ (circle one) Home/Cell/Work

Relationship: (*check one*) Grandparent, Aunt, Uncle, Friend, Neighbor, Other: _____

Contact #2 Name: _____ Phone #: (____)____.____ (circle one) Home/Cell/Work

Relationship: (*check one*) Grandparent, Aunt, Uncle, Friend, Neighbor, Other: _____

Contact #3 Name: _____ Phone #: (____)____.____ (circle one) Home/Cell/Work

Relationship: (*check one*) Grandparent, Aunt, Uncle, Friend, Neighbor, Other: _____

Please Note:

To enter school you must provide a copy of the student’s last physical exam, dated within one year of entry and a copy of up to date immunizations signed by a health care provider.

Parent/Guardian Signature: _____ Date: ____/____/____

Epping School District

Student Directory Information Opt Out Form

(This is a double sided form. If this form is not returned by Sept 9th - consent to release information will be assumed)

Dear Parent/Guardian:

The Family Educational Rights and Privacy (FERPA) is a federal law that requires the school district, with certain exceptions, to obtain your written consent prior to the disclosure of personally identifiable information from your child’s educational records. However, the school may disclose some student information without written consent when the information is designated ‘Directory Information’ unless you have advised the district to the contrary in accordance with district procedures.

The primary use for Directory Information by the district is to include this type of information in certain school publications. It is generally not considered harmful or an invasion of privacy if released. Examples of school publications are:

- A playbill or program, showing your child’s role in a drama or music production
- The annual yearbook
- Honor roll or other recognition lists published at school or in newspapers
- Graduation programs
- Sports statistics listed in programs, such as football which may include height/weight of athletes
- School or district website

Directory information can also be disclosed to outside organizations without a parent’s/guardian’s written consent. Outside organizations include, but are not limited to: Institutions of higher education the student is seeking to attend (transcripts, etc); scholarship programs; class ring manufacturers; state or federal authorities; evaluating programs; or enforcing state or federal laws; a court by order of a subpoena.

The school district has designated the following as Directory Information:

<ul style="list-style-type: none"> ✓ Students name ✓ Grade level ✓ Participation in officially recognized sports or activities ✓ Honors and awards 	<ul style="list-style-type: none"> ✓ Dates of attendance ✓ Height and weight ✓ Photos and videos
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Please complete the lower portion of this form and return the entire form to the school by SEPTEMBER 9, 2011.

To be completed by a Parent/Guardian:

I understand that by disallowing my student’s Directory Information from being released (**military listed separately on reverse**) that my student will NOT be in the yearbook or allowed to participate in sports, musical or theatrical productions. I further understand that honor roll, awards, and graduation will not be publicly recognized (published in the paper or announced at events open to the public). **PLEASE CHOOSE ONE:**

- I do **NOT** object to the release of my student’s information and have read and understand the statement above
- I **DO** object to the release of my student’s information and have read and understand the statement above

Student Name (please print):	School: HS: _____ MS: _____ Elem: _____
Parent/Guardian Name (please print):	
Parent/Guardian Signature:	Date: ____/____/____

See Reverse for Additional Information

Epping School District

**Access to Student Information
by Military or College Recruiters (*for HS use only*)**

(This is a double sided form. If this form is not returned by Sept 30th - consent to release information will be assumed)

Dear Parent/Guardian and Secondary Students:

Our district receives funds from the federal government under the *No Child Left Behind Act of 2001*. These funds are used in a variety of ways to provide additional help to students in greatest academic need. The law also requires that districts receiving these funds must, upon request, provide to military recruiters, colleges and universities, access to names, addresses and telephone listings of secondary students.

It is important for you to know that a secondary school student or his/her parent or guardian may request that the student's name, address and telephone number NOT be released by the district *without prior written parental consent*. If you would like to make such a request, please complete the following and return it to your child's school.

Please complete the lower portion of this form and return the entire form to the school by

SEPTEMBER 30, 2011.

To be completed by a Parent/Guardian:

'I understand the district must provide access to military recruiters and colleges or universities of student names, addresses and telephone listings. I am aware the district will provide this information upon request, unless I require that such information not be given to the following groups without prior written parental consent.'

Military Recruiters (*please check one*):

- I do **NOT** object to the release of my student's information and have read and understand the statement above
- I **DO** object to the release of my student's information and have read and understand the statement above

College, University or Institutions of Higher Learning Recruiters (*please check one*):

- I do **NOT** object to the release of my student's information and have read and understand the statement above
- I **DO** object to the release of my student's information and have read and understand the statement above

Student Name (please print):	School: HS: _____ MS: _____ Elem: _____
Parent/Guardian Name (please print):	
Parent/Guardian Signature:	Date: _____/_____/_____



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PERMISSION TO EXCHANGE INFORMATION

Student Name: _____

Date of Birth: ____/____/____

'I, *(name of parent/guardian)* _____ authorize
Epping High School to release/share information with: _____ of
_____ regarding my student.'

Information to include:

Parent/Guardian Signature

_____/_____/_____
Date

September 6, 2011

Dear Parent or Guardian,

Each year every school district in NH is required to report student data by race and ethnicity categories set by the Federal Government to the NH Department of Education (NHDOE). Though the NHDOE does not report individual student data to the Federal Government, the total number of students in various categories of each school is reported. Recently the Federal Government adjusted the student data reporting categories and as a result you will need to update your child's data.

Please update this information by completing the enclosed form and return it to the Main Office by Sept 17, 2010. If we do not receive a response from you, an employee of the district will be required to provide this information based on observation. (Note: Federal regulations no longer permit districts to use a 'not reported' code.)

Contact the high school with any questions you may have. Thank you in advance for your attention to this matter.

Sincerely,

Kyle Repucci
Principal

Student's Name: _____
Grade: _____

Please answer **BOTH** part A and B.

Part A. **Is this student Hispanic/Latino?** (*Choose only one*)

- No, not Hispanic/ Latino**
- Yes, Hispanic/ Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's (or your) race to be.

Part B. **What is the student's race?** (*Choose one or more*)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

Parent/Guardian Signature: _____
Date: _____/_____/_____