



## 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. The office is located past the main entrance, on the lower level. Visitor parking is clearly marked.

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 Thursdays 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: \_\_\_\_\_

Windham, NH 03087

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

Incoming Grade: \_\_\_\_\_

Gender:        Male                Female (circle one)

Has your child ever attended a Windham Public School?        YES                NO

Are Court Orders in place that pertain to this student?        YES                NO

*(If yes, please provide a valid Order to this school prior to enrollment)*

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

Does your student receive Special Education Services        YES                NO

Does your student have an active 504 Plan                        YES                NO

*(If YES, please provide an up-to-date signed IEP or copy of current 504 Plan)*

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

Parent 1 Name: \_\_\_\_\_ P1 Phone: \_\_\_\_\_

*Relationship to Student.* \_\_\_\_\_

P1 Email: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ P 2 Phone: \_\_\_\_\_

*Relationship to Student.* \_\_\_\_\_

P2 Email: \_\_\_\_\_

Student lives with: P1         P2         Both         Guardian

*If applicable, please provide legal documentation stating you are the custodial parent or provide a Parenting Plan that states you have joint custody.*

**Transferring from:** School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

## 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 Indian Rock Road  
Windham, NH 03087

**WINDHAM RESIDENCY AFFIDAVIT**

**New Hampshire 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 parent(s) reside.”*

**STUDENT INFORMATION**

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

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

\_\_\_\_\_  
MI

**PARENT/GUARDIAN LEGAL RESIDENCE**

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

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

\_\_\_\_\_  
Address (Street & House Number)

Windham    New Hampshire    03087

\_\_\_\_\_  
Phone (Home or Cell)

**I swear that the above information is true and accurate. I authorize the Windham School District to independently verify this information.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness and Verification by School Official

\_\_\_\_\_  
Date