

Kennett High School
409 Eagles Way
North Conway, New Hampshire 03860
Telephone: 603-356-4343 Fax: 603-356-4391

Policy on School Entry

Basic criteria

Copy of Birth Certificate
Complete immunization physical and records updated to meet current state standards
Proof of Residency (rent receipt, utility bill, etc) & copy of driver's license.
Proof of Guardianship (if child is not living with both biological parents)
Completion of all registration forms
Complete educational files and materials from previous educational placement,
Including any special education records (if applicable)

Entry from another school

Students will be scheduled for an entry appointment with appropriate school staff following the receipt of the information listed above. Hand carried records are not considered official, but are helpful when preparing a schedule if official records are not available.

Entry/reentry of student

Students over the age of 18 who have previously dropped out of school and seek to reenroll at Kennett High School may do so only at the beginning of the school year or semester.

Nondiscrimination

The Conway School District does not discriminate on the basis of race, color, national origin, handicap, sex or age in admission to, access to, treatment in, or employment in its programs and activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies:

Pam Stimpson SAU #9
176A Main Street
Conway, NH 03818
(603)447-8368

"To educate all students by challenging them to become thinking, responsible, contributing citizens who continue to learn throughout their lives."

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2014-2015 Enrollment Application – Please print all information requested. Missing information may delay the enrollment process.

<i>Student Name</i>	<i>Sex</i>	<i>Date of Birth</i>	<i>YOG</i>	<i>S.S. Number</i>
<i>Physical Street Address</i>		<i>Town</i>		
<i>Mailing Address</i>		<i>Town</i>		
<i>Telephone Number</i>		<i>E-Mail Address (if available)</i>		

Town of Residence: Albany, Bartlett, Conway, Eaton, Freedom, Hart's Location, Jackson, Madison, Tamworth

Student lives with: Mother Father Both Parents Host Other

<i>Father's Name</i>	<i>Address</i>	<i>Telephone</i>
<i>Father's Employer</i>	<i>Address</i>	<i>Work Phone</i>
<i>Mother's Name</i>	<i>Address</i>	<i>Telephone</i>
<i>Mother's Employer</i>	<i>Address</i>	<i>Work Phone</i>
<i>Other</i>	<i>Address</i>	<i>Telephone</i>

If parents are divorced, who has Legal Physical Custody? _____
Court documentation will be required prior to enrollment

1. Has your child received ESL /Special Education/Chapter I/504 services in the past? _____
2. Has your child attended schools in SAU 9 or SAU13 in the past? _____
3. Has your child been enrolled at another school during this school year? _____
4. What is the last date your child attended school? _____
5. Are there any protective court orders in effect regarding this student? _____

The following information is required to obtain academic and immunization records:

<i>Name of most recent school</i>		
<i>Mailing address</i>	<i>Town/City</i>	<i>Zip</i>
<i>School Telephone Number</i>	<i>School Fax Number</i>	

Please list any other schools that your child has attended during the last two years:

<i>Name of School</i>	<i>Address</i>	<i>Telephone</i>
<i>Name of School</i>	<i>Address</i>	<i>Telephone</i>

Please list siblings: _____

I _____, certify that I am the custodial parent/legal guardian of _____ and that I have established permanent residence at _____ in the town of _____. I further certify that the above mentioned student resides with me at this address. I agree to notify the Conway School District if my child or ward and I move from the aforementioned address.

I make this affidavit with knowledge that the Conway School District will rely upon the truth of the statements set forth herein in determining the legal residency of the aforementioned child.

Any effort on my part to illegally have my child or ward enrolled in the Conway School District in violation of the residency requirements can result in criminal prosecution for the theft of services from the Conway School District under New Hampshire State Statutes, and for a violation of any other criminal statutes that may apply. Any conviction carries a potential fine and/or jail sentence.

I understand that NH State Law requires immunization, custody and residency requirements be verified prior to enrollment. I give my permission for the sending school(s) to release all records including information regarding academics, health, special education, attendance and discipline files. As soon as this information, along with official transcripts are received and reviewed a scheduling meeting with the guidance department will be arranged.

Signature of Custodial Parent/Guardian _____ Date _____

Signature of Custodial Parent/Guardian _____ Date _____

For office use only:

- _____ Proof of Guardianship/Custody Orders
- _____ Birth Certificate _____
- _____ RN Questionnaire
- _____ Emergency Cards
- _____ SPED/504 Guidance Notification
- _____ SPED Records Received
- _____ Immunizations/PX _____
- _____ Court Orders

- _____ Verification of Residency
- _____ Home Lang Survey/ESL Contacted
- _____ Records Released to Guidance
- _____ Records Request Faxed/Mailed
- _____ Info Pkg to Parent/Guardian
- _____ Records Received
- _____ Records Released to RN
- _____ Copy of Driver's license

Counselor _____ Apt Date _____ Start Date _____
 Entry Code _____ Tuition Town _____ SASID # _____
 KHS ID # _____ Home Room _____

Notes: _____

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AUTHORIZATION TO RELEASE SCHOOL RECORDS

This is an authorization to forward a completed transcript including:

- grades earned to date of withdrawal
- credits earned to date
- discipline records
- attendance records
- testing results
- health records including physical exam and immunizations
- section 504 plan
- English as second language records
- special education records
(Individualized Education Plan)
(Current Evaluation)
(Behavior Management Plan)

Name of Student

Date of birth

Grade/YOG

Signature of Parent/Guardian

Date

Signature of KHS official

Name and address of previous school:

**Forwards Records to:
Kennett High School
Guidance Office/Registrar
409 Eagles Way
North Conway, NH 03860**

Home Language Survey

School: _____ District: _____ Date: _____

Student Information		Date of Birth:	Gender:
First name:	Last name:		<input type="checkbox"/> female <input type="checkbox"/> male
Country of Birth:	Date of entry in U.S.:	Date first enrolled in a U.S. school: Month Year	Current grade:

Family Information	
Name of parent/legal guardian:	Phone number:
Address:	<input type="checkbox"/> Please translate school notices. Language _____

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 rest of the 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.



STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION

101 PLEASANT STREET, CONCORD, NH 03301
Citizens Service Line 1-800-839-9900 Fax 603-271-1953 TDD Access: 1-800-735-2964
EQUAL OPPORTUNITY EMPLOYER-EQUAL EDUCATION OPPORTUNITIES

Lyonel B. Tracy
Commissioner
Tel 603-271-3144

Mary Heath
Deputy Commissioner
Tel 603-271-7301

SPECIAL MEALS PRESCRIPTION
CHILD NUTRITION PROGRAMS

NAME OF STUDENT: _____ DOB: _____

SPEDIS ID NO: _____ SCHOOL NAME: _____

Is student: Disabled Nondisabled (please check appropriate box.)

Disability or medical condition that requires the student to have a special diet. Include a brief description of the major life activity affected by the student's disability.

Diet/Feeding Prescription (check all that apply) Diabetic Reduced Calorie Increased Calorie Modified Texture
Other: (describe) _____

Foods Omitted and Substitutions
(check all that apply)

I. Breads, Grains, Cereal	Omit	Food Preparation for Texture	Substitution
_____ Bread/Rolls	_____	_____	_____
_____ Pasta	_____	_____	_____
_____ Rice	_____	_____	_____
_____ Waffles/French Toast/Pancakes	_____	_____	_____
_____ Taco Shells	_____	_____	_____
_____ Soft Tortillas	_____	_____	_____
_____ Crackers	_____	_____	_____
_____ Cereals	_____	_____	_____
_____ Other	_____	_____	_____

II. Fruits and Vegetables	Omit	Food Preparation for Texture	Substitution
_____ Raw:	_____	_____	_____
_____ Canned:	_____	_____	_____
_____ Potato:	_____	_____	_____
_____ Other:	_____	_____	_____

III. Milk/Dairy Products	Omit	Food Preparation for Texture	Substitution
_____ Milk:	_____	_____	_____
_____ Yogurt:	_____	_____	_____
_____ Cheese:	_____	_____	_____
_____ IceCream/Frozen Desserts	_____	_____	_____
_____ Other:	_____	_____	_____

Meats/Protein Foods	Omit	Food Preparation for Texture	Substitution
___ Meats	_____	_____	_____
___ Nuts/Seeds	_____	_____	_____
___ Eggs:	_____	_____	_____
___ Canned/Dried Beans:	_____	_____	_____
___ Other:	_____	_____	_____

Fats/ Sweeteners/ Sauces	Omit	Food Preparation for Texture	Substitution
___ Sauces/Dressings:	_____	_____	_____
___ Spreads:	_____	_____	_____
___ Other:	_____	_____	_____

Desserts	Omit	Food Preparation for Texture	Substitution
___ Cakes:	_____	_____	_____
___ Cookies	_____	_____	_____
___ Puddings/Whips:	_____	_____	_____
___ Jello:	_____	_____	_____
___ Other:	_____	_____	_____

I. Combination Foods	Omit	Food Preparation for Texture	Substitution
___ Soups:	_____	_____	_____
___ Lasagna, Chop Suey, Spaghetti	_____	_____	_____
___ Pizza:	_____	_____	_____
___ Other:	_____	_____	_____

III. Liquids

___ Thickened Consistency: syrup nectar honey

___ Thickeners: _____

___ No Liquids Offered _____

___ Special Feeding Utensils/Equipment: _____

K. Other Information Regarding Diet (for SPED team)

___ Safe Eating Plan In Place (See Modification Section of Individual Education Plan (IEP))

___ Stop Feeding When _____

___ Record: _____

___ Other: _____

certify that the above-named student needs special school meals prepared as described above because of the student's disability or chronic medical condition.

_____ Physician's Signature	_____ Office Phone Number	_____ Date	_____ Typed Name
_____ Nutritionist	_____ Feeding and Swallowing Specialist		

Kennett High School

Transfer Student Information

Students Name: _____

Parent/Guardian Name: _____

Phone # _____

Date of Transfer _____

Grade: _____

New Address:

Transferred from (school & State): _____

Reason for Transfer: _____

Check one of the following:

- Student has transferred to our high school as a result of a corresponding move by his/her parent/guardian.

- Student has transferred to our high school with out corresponding move by their parent/guardian. This includes students who transfer from a non-member school (private or prep school) back to our school and those students who change schools as a result of a change in guardianship (i.e move to live with a different parent/guardian changing residence).

List sports that you intend to play at Kennett High School:
