



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 _____

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



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.

**EPPING SCHOOL DISTRICT
OBJECTION TO RELEASE OF STUDENT INFORMATION FORM***

*Please return this completed form to the school only if you object to the release of student directory information and/or release of student information to military recruiters. If this form is not returned it will be assumed there is no objection to the release of student information.

STUDENT NAME: _____ **SCHOOL:** _____

A. OBJECTION TO USE OF DIRECTORY INFORMATION

I object to the release or use of my student's directory information as indicated below. Directory information includes the following. Please indicate with an X all that applies.

(It is important to note that by opting out of directory information, your student's name and other information will not be made available to recognize your student's awards, athletic accomplishments, graduation, and other such honors. This includes in-school and non-school publications. It must be noted that if you select to opt-out of photographs and videos of student participation in public performances, your student will not be able to participate in those events. Public performances include, but are not limited to, athletic events, plays, extracurricular competitions, and other such public events.)

Name	_____
Participation and grade level of students in recognized activities and sports	_____
Height and weight of student athletes	_____
Dates of attendance in the school district	_____
Honors and awards received	_____
Photographs and videos of student participation in school activities open to the public	_____

B. DENIAL OF ACCESS TO MILITARY RECRUITERS

I object to the release of the name, address, or telephone number of _____ to military recruiters during this school year **as indicated by the student's printed name**. I understand that once this form has been signed by either the student or a parent, only a parent may change it. I also understand that if I want to change it, the parent must notify the Principal in writing that the form is no longer in effect and that student information may be released.

Signature of Parent or Eligible Student: _____

Name of Signing Parent or Eligible Student: _____

Date: _____

OVER PLEASE

EPPING SCHOOL DISTRICT PROOF OF RESIDENCY

In accordance with the Epping School District Policy, the school must have pupil and family data on file. Only such data as is essential to the educational progress, well being of the pupil and proof of residency will be required and it must be updated annually to insure its accuracy and reliability. **If this information changes during the school year, please notify the Guidance Office immediately.**

Student Name: _____
 First Middle Last

Grade: _____ DOB: ____/____/____ Gender: ____M or ____F

District residency policy states that residency for the purpose of enrollment in a District school shall be defined by RSA 193:12, 'Notwithstanding any other provision of law, no person shall attend school, or send a pupil to school, in any district of which the pupil is not a legal resident, without the consent of the District or of the School Board except as otherwise provided in this section or in RSA 193:28.' Per RSA 193:14 pupils shall attend their local school to which they are assigned by the School Board. Exceptions may only be granted by the School Board or per State Law. Violators of this residency policy will be aggressively pursued and prosecuted under State Law to recover lost tuition and legal fees. The Board reserved the right to request proof of residency and custody (if applicable) for students new to the District and students in District suspected of not having legal residency per State Law.

For purposes of identifying your legal residence, you **MUST** provide your legal residence address. Please note a PO Box is **NOT** a legal residence address. Please provide a copy of proof of residency. Some examples of proof of residency are as follows and must include the address and parent/guardian name: Utility Bill, Drivers License, Lease Agreement, Property Deed, Property Tax Bill, Settlement documents on home purchased or a Notarized letter from builder or realtor.

Home Address: _____
 Street City/Town Zip

Mailing Address: _____
 Street City/Town Zip

Home #: (____)____._____*Is this number unlisted?: ____ Yes or ____ No

Does this student live with: (check all that apply): ____ Mother ____ Father ____ Guardian
 ____ Other ~ relationship to student: _____

**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____

**Access to unlimited numbers is limited to school personnel.
**This information is kept confidential and limited to school personnel on a need to know basis.*

Parent/Guardian signatures are required here. The truth of the information contained in this form will be relied upon in determining the legal residence of this pupil within the district and his/her right to be provided with a tuition-free education in the Epping School District in accordance with the Education Law of the State of NH.

'We certify that the information contained herein is true, accurate and complete under pains and penalties of NH law.'

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



Epping High School
21 Academy St
Epping NH 03042
603.679.5472
www.sau14.org

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



HOME LANGUAGE SURVEY

Epping High School
21 Academy St
Epping NH 03042



Is another language other than English spoken in the home or by the student registering? If you answer 'Yes' to this question, please complete the survey below, so that we may offer the best educational program possible and to facilitate ascertaining the district's annual Immigrant Count.

Name of Student:	_____	Age:	_____
Address:	_____		
Name of Parent/Guardian:	_____		
Phone:	Day: ____ - ____ - ____	Eve: ____ - ____ - ____	

Today's Date: ____/____/____

Date the student entered the US: ____/____/____

1. What country was your child born in? _____
2. When did your child enter the country? _____
3. What language did your child first learn to speak? _____
4. What language do you MOST OFTEN speak to your child? _____
5. What language does your child MOST OFTEN speak at home to adults? _____
6. What language does your child MOST OFTEN speak at home to friends? _____
7. What language does your child read in? _____
8. What language does your child write in? _____
9. Did your child study the English language in school in your home country? _____
10. Did your child learn any school subjects in English in your home country? _____
 - a) If yes, which grades? _____
11. Has your child learned school subjects in another language? _____

Parent/Guardian Signature Date: ____/____/____

September 7, 2010

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: _____/_____/_____