

# LONDONDERRY SCHOOL DISTRICT

Londonderry, New Hampshire

## KINDERGARTEN REGISTRATION

Registration will take place at MATTHEW THORNTON Elementary School (275 Mammoth Road) January 26th and 27th from 6:30 to 8:00 PM. Appointments have been scheduled according to the alphabet. Please attend at the time scheduled for the first letter of your last name. We urge you to make every effort to attend at your scheduled time. **If your scheduled date is cancelled due to inclement weather, the rescheduled date will be January 28th at your assigned times.**

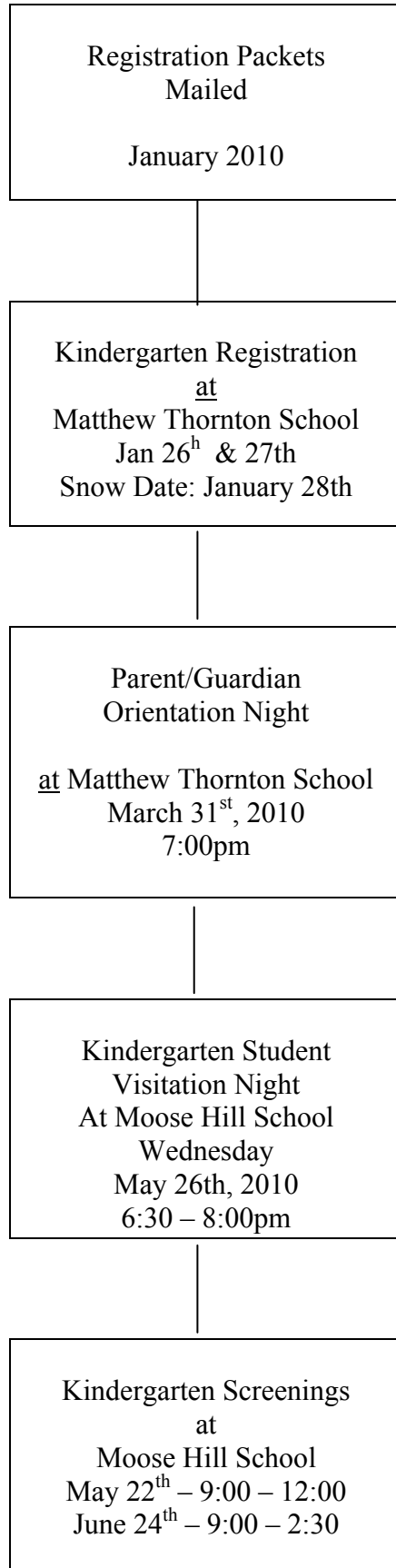
**CHILDREN SHOULD NOT ACCOMPANY PARENTS AT THIS TIME.**

IF YOU ARE UNABLE TO REGISTER AS INDICATED, PLEASE CALL  
MOOSE HILL SCHOOL AT 437-5855 DURING SCHOOL HOURS

### REGISTRATION TIMES ARE AS FOLLOWS:

Last names beginning with	ABCD	Tuesday	January 26th at 6:30 PM
Last names beginning with	EFGH	Tuesday	January 26th at 7:00 PM
Last names beginning with	IJKL	Tuesday	January 26th at 7:30 PM
Last names beginning with	MNO	Wednesday	January 27th at 6:30 PM
Last names beginning with	PQRS	Wednesday	January 27th at 7:00 PM
Last names beginning with	T-Z	Wednesday	January 27th at 7:30 PM

**KINDERGARTEN ENTRANCE PROCEDURE FLOW CHART**



### ADMISSION AND ATTENDANCE

No person shall attend school, or send a pupil to the school, in any district of which he is not an inhabitant, without the consent of the district or of the school board. (RSA 193:12)

Any student residing within the geographic boundaries of Londonderry under the immediate supervision and custody of a parent or legal guardian shall be deemed a lawful resident of Londonderry.

I understand that my child and I need to be residents of the town of Londonderry in order for my child to attend Moose Hill School. Proof of residency is required with this document; it may include rental/lease agreement, recently paid electric, cable, phone or oil bill, tax bill or purchase and sales agreement if you are moving into the area. Proof of residency must show the current Londonderry address. If there is a custody agreement, the legal residency is the one in which the student resides most of the time.

\*I verify that my child and I are residents of Londonderry and reside at:

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(Address)

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Parent/Guardian signature      Date

\*If your residency status changes, you must notify Moose Hill School.



Does your child receive special education service(s)?  YES  NO      504?  YES  NO      Remedial?  YES  NO

**Names of all Children in Household:**

Eldest First	Date of Birth	Relation to Student
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I (*sign name*), \_\_\_\_\_ authorize the Londonderry School District to treat and/or call a doctor and/or take this child to a physician in case of an emergency – by ambulance if necessary.

**Local Emergency Contact (other than the parents):**

3. \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

4. \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Please check here if your child has previously had either an Emergency Care Plan (ECP) (contains specific information about child's medical condition, current and emergency medications, and appropriate emergency intervention) or an Individual Health Care Plan (HP) and attach a copy of the plan.

My signature below verifies that all of the above information is correct.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

Moose Hill School  
150 Pillsbury Road  
Londonderry, N.H. 03053

Bus Information

Child's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Bus # \_\_\_\_\_

Phone Number \_\_\_\_\_ Room # \_\_\_\_\_

AM or PM session \_\_\_\_\_ Drop off BUS # \_\_\_\_\_

Please indicate below the schedule your child will have for the school year. Include the name and address of the childcare provider if other than home pick up. **Note:** the address **must** be in the same area as the session your child attends.

DAY OF WEEK	PICK UP ADDRESS	DROP OFF ADDRESS	Name of adult meeting the bus*
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Parent's Names: \_\_\_\_\_

Other **adults** who have permission to meet your child at the bus stop? These people need to be at least 15 years old.

Names: \_\_\_\_\_

\_\_\_\_\_

\* Please note that any changes take 3-5 business days to be put into effect especially if it means adding a stop to the bus routes. Thank you for your consideration.

Parent signature: \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the office at Moose Hill School.

For office use only:

Teacher  Office  Bus Company  Computer entry

# EMAIL NOTIFICATION SIGN UP

Dear Parents/Guardians:

In an effort to use technology to improve the efficiency and timeliness of communications, we are offering families an opportunity to receive school notifications electronically, via email. We have been working in conjunctions with the PTA/PTSO to reduce the overall amount of paper used district-wide. If you are interested in receiving school notices via email, please complete this form and return it to your child's school. In addition, some school information will be posted on [www.londonderry.org](http://www.londonderry.org).

If you choose to correspond with us through email, we may retain the content of your email messages together with your email addresses and our responses. All personal information and email addresses will be kept strictly confidential, in a secure location, and will not be shared with any third parties. Understand that despite everyone's best efforts, timely delivery of email is not guaranteed.

**Deadline for return is September 5.** Please leave this with your child's teacher. **Please fill out one form per child.**

**Please check one:**

- Yes**, in lieu of paper copies, I would like to receive school notifications via email at the address(es) listed below.
- No**, I prefer a paper copy of school notifications.

Grade \_\_\_\_\_ Hr \_\_\_\_\_ ID # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Delete** this email: \_\_\_\_\_

**New** email address: \_\_\_\_\_

**Additional** email address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
(Please Print Name)

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

Parents/guardians are responsible for notifying the school if there is a change in any of the above information. Our goal is to begin email distributions in the near future.

**LONDONDERRY SCHOOL DISTRICT  
Londonderry, New Hampshire 03053**

**KINDERGARTEN REGISTRATION**

**RELEASE OF INFORMATION FORM**

In order to make the correct placement decision for your child, it is important to obtain information regarding performance in kindergarten/preschool. **PLEASE COMPLETE THE INFORMATION BELOW AND BRING THIS FORM WITH YOU TO KINDERGARTEN REGISTRATION IN FEBRUARY.**

\*\*\*\*\*

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Relationship of undersigned to above child \_\_\_\_\_

I hereby give my permission to the Londonderry School District to request information regarding the educational records of said child from:

\_\_\_\_\_  
(Name of preschool) (Telephone #)

\_\_\_\_\_  
(Address)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian

\*\*\*\*\*

This permission expires one year from the date it is signed. A copy of this permission shall have the same force as the original.

\*\*\*\*\*

January 2010

Dear Parents/Guardians:

The entrance into Kindergarten is an important time in your child's life. There have been several events scheduled which will help to make the transition to public education a smooth one.

According to information available to us, your child's fifth birthday falls on or before September 30, 2010, which results in his/her eligibility for Registration and Screening. Registration makes it possible for your school to plan for transportation, staff, class size, and materials needed for incoming students. **Registration is scheduled for January 26th & 27th at Matthew Thornton School. CHILDREN SHOULD NOT ATTEND AT THIS TIME.** If all your paperwork is filled out properly, the registration process takes approximately 15-20 minutes.

The Kindergarten screening process utilized by the Londonderry School District is a multi-criteria procedure. This process allows the screening team to obtain information about your child via the Parent Questionnaire, Pre-School Questionnaire, hearing and vision results, and the Kindergarten screening. Health factors, which may interfere with school success, are identified through the screening process. Screening also provides insight into the developmental level of your child.

**YOUR CHILD'S ORIGINAL BIRTH CERTIFICATE MUST BE PRESENTED AT REGISTRATION TO VERIFY THE DATE OF BIRTH. NO OTHER DOCUMENT WILL BE ACCEPTED.** A copy of this legal document will be made and retained for school records.

In order to attend Moos e Hill School, the child must reside in Londonderry under the immediate supervision and custody of a parent or legal guardian. Proof of residency is required at the time of registration. Proof of residency may include rental/lease agreement, recently paid electric, cable, phone or oil bill, tax bill or purchase and sales agreement if you are moving into the area. Proof of residency must show the current Londonderry address. If there is a custody agreement, the legal residency is the one in which the student resides most of the time.

A Parent Orientation meeting will be held at Matthew Thornton School on March 31st at 7:00 PM.

(continued

on reverse)

A complete medical examination must be performed by a licensed physician **within 12 months prior to the first day of school.** The following immunizations are required by State Law:

	Mumps
Measles	Vaccine
Rubella	Vaccine
Oral	Polio Vaccine
DPT	(Diphtheria, Pertussis, Tetanus)
Hepatitis	B (Series of 3)
Varicella	Vaccine

**COMPLETED MEDICAL FORMS MUST BE RETURNED TO MOOSE HILL SCHOOL NO LATER THAN JULY 31, 2010.**

Below is a list of requirements necessary for Registration. Be certain to **COMPLETE and BRING all forms listed with you** when you come to register your child in January.

1. BIRTH CERTIFICATE – ORIGINAL/CERTIFIED COPY

**NO OTHER DOCUMENT WILL BE ACCEPTED.**

(For example, Baptismal Certificate, Hospital Certificate of Live Birth, etc.)

2. Proof of Residency
3. Registration Form
4. Release of Information Form
5. Hearing and Vision Form
6. Parent Questionnaire
7. Student's Medical History Form
8. Physical Examination and Immunization Form (if completed by physician)

Thank you for your cooperation and support in making this a smooth transition for your child. We look forward to working with you and your youngster.

Sincerely,

Richard Zacchilli  
Principal

Bonnie V. Breithaupt  
Director

## KINDERGARTEN INFORMATION SHEET

- Kindergarten is a Half Day Program
- There will be a certified teacher and a teacher assistant assigned to every classroom.
- The AM Session is from 8:45 am to 11:20 am.
- The PM Session is from 12:30 pm to 3:05 pm.
- There is no between or after school care at Moose Hill School.
- Each student is assigned to either the AM or PM session by location of residence.
- Students on, or south of, Ash St., Carousel Ct, Pillsbury Road, or Wiley Hill Road will attend the AM session.
- Students north of Ash St., Pillsbury Road or Wiley Hill Road will attend the PM session.
- Due to enrollment numbers, we cannot switch sessions for daycare or any other reason.
- Bus Transportation will be provided for all students. Parents, or a designated adult, must be at the bus stop to greet each child coming home from school, as no child will be dropped off to an unattended stop.
- There will be no student drop off area for kindergarten students. If you drive your child to school, you will need to park and wait in the car until staff come out to supervise arrival time (8:45/12:30). You may then walk your child to the front area of the school and your child may walk into school with the bus students. Once kindergarten staff has left the bus area, you will need to walk your child into school and check in at the front office.

**LONDONDERRY SCHOOL DISTRICT**  
**Londonderry, New Hampshire 03053**

SCHOOL DISTRICT OFFICE	268C Mammoth Road	Tel: 432-6920
SUPERINTENDENT OF SCHOOLS	Nathan	Greenberg
ASSISTANT SUPERINTENDENT OF SCHOOLS	Mark	Blount
BUSINESS ADMINISTRATOR	Peter	Curro
DIRECTOR OF PUPIL SERVICES	Ki	m Carpinone
SCHOOL BOARD	Chairperson:	Ronald Campo
		George Hermann
		Ben Parker
John		Robinson
Steve		Young

MOOSE HILL SCHOOL (LEEP and Kindergarten)	150 Pillsbury Road	Tel: 437-5855
Principal.....	Richard	Zacchilli
Kindergarten Director.....	Bonnie	Breithaupt
LEEP Director.....	Lynn	Slapsys
K SPED Coordinator .....	Jill	Connors
Administrative Assistant.....	Sue	Kimball
Nurse.....	Jean	Queenan RN

**ABOUT MOOSE HILL**

- Kindergarten is a Half Day Program
- There will be a certified teacher and a teacher assistant assigned to every classroom
- The AM Session is from 8:45 to 11:20am
- The PM Session is from 12:30 to 3:05pm
- There is no between or other school care at Moose Hill School.
- Each student is assigned to either the AM or PM session by location of residence.
- We cannot switch sessions due to daycares. Please find a daycare located in your part of town.

**ADMISSIONS**

In order to register for entrance into Kindergarten, a child must be five years old on or before September 30<sup>th</sup> in accordance with New Hampshire Law RSA 193.1 and Londonderry School District Policy JEB. The child's **ORIGINAL BIRTH CERTIFICATE** must be presented to

verify date of birth. **NO PHOTOCOPIES, BAPTISMAL CERTIFICATES OR HOSPITAL CERTIFICATES OF LIVE BIRTH WILL BE ACCEPTED.**

In order to attend Moose Hill School, the child must reside in Londonderry under the immediate supervision and custody of a parent or legal guardian. Proof of residency is required at the time of registration. Proof of residency may include rental/lease agreement, recently paid electric, cable, phone or oil bill, tax bill or purchase and sales agreement if you are moving into the area. Proof of residency must show the current Londonderry address. If there is a custody agreement, the legal residency is the one in which the student resides most of the time. Driver's license will not be accepted as proof of residency.

State Law requires a complete medical examination by a licensed physician. The exam must be performed within 12 months PRIOR to the date of entry into the Londonderry School System. The following immunizations are required by State Law and must be reviewed by the school nurse PRIOR TO SCHOOL ADMISSION:

	Measles	Polio	Vaccine
Mumps		DPT	or DT (Diphtheria, Pertussis, Tetanus)
Rubella		Hepatitis	B Vaccine
		Varicella	Vaccine

**NO CHILD WILL BE ADMITTED TO SCHOOL UNTIL PROOF OF REQUIRED IMMUNIZATION IS RECEIVED AND VERIFIED.**

## **TRANSPORTATION**

Bus transportation is provided for kindergarten children according to local board policy. Group stops are arranged when possible. Buses for the AM sessions only run in the AM part of the town. Buses for the PM session only run in the PM part of town. Exceptions to this are student on, or south of, Ash St., Pillsbury Rd. or Wiley Hill Rd. will attend the AM session. Students north of Ash St., Pillsbury Rd. or Wiley Hill Rd. will attend the PM session.transport. If your child attends daycare, the daycare should be in the part of town that you live. However, we do not service all daycares in town. The daycare needs to be on a bus route. We cannot switch sessions for day care reasons. The school will issue a schedule for bus routes in late summer. If parents wish to pick up their children in a car on a regular basis, a note from the parent must be on file with the office. A bus information form is included in the registration packet. It is due by June 15<sup>th</sup>, the latest.

## ABSENCES

When your child is absent or tardy, you are responsible for contacting the school **PRIOR** to the start of each school day. This procedure is set up to help insure the safety of your child. The absence telephone line number for Moose Hill School is 437-5192.

## SCHOOL NURSE

The school nurse supervises the health program in the Londonderry schools. It is important for the school to be able to contact a parent (or person designated by a parent) in case of illness or accident. Therefore, please fill out all emergency cards completely (**SIGN**) and notify the school of any changes throughout the year.

**Transportation of an ill child is the parent's responsibility.**

**Please make advance arrangements if necessary.**

State Law prohibits all school personnel from giving medication, except by a physician's written instructions. In such cases, please contact the school nurse for arrangements. **Please do not send any medication into school with your child. No medications will be sent home with any child.**

Any request from home asking that a child remain indoors or be excused from recess will **NOT** be honored unless the request is accompanied by a physician's certificate.

Any child ill with a communicable disease must remain out of school until all symptoms have disappeared. A physician's certificate is required in cases of communicable skin diseases such as impetigo, ringworm, etc. Any child sent home with head lice must remain out of school until the school nurse has determined that the child's hair is free of all lice and nits. **If this condition is discovered at home, please report to the school nurse so that she may investigate possible contacts.**

The school nurse will test vision and hearing yearly. If your child has passed the screening test but complains or shows signs of difficulty, please arrange for a physician's examination and notify the school nurse of the findings.

If you have a child of any age who has an educational or physical disability, this information should be reported to the school office as soon as possible.

Please be sure to notify the school nurse if your child has any allergies or medical conditions.

## **SCHOOL SUPPLIES**

Books and supplies required for pupil use are furnished by the school district. Normal wear is expected. However, destruction of school property cannot be permitted. Pupils who lose books or damage materials will be responsible for the cost of replacement on a prorated basis.

## **NO SCHOOL**

The **NO SCHOOL** announcements for Londonderry will be announced on the following radio and television stations:

WZID ( 95.7 FM)	WFEA (1370 AM)
WGIR (610 AM and 101.6 FM)	WBZ (1030 AM)
WDER	(1320 AM)
Channel 4	WBZ-TV
Channel 9	WMUR-TV
LEO-21	Londonderry Educational Television (Cable TV only)

## **EARLY RELEASE DAYS**

Four Wednesdays throughout the school year will be set-aside for staff in-service training sessions. On two of those days, the kindergarten school students will alternate which session they attend. Early Release days will be so noted on the school calendar. Parents who will not be at home during the school day should make arrangements for the care of their children on Early Release days. More details to follow at the beginning of the school year.

## **A NOTE FOR PARENTS/GUARDIANS OF KINDERGARTEN STUDENTS**

Children entering school for the first time are taking a big step. They are leaving the familiar surroundings of their home and the close associations of the family to enter an unfamiliar building and to associate with a larger number of new people. You should help your child take this step by making it appealing to him/her.

Children who have acquired certain habits and abilities will adjust more easily. You should not try to teach the work to be presented in the classroom, but you could help children attain the following objectives:

1. Identify themselves - know their name, parent/guardians names, address and telephone number (including area code)
2. Care for clothing:

- a. Put on and take off outer clothing and boots.
- b. Hang up their coat and keep boots, mittens and hats together.

**NAMETAPES OR MARKINGS TO IDENTIFY ALL OUTER CLOTHING, SNACK CONTAINERS , AND SCHOOL BAGS WOULD BE GREATLY APPRECIATED BY THE TEACHERS.**

3. Use a handkerchief or tissue.
4. Attend to their own toilet needs.
5. Take pride in personal neatness and cleanliness.

The confidence acquired through the ability to do these seemingly simple acts will help youngsters to face the new situations they will meet in school. Many kindergarten youngsters have an unpleasant experience the first day because the parent/guardian and child leave each other in tears. We strongly request that parents/guardians send their youngsters to school on the bus the first day. The teachers will greet them and help them find their rooms.

**MOOSE HILL SCHOOL**  
**Londonderry, New Hampshire 03053**

**PARENT QUESTIONNAIRE – KINDERGARTEN PROGRAM**

Dear Parents/Guardians:

It is felt that you, as parents/guardians, have valuable information to share regarding your child. This information, along with the preschool questionnaire and kindergarten screening results will help plan the best placement for your child entering kindergarten in the Londonderry Schools.

**PLEASE BE SURE TO COMPLETE BOTH SIDES OF THIS FORM.**

CHILD'S NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

Did your child attend preschool? YES \_\_\_\_\_ NO \_\_\_\_\_

Name of Preschool \_\_\_\_\_

Address \_\_\_\_\_

Child's Status in Family: Oldest \_\_\_\_\_ Middle \_\_\_\_\_ Youngest \_\_\_\_\_ Only Child \_\_\_\_\_

1. Does your child button, snap and zip his/her clothes? \_\_\_\_\_

2. Does your child have any jobs or responsibilities at home? \_\_\_\_\_

Please list: \_\_\_\_\_

3. Can your child follow a two-step direction? \_\_\_\_\_  
(Ex. "Go to the refrigerator and get milk.")

4. Does your child show an interest in drawing and coloring? \_\_\_\_\_

5. Does your child put puzzles together? \_\_\_\_\_

6. Does your child cut with scissors? \_\_\_\_\_

7. Does your child talk easily with adults? \_\_\_\_\_ With children? \_\_\_\_\_

8. Does your child initiate conversation with children who he/she knows? \_\_\_\_\_

9. Would your child rather play alone or with other children? \_\_\_\_\_

10. Does your child adjust easily to new situations? \_\_\_\_\_

11. Does your child like listening to a story? \_\_\_\_\_
12. How long can he/she be attentive to a story? \_\_\_\_\_
13. Do you read to your child on a regular basis? \_\_\_\_\_
14. Does your child know how to hold books and turn the pages? \_\_\_\_\_
15. Is your child curious about “what the words say” in a book? \_\_\_\_\_
16. Does your child understand stories read aloud? \_\_\_\_\_
17. Can your child retell a story from looking at pictures in a book? \_\_\_\_\_
18. Does your child recite nursery rhymes? \_\_\_\_\_
19. Does your child attempt to write words? \_\_\_\_\_
20. Does your child show an interest in writing his/her name? \_\_\_\_\_
21. What are your child’s favorite free time activities? \_\_\_\_\_

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22. \* Is there any additional information we should be aware of? (social, educational)  
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23. \* Do you have any information you would like to share regarding your child’s readiness for school?  
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24. \* Any other comments: \_\_\_\_\_  
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\* Please direct any special placement issues in writing directly to the Director.  
\*\* Please do not include medical information on this form.

LONDONDERRY SCHOOL DISTRICT  
Londonderry, New Hampshire 03053

**STUDENT'S MEDICAL HISTORY**

STUDENT NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SCHOOL \_\_\_\_\_

A. **PRE-NATAL HISTORY**

CIRCLE ONE

During pregnancy, did child's mother have:

- |    |  |       |     |
|----|--|-------|-----|
| 1. | German measles, other viral disease or illness | NO    | YES |
| 2. | Any medications                                | NO    | YES |
| 3. | Serious accidents                              | NO    | YES |
| 4. | Rh condition                                   | NO    | YES |
| 5. | Other Explain__                                | _____ |     |

B. **BIRTH AND POST-NATAL HISTORY**

- |    |                          |            |           |    |     |
|----|--------------------------|------------|-----------|----|-----|
| 1. | Weight at birth          | _____ lbs. | _____ oz. |    |     |
| 2. | Normal delivery          |            |           | NO | YES |
| 3. | Breathing difficulties   | NO         |           |    | YES |
| 4. | Jaundice                 | NO         |           |    | YES |
| 5. | Congenital abnormalities | NO         |           |    | YES |
| 6. | Apgar Score              | _____      |           |    |     |
| 7. | Other (explain)          | _____      |           |    |     |

C. **DEVELOPMENTAL HISTORY**

At what age did the child:

- |    |               |              |    |                      |              |
|----|---------------|--------------|----|----------------------|--------------|
| 1. | Walk alone    | _____ months | 4. | Talk in single words | _____ months |
| 2. | Bladder train | _____ months | 5. | Talk in sentences    | _____ months |
| 3. | Bowel train   | _____ months | 6. | Any speech problems? | NO YES       |

D. **MEDICAL HISTORY** (circle any of the following that your child has had:

Wheezing    Chicken Pox    German Measles    Operations    Asthma    Measles  
Meningitis    Scarlet Fever    Pneumonia    Strep Throat    Mumps    Diabetes  
Serious Accidents    Ear Infections    Eye Disorder    Hearing Disorder    Kidney/Bladder Disorder  
Other \_\_\_\_\_

E. **ALLERGIES** (circle) Insects    Medication    Other \_\_\_\_\_

F. **FAMILY HISTORY** (circle) Seizures    Tuberculosis    Diabetes    Asthma    Heart Disease

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SCHOOL \_\_\_\_\_

**LONDONDERRY SCHOOL DISTRICT  
Londonderry, New Hampshire 03053**

**HEARING AND VISION FORM**

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

PARENT'S NAME(S) \_\_\_\_\_

\*\*\*\*\*

CHILD: Wears Glasses \_\_\_\_\_ YES \_\_\_\_\_ NO Date of Last Exam \_\_\_\_\_

Has Tubes in Ears \_\_\_\_\_ YES \_\_\_\_\_ NO Date \_\_\_\_\_

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**STOP: THE FOLLOWING INFORMATION WILL BE COMPLETED AT THE SCREENING.**

\*\*\*\*\*

**HEARING SCREENING**

PURETONE RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_

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SCHOOL NURSE RE-TEST RESULTS DATE \_\_\_\_\_

TYMPANOGRAM RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_

PURETONE RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_

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**VISION SCREENING**

SNELLEN CHART GLASSES WORN DURING SCREENING? \_\_\_\_\_ YES \_\_\_\_\_ NO

RIGHT EYE \_\_\_\_\_ RESCREEN \_\_\_\_\_

LEFT EYE \_\_\_\_\_ RESCREEN \_\_\_\_\_

\*\*\*\*\*

SCHOOL NURSE RE-TEST RESULTS DATE \_\_\_\_\_

RIGHT EYE \_\_\_\_\_ LEFT EYE \_\_\_\_\_

**PHYSICAL EXAMINATION**

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 PARENT/GUARDIAN \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
 NAME OF EXAMINING PHYSICIAN \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
 PHYSICIAN'S ADDRESS \_\_\_\_\_ FAX # \_\_\_\_\_

DATE OF EXAM \_\_\_\_\_ AGE \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_ PULSE \_\_\_\_\_ B/P \_\_\_\_\_

Allergies (specify): _____ _____ Asthma/Wheezing Chicken Pox Diabetes Ear Infection	<b><u>PREVIOUS HEALTH HISTORY</u></b> Headaches/Migraines Heart Condition Seizure Disorder Skin Disorder Sinus Condition Serious Injury _____ _____	Fractures _____ Other Medical Condition _____ _____ Surgery (list and date) _____ _____
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<u>GENERAL APPEARANCE</u>	ABDOMEN
<u>SKIN</u>	<u>GENITALIA</u> Undescended Testicle Hernia
<u>THROAT/GLANDS</u>	<u>MUSCULOSKELETAL</u> Scoliosis Extremities
<u>EYES/EARS</u>	HEART Murmur/Rhythm
<u>LUNGS</u>	<u>OTHER OBSERVATIONS</u>
<u>MEDICAL CONCERNS</u>	<u>MEDICATIONS</u>

RECOMMENDATIONS FOR SPORTS AND/OR PHYSICAL EDUCATION ACTIVITIES:

( ) Full Participation Approved ( ) Limited (Explain):

IMMUNIZATION	MO/DAY/YR	MO/DAY/YR	MO/DAY/YR	MO/DAY/YR	MO/DAY/YR
DPT	_____	_____	_____	_____	_____
HIB	_____	_____	_____	_____	_____
POLIO	_____	_____	_____	_____	_____
DT or Td	_____	_____	_____	_____	_____
MEASLES	_____	_____	_____	_____	_____
MUMPS	_____	_____	_____	_____	_____
TB TEST	_____	_____	_____	_____	_____
HEP B	_____	_____	_____	_____	_____
VARICELLA	_____	_____	_____	_____	_____
OTHER	_____	_____	_____	_____	_____

WHAT IMMUNIZATIONS WERE GIVEN TODAY? \_\_\_\_\_

PLEASE INDICATE APPOINTMENT DATES FOR INCOMPLETE IMMUNIZATIONS: \_\_\_\_\_

**DATE EXAMINED** \_\_\_\_\_ **PHYSICIAN'S SIGNATURE** \_\_\_\_\_

**LONDONDERRY SCHOOL DISTRICT  
ACCEPTABLE USE POLICY AGREEMENT FORM**

THE FOLLOWING MUST BE COMPLETED BY THE PARENT OR GUARDIAN OF ALL STUDENTS UNDER THE AGE OF 18 PRIOR TO ANY USE OF TECHNOLOGY RESOURCES

As the parent or guardian of \_\_\_\_\_, I acknowledge that I have received, read and fully understand the Londonderry School District's Acceptable Use Policy.

1. It is clear to me that use of the District's "technology resources", such as the District's computers, network, electronic mail service, website and Internet web access is designed for educational purposes only.
2. I have discussed and explained the Londonderry School District Acceptable Use Policy to my child.
3. I agree to immediately report any misuse of the District's technology resources to the District administration.
4. I understand that my child's violation of the Londonderry School District Acceptable Use Policy may result in the restriction, suspension or cancellation of access privileges, and may result in other disciplinary action, civil liability or criminal prosecution by the appropriate authorities.
5. I have emphasized to my child the importance of following this policy for reasons of his/her own personal safety and the safety of others.
6. I understand that I allow my child to use the District's technology resources at his/her own risk and at my own risk.
7. I hereby release, indemnify and hold harmless the Londonderry School District, its staff and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of or inability to use the District's technology resources.
8. I certify that the information contained in this form is true and accurate.
9. (Please check only one) I hereby  give/  do not give permission for my child to access the Londonderry School District technology resources.

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

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

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

Home Phone Number: \_\_\_\_\_ Work Phone Number \_\_\_\_\_

LONDONDERRY SCHOOL BOARD

Adopted: January 22, 2002

Amended: September 7, 2004

Amended: May 6, 2008