

Governor Wentworth Regional School District

Requirements for School Enrollment

The following documents are needed to enroll in the GWRSD:

- **Proof of Residency** (*one* of the following):
 - Certificate of Residency from the town clerk (Not available in Wolfeboro)
 - Rent Receipt indicating legal residence, and landlord's name, address, and phone number
 - Documentation of home ownership in the towns of Brookfield, Effingham, Middleton, New Durham, Ossipee, Wolfeboro, or Tuftonboro **and** current utility bill
 - Court Placement
 - Social Services Papers (e.g. AFDC, Social Security)

Note: A purchase and sales agreement must have approval of the Superintendent; if accepted, one of the above items must be submitted to the school where enrolled within 30 days, or as indicated by the Superintendent.

- **Custody Agreement/Guardianship Documentation**
(MUST be official court documents)
- **Birth Certificate**
- **Complete Immunization Record**
(If applicable, a *notarized* Religious Exemption form may be submitted)
- **Physical dated within the previous 12 months of enrollment**
- **Academic Record**
(transcript, report card and schedule; or portfolio of work if previously home schooled)
- **Special Education Plan** (if applicable)
- **Completion of Registration Forms**
 - In addition, you will receive an email with a link and a specific code to complete your on-line registration (Infosnap). Please be on the lookout for this email. This step must be completed prior to the student being enrollment.

Transferring Students: Students will be scheduled an appointment with appropriate school staff as soon as possible *following receipt* of the above listed information. Hand carried materials are not considered official, but are helpful when preparing a schedule if official materials are not available. Additionally, the District may offer an assessment of academic progress (NWEA's MAP test) to help provide additional placement information to school personnel.

(edited 11/23/2020)

INFOSNAP ORIGINATION- *WELCOME TO GOVERNOR WENTWORTH REGIONAL SCHOOL DISTRICT!*

Please fill in the following information so we can begin your registration. Once your enrollment packet is complete, you will be given a "Snapcode" and information on how to complete student enrollment on-line.

Student ID	<input type="text"/>	(office use only)	Today's Date:	<input type="text"/>	
Student Name (Last, First, Middle)	<input type="text"/> (Must be name as per student's birth certificate.)				
Gender:	<input type="text"/>	Race:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Grade:	<input type="text"/>		
Town and State of Birth:	<input type="text"/>				
	Is there an IEP or 504 Plan in place for the student? (Yes or No)	<input type="text"/>			
	Was student previously enrolled in the GWRSD? (Yes or No)	<input type="text"/>			
PHYSICAL Address: Street, Apt #:	<input type="text"/>				
City, State, Zip:	<input type="text"/>				
Home Phone	<input type="text"/>	Cell	<input type="text"/>	Work	<input type="text"/>
MAILING Address: Street, PO Box, Apt #:	<input type="text"/>				
City, State, Zip:	<input type="text"/>				
Parent/Guardian Name:	<input type="text"/>				
Parent/Guardian Name:	<input type="text"/>				
	If custody of the student is an issue, you must supply a copy of the court papers. Do you, as the registering parent/guardian, have legal custody of the student? (Yes or No)				
	<input type="text"/>				
Parent Email Address:	<input type="text"/>				

Governor Wentworth Regional School District
140 Pine Hill Road
Wolfeboro, NH 03896
www.govwentworth.k12.nh.us

Governor Wentworth Residency Affidavit

NH 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 parents reside...”

<u>Student Name(s)</u>	<u>DOB</u>	<u>Age</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent(s)/Legal Guardian(s): _____

Physical Address: _____

Mailing Address: _____

Telephone: _____

Proof of Residency: (one must be submitted and stapled to this form)

- _____ Certificate of Residency from the town clerk (Not available in Wolfeboro)
- _____ Rent Receipt indicating legal residence, and landlord’s name, address, and phone number
- _____ Documentation of home ownership in the towns of Brookfield, Effingham, Middleton, New Durham, Ossipee, Wolfeboro, or Tuftonboro **and** current utility bill.
- _____ Court Placement
- _____ Social Services Papers (e.g. AFDC, Social Security)
- _____ Other (must be approved by SAU Office)

I hereby certify and swear that this information is true and correct. I authorize Governor Wentworth Regional School District to independently verify this information.

Signature of Parent/Guardian

Date

Signature of School Official

Date

**GOVERNOR WENTWORTH REGIONAL SCHOOL DISTRICT
SCHOOL PHYSICAL FORM**

NAME: _____ **DATE EXAMINED:** _____

DATE OF BIRTH: _____ **AGE:** _____ **GRADE:** _____

Please list any illnesses, accidents, operations, congenital defects, chronic conditions, family history, etc.

Is medication needed for any pre-existing condition (Diabetes, Seizures, Asthma, etc.)? Yes ___ No ___

If yes, please indicate medication and dosages: _____

Will he/she need to take medication at school? Yes ___ No ___ Comments: _____

Please complete the Medication Form for medications being taken at school.

ALLERGIES: _____ **TREATMENT:** _____

DRUG ALLERGIES: _____

HEIGHT: _____ **WEIGHT:** _____ **BLOOD PRESSURE:** _____

HEARING: Right Ear _____ Left Ear _____ **SYSTEM REVIEW:**

Chronic Ear infection? _____ General Appearance _____

PE Tubes? _____

Tympanogram _____ Nutrition _____

VISION: Right Eye _____ Left Eye _____ HEENT _____

Glasses: Yes _____ No _____ Neck _____

TEETH/MOUTH: _____ Heart _____

SPEECH: _____ Chest _____

COMMUNICABLE DISEASES: _____ Abdomen _____

Chicken Pox: Date/Year _____ GU _____

Titer: Month/Year _____ Musculoskeletal _____

Other: _____ Neuro _____

LAB TESTS: Hgb _____ Hct _____ Skin _____

Urinalysis _____ **TB TEST:** Results/Date _____

ORTHOPEDIC: Structural Abnormality _____

Posture _____ Feet _____

Is this student able to participate in Physical Education, sport or recess without restrictions? _____ If

yes, specify any limitations _____

IMMUNIZATIONS: Please attach a copy of the student's current Immunization Record to this form.

PHYSICIAN'S SIGNATURE

*** Physical examinations must be within 12 months prior to entrance to GWRSD ***

Immunizations must be in accordance with NH State requirements.

GOVERNOR WENTWORTH REGIONAL SCHOOL DISTRICT
TRANSPORTATION REGISTRATION

*PLEASE PRINT A SEPARATE FOR EACH STUDENT

NEW STUDENT: _____ or CHANGE OF ADDRESS: _____

TODAY'S DATE: ____/____/____

STARTING DATE: ____/____/____

SCHOOL: _____ GRADE: _____ OR KINDERGARTEN: AM: _____ PM: _____

DISTRICT ID: _____ DATE OF BIRTH: ____/____/____ GENDER: _____ (M or F)

STUDENT'S NAME: LAST: _____ FIRST: _____

NUMBER AND STREET NAME: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

OTHER REGISTERED STUDENTS IN HOUSEHOLD:

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____

NAME OF PARENT OR GUARDIAN: _____

HOME PHONE: _____ CELL: _____ WORK: _____

EMERGENCY CONTACT/NUMBER: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

.....
(FOR TRANSPORTATION USE ONLY)

AM ROUTE: _____ DRIVER NOTIFIED: _____ DATE: ____/____/____

PM ROUTE: _____ DRIVER NOTIFIED: _____ DATE: ____/____/____

PARENT & SCHOOL NOTIFIED OF STOP TIME & LOCATION: _____ DATE: ____/____/____

STOP LOCATION: _____ STOP TIME: _____

PROCESSED BY: _____ DATE: ____/____/____

**Governor Wentworth Regional School District
REQUEST FOR TRANSFER OF SCHOOL RECORDS**

Student Last Name _____ First _____ Middle _____
Date of Birth _____ Current Grade _____

Previous School District: _____
School Name: _____
School Address: _____
School Phone: _____ Fax: _____

RELEASE RECORDS TO:

**Kingswood Regional High School
School Counseling Department
396 South Main Street
Wolfeboro, NH 03894
Phone: (603) 569-2055
Fax: (603) 569-2001**

Please release all appropriate information listed below. Information should be sent to the Guidance Department at the school address indicated above.

- | | |
|---|--|
| <input type="checkbox"/> Transcript of Grades | <input type="checkbox"/> Custody Information, if applicable |
| <input type="checkbox"/> Withdrawal Grades | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Current Schedule | <input type="checkbox"/> SASID #, if transferring from a NH School |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Proof of recent physical |
| <input type="checkbox"/> Immunization Records | |

Note: Please provide any additional medical information pertinent to this student

CONFIDENTIAL RECORDS:

- | | |
|--|--|
| <input type="checkbox"/> Individual Education Plan (IEP) | <input type="checkbox"/> Psychological Testing Results |
| <input type="checkbox"/> 504 Plan | |

*Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act. Vol. 41, No. 11B, Page 24673)

Parent/Guardian Name (Please Print) _____ Phone: _____

Parent/Guardian Signature _____ Date: _____

*Parents, legal guardians, or legal age students may request a review and/or copy of the records transferred. If this is desired, the school office should be notified. If you request a copy of the school records being transferred, the school is relieved of responsibility for confidentiality of those records.

**Records transferred by this release are not to be transferred to any other third party by the receiving school without the written consent of the parent, legal guardian, or student over 18 years of age.

OFFICE USE ONLY
Date faxed/emailed previous school _____
Date records received _____