

# Portsmouth School District Student Enrollment Form

## Emergency Contacts School Year 20\_\_ to 20\_\_

(PLEASE FILL OUT THIS FORM FOR EACH STUDENT BEING ENROLLED)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### ENROLLMENT HISTORY

Name, address and telephone number of most recent school: \_\_\_\_\_

Has this student ever attended Portsmouth Schools?  Yes  No If yes, what school and year? \_\_\_\_\_

Has this student ever attended school in New Hampshire before?  Yes  No If yes, where? \_\_\_\_\_

### IN THE EVENT OF AN UNSCHEDULED EARLY RELEASE OF PORTSMOUTH SCHOOLS:

- My child will go home.
- My child will go to Child Care Provider (name): \_\_\_\_\_ Phone \_\_\_\_\_
- My child will be picked up by (name): \_\_\_\_\_
- My child will go to his/her friend/neighbor's home (name): \_\_\_\_\_ Phone \_\_\_\_\_

**Please Note:** If the Superintendent decides to close school early due to weather conditions or other incident, public announcements will be posted on local radio and TV stations. In preparation for unscheduled early release, we need updated information regarding each student's early release plans. Please discuss these arrangements with your child and neighbors.

### IN EVENT OF EMERGENCY OR SUDDEN ILLNESS AND PARENT CANNOT BE REACHED, PLEASE CONTACT:

#### EMERGENCY CONTACT 1

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

#### EMERGENCY CONTACT 2

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

#### EMERGENCY CONTACT 3

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

### PERMISSIONS AND ADDITIONAL INFORMATION

I give permission for my child to go on supervised field trips. (Parent/guardian will be previously notified.)  Yes  No

I give permission for my child and/or his/her work to be:  photographed/videotaped  tape-recorded

Does your child ride a bus to school?  Yes  No

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

-----**BELOW FOR OFFICE USE ONLY**-----

Date Entered: \_\_\_\_\_

#### **REQUIRED FORMS:**

- Copy of Birth Certificate
- Current Immunizations Records
- Certification of Residency

#### **ADDITIONAL FORMS:**

- Request for Records  AUP
- Bus Student Agreement  SS/IEP