

Fred C. Underhill School  
2 Sherwood Drive  
Hooksett, New Hampshire 03106  
Phone: (603) 623-7233 Fax: (603) 623-5896

Welcome to Underhill School!  
To register your child for kindergarten, please return all required documents and completed forms to the main office.

Required Documents

- Birth Certificate
- Immunization Record
- Parent's Proof of Residency (a utility bill with your name and address listed, lease or mortgage agreement or car registration)
- Physical Exam (must have occurred on or after September 1, 2015)

Forms to be Completed

- Student Registration Form (yellow), please complete as thoroughly as possible, sign and date
  - Home Language Survey (goldenrod)
- Student Health History (pink), please complete both sides and date
  - Certification of Residency (white)
  - Student Residency Questionnaire (white)
- Authorization to Release Student Records (white), if applicable
  - Kindergarten Survey
  - Session Request (HSD Policy JECD)
  - HSD Policy JF (for your reference)
  - HSD Policy JFAB (for your reference)

If your child has health needs that require special assistance during school hours or you have any significant concerns about your child's health or development, our school nurse is available for consultation. Please schedule an appointment with her by phone at (603) 623-7233 ext. 106.

Please return completed forms and required documentation in person, by mail:  
Fred C. Underhill School, 2 Sherwood Drive, Hooksett, NH 03106,  
or fax: (603) 623-5896

If you have questions or need further assistance, please call the main office at (603) 623-7233. Office hours are 8:00am to 4:00pm Monday thru Friday.

# Hooksett School District

Student ID	_____
SASID	_____
Homeroom	_____
Bus No. (AM/PM)	_____

## Student Information

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student Lives With \_\_\_\_\_ (Parents-Mother-Father-Grandparent-Other)

Place of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_ (Married, Living Together, Separated, Re-Married, Divorced, Single)

Primary Emergency Phone \_\_\_\_\_

If separated, divorced or a parent is deceased,  
 what age was the child when this occurred? \_\_\_\_\_

Gender \_\_\_\_\_

Language Spoken in the home other than English \_\_\_\_\_

Court Orders Related to Child Custody/Safety Filed  No  Yes (If Yes, please attach)

Is this student Hispanic/Latino?  Yes, Hispanic/Latino  No, Hispanic/Latino

What is the student's race?  White  American Indian or Alaska Native  Asian  Black or African American  
 (Check one or more)  Native Hawaiian or Other Pacific Islander

Note: Ethnicity and Race information is required by the NH Dept. of Education

**Parent/Legal Guardian** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Legal Guardian  Custodial Parent  Receives Separate Mailing

Address (if different than student) \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_  Same as Student

Mailing Address (if different) \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Name \_\_\_\_\_

Email \_\_\_\_\_

**Parent/Legal Guardian** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Legal Guardian  Custodial Parent  Receives Separate Mailing

Address (if different than student) \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_  Same as Student

Mailing Address (if different) \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Name \_\_\_\_\_

Email \_\_\_\_\_

**Other Children in Family/Household:**

Name	Date of Birth	Grade/School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Name \_\_\_\_\_

### Emergency Contact Information

*Please list four other adults who would be available to assume temporary care of your child if you are not available.*

<b>1</b>	_____	_____	_____	_____
	First Name, Last Name	Relationship		
	_____	_____	_____	_____
	Daytime Phone Number 1	Daytime Phone Number 2	Address	City, State, Zip
<b>2</b>	_____	_____	_____	_____
	First Name, Last Name	Relationship		
	_____	_____	_____	_____
	Daytime Phone Number 1	Daytime Phone Number 2	Address	City, State, Zip
<b>3</b>	_____	_____	_____	_____
	First Name, Last Name	Relationship		
	_____	_____	_____	_____
	Daytime Phone Number 1	Daytime Phone Number 2	Address	City, State, Zip
<b>4</b>	_____	_____	_____	_____
	First Name, Last Name	Relationship		
	_____	_____	_____	_____
	Daytime Phone Number 1	Daytime Phone Number 2	Address	City, State, Zip

Childcare Provider \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/Physical Disabilities \_\_\_\_\_

Is there anything we should know about your child that would assist us in helping him/her adjust and succeed in school? (If it is confidential in nature, please speak personally with the principal or assistant principal.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements necessary.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## Home Language Survey

School: \_\_\_\_\_ District: \_\_\_\_\_ Date: \_\_\_\_\_

Student Information			
First name:	Last name:	Date of Birth:	Gender: <input type="checkbox"/> female <input type="checkbox"/> male
Country of Birth:		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?	
<b>If English is the only language listed, stop here. If another language is listed, please answer the rest of the questions.</b>	
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.



HOOKSETT SCHOOL DISTRICT  
STUDENT HEALTH HISTORY

A. Student's name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Sex M or F \_\_\_\_\_ Grade entering \_\_\_\_\_  
Physician \_\_\_\_\_ Phone # \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone # \_\_\_\_\_  
Father's name \_\_\_\_\_ Occupation \_\_\_\_\_  
Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_  
Sibling's name(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_

B. HISTORY OF ILLNESSES (please give dates if possible)  
chicken pox \_\_\_\_\_ rubella \_\_\_\_\_ diabetes \_\_\_\_\_  
measles \_\_\_\_\_ polio \_\_\_\_\_ convulsions \_\_\_\_\_  
mumps \_\_\_\_\_ tuberculosis \_\_\_\_\_ heart murmur \_\_\_\_\_  
other (please specify) \_\_\_\_\_

C. ANY CURRENT PROBLEM WITH:  
\_\_\_ asthma \_\_\_\_\_ painful joints  
\_\_\_ eczema \_\_\_\_\_ persistent cough/wheeze  
\_\_\_ frequent headaches \_\_\_\_\_ stomach ache or vomiting  
\_\_\_ dizziness or fainting spells \_\_\_\_\_ bowel movements  
\_\_\_ convulsions (epilepsy) \_\_\_\_\_ frequent or burning urination  
\_\_\_ tonsils or adenoids \_\_\_\_\_ other \_\_\_\_\_  
\_\_\_ frequent nosebleeds \_\_\_\_\_ none of the above

If so, is the condition under care or observation of a doctor?  
\_\_\_ Yes \_\_\_ No Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

D. Has your child had any problem with vision? \_\_\_\_\_  
If yes, nature of the problem \_\_\_\_\_  
Does child wear glasses? \_\_\_\_\_ Date of Last Exam \_\_\_\_\_  
Name of Eye Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

E. Has your child had any dental problems? \_\_\_\_\_  
If yes, nature of the problem \_\_\_\_\_  
Date of last dental exam \_\_\_\_\_

F. Has your child had any problem with hearing? \_\_\_\_\_  
Does your child suffer from frequent ear infections? \_\_\_\_\_ Ear Tubes? \_\_\_\_\_  
If so, has he/she been seen by an ear specialist? \_\_\_\_\_  
Name of Doctor \_\_\_\_\_ Phone # \_\_\_\_\_ Last Exam \_\_\_\_\_

G. ALLERGIES  NO KNOWN ALLERGIES  Yes - complete below

	TYPE	TREATMENT
Food	_____	_____
	_____	_____
Medicine	_____	_____
	_____	_____
Bees, Wasps, etc.	_____	_____
Pollen, Hay fever	_____	_____
Animals/Fur	_____	_____

H. Does your child take any medication regularly?(including non-prescription) \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

I. Has your child suffered a serious accident or injury? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

J. Has your child ever been hospitalized? \_\_\_\_\_ When? \_\_\_\_\_  
Reason \_\_\_\_\_

K. If you have any special concerns please note them here. \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

Insurance Survey

This survey is confidential and for statistical purposes only.

Is the child listed above covered by insurance? Medical: no yes

Please circle type below:

BCBS HMO (list) NH Healthy Kids Medicaid  
Other (list) \_\_\_\_\_

Dental: no yes  
Vision: no yes

**Hooksett School District**  
School Administrative Unit #15  
90 Farmer Road  
Hooksett, NH 03106

**CERTIFICATION OF RESIDENCY**

It is the policy of the Hooksett School Board to accept students into our school system who are legal residents of the Hooksett School District as defined by RSA 193:12.

Families who are seeking to enroll their children in the Hooksett public schools and who are planning to move into the District must provide appropriate documentation to demonstrate legal residency. Such documentation is described in Hooksett School Board Policy JF.

If further information is required, please contact the office of the Superintendent at 622-3731.

Student's Name: \_\_\_\_\_  
Last First Middle

Student's Address (*The place where the student eats morning and evening meals, sleeps during the school week, where his/her clothes are kept.*)

Street Town State Zip

Student's Home Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Address & Phone Number (*If different from student's*) \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Address & Phone Number (*If different from student's*) \_\_\_\_\_

If divorce, separation or other legal custody please complete the following statement and provide Court Order.

I/We, \_\_\_\_\_, have ( ) sole or ( ) joint custody.

I understand that my failure to promptly notify the school principal of any changes in the above information constitutes fraud. Furthermore, I hereby certify under penalty of perjury that this information is true and accurate.

Parent's Printed Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

\* Legal guardian please also complete reverse side.



Legal Custodian/Guardian please complete this side also and provide the school with the court order.

Legal Custodian/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

I understand that my failure to promptly notify the school principal of any changes in the above information constitutes fraud. Furthermore, I hereby certify under penalty of perjury that this information is true and accurate.

Legal Guardian's Printed Name \_\_\_\_\_

Legal Guardian's Signature \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Proof of Residency document provided: \_\_\_\_\_

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

Verified by: \_\_\_\_\_

Court Order on file: \_\_\_\_\_

(revised 3/2000)

# SAU 15 Hooksett School District Student Residency Questionnaire

Name of School \_\_\_\_\_

Name of Student: \_\_\_\_\_ Gender:  Male  Female

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Student Identification Number: \_\_\_\_\_

**This questionnaire is intended to address the McKinney - Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.**

1. Is your current address a temporary living arrangement? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Is this temporary living arrangement due to loss of housing or economic hardship?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**If you answered YES to the above questions, please complete the remainder of this form.  
If you answered NO, you may stop here.**

3. What is your last permanent address? \_\_\_\_\_  
Street Town/City State Zip Code

4. What is the last school attended? \_\_\_\_\_  
School Name Town/City State

5. Where is the student presently living? (Check one box)

- In a shelter
- In a Motel or Hotel
- In a vehicle
- At a campsite
- Temporarily with more than one family in a house, mobile home or apartment
- An emergency or transitional shelter
- Awaiting foster care placement
- In another location that is not appropriate for people (e.g. an abandoned building or hospital)

Name of Parent(s)/Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street Town/City State Zip Code

*Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002 (3)(d)*

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

**Please send a copy to Director of Student Services  
Office of Student Services  
5 Memorial Drive Hooksett, NH 03106  
Fax : (603) 485-2840**

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney - Vento Act.

\_\_\_\_\_  
Date

\_\_\_\_\_  
McKinney - Vento Liaison Signature

Fred C. Underhill School  
Kindergarten Survey

Student's Name \_\_\_\_\_

Do you expect that your child will adjust easily to school? Yes \_\_\_ No \_\_\_

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Is your child currently attending preschool? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any concerns about your child's behavior in the following areas?

\_\_\_shyness      \_\_\_crying      \_\_\_temper      \_\_\_getting along with others  
\_\_\_playing independently      \_\_\_cooperating with adults      \_\_\_other

Please explain any concerns: \_\_\_\_\_  
\_\_\_\_\_

What do you see as your child's strengths? \_\_\_\_\_  
\_\_\_\_\_

What kinds of things does your child like to do? \_\_\_\_\_  
\_\_\_\_\_

Are there any family circumstances that may affect your child's school performance or adjustment?  
\_\_\_yes \_\_\_no \_\_\_yes, but I prefer to discuss them privately.

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like to share with us? \_\_\_\_\_  
\_\_\_\_\_

In order for your child to have the most positive experience in kindergarten, are there any other children entering kindergarten who should **NOT** be placed in a class with your child?

\_\_\_\_\_

**Fred C. Underhill School**

Kindergarten Session Request

Student \_\_\_\_\_

I am requesting my child be placed in the following kindergarten session:  
(please circle one)

AM

PM

or

DOES NOT MATTER

Parent/Guardian Name & Address: (please print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime phone #: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Requesting a specific session does not guarantee placement in that session.**

HOOKSETT SCHOOL DISTRICT  
School Administrative Unit #15  
90 Farmer Road  
Hooksett, NH 03106

## AUTHORIZATION TO RELEASE STUDENT RECORDS

\_\_\_\_\_  
(name of preschool )

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(state)

\_\_\_\_\_  
(zip code)

\_\_\_\_\_  
(student's name)

DOB \_\_\_\_\_

has enrolled in our school. He/She has been enrolled in Kindergarten effective \_\_\_\_\_.  
Please complete the PreSchool Assessment and send it, along with a copy of any other  
pertinent information concerning this student to

FRED C UNDERHILL SCHOOL  
2 Sherwood Drive  
Hooksett, NH 03106  
Phone: (603) 623-7233  
Fax: (603) 623-5896

Thank you for your cooperation.

~~~~~  
I hereby authorize the \_\_\_\_\_ School to complete the Preschool  
Assessment and to release any pertinent information regarding my child,  
\_\_\_\_\_, to the Hooksett School District.

\_\_\_\_\_  
parent / guardian signature

\_\_\_\_\_  
date

**HOOKESETT SCHOOL DISTRICT  
ASSIGNMENT OF KINDERGARTEN PUPILS TO CLASSES**

*A Kindergarten program is offered by the Hooksett School District. Parents are not required to send their children to Kindergarten.*

1. Assignment of kindergarten pupils to morning or afternoon sessions.
  - a. As part of the registration process parents/guardians will indicate, on a Session Request form, which session they prefer to have their child attend. Requesting a specific session does not guarantee placement in that session.
  - b. After the initial registration period (approximately one month in the spring) of all kindergarten pupils, requests for sessions will be honored as follows:
    - I. Children with special needs will be placed in sessions first in order to provide appropriate services linked to their Individual Education Plans (IEPs).
    - II. Should there be an unequal number of session requests, the session with the least amount of requests will be processed first.
    - III. In order to insure parity of class size, administration will determine how many children need to be transferred from the remaining session. A lottery type system will be used to randomly select the number of children to be assigned to the other session.
    - IV. The order of selection will be recorded and a waiting list will be automatically generated. In the event of an opening in the preferred session, pupils will have the opportunity to change according to the order of selection.
    - V. When there are multiple siblings who are registering, they will be able to attend the same session. Final classroom placement in these situations will be made after consultation with the parent/guardian.
2. As soon as assignments have been made for all kindergarten pupils following registration, all parents/guardians shall be notified in writing, through the mail, as to the session their child will be attending in the upcoming school year, and the hours of the session. If the requested session was not available, the letter will also contain the order on the waiting list.

3. Class assignments for kindergarten will be posted along with all other class assignments.
4. As additional kindergarten students register, requests will be honored if the session becomes available.
5. The balance of class size will be maintained with the registration of additional students occurring after the initial registration period.

Requests for session changes after the start of the school year will be added to the existing request list.

Adopted: March 5, 2002  
Adopted: December 2, 2003  
Revised: March 20, 2007

**HOOKSETT SCHOOL DISTRICT**  
**ENROLLMENT AND ADMISSION OF RESIDENT STUDENTS**

1. Residency for the purpose of enrollment in the Hooksett School District is as defined by RSA 193:12.
2. Parents or legal guardians enrolling new students are to complete registration information which includes the following documentation; a current immunization record, birth certificate, language survey, emergency contact information, and the District's Certification of Residency form. Parents or legal guardians will be required to provide proof of residency. Documents which demonstrate proof may include a court decree declaring guardianship and residence, a current utility bill, a lease or rental agreement, a voter registration document, a social service document, and a welfare card. School administrators reserve the right to request further documentation should actual residency be in question.
3. Students who are transferring from another school district must be accompanied by a parent or legal guardian and should register at the appropriate school as soon as legal residency is established. In addition to the information requested of students in section two (2), record release information from the previous district must be completed.
4. Parents or legal guardians of students who move within the district will be required to complete a new Certificate of Residency form and to update emergency information each time they move.
5. A copy of the Hooksett School Board policies JF and JFAB shall be provided to parents/guardians at the time of registration.

Adopted: March 20, 1973  
Revised: May 15, 1984  
Revised: February 11, 1999  
Adopted: January 2, 2001  
Revised: March 20, 2007

Statutory Reference:  
RSA 193:12  
RSA 193:12



**HOOKSETT SCHOOL DISTRICT**  
**ADMISSION OF TUITION AND NON-RESIDENT STUDENTS**

**I. For those persons in the process of moving into Hooksett**

To temporarily accommodate parents who are not residents of Hooksett, who are in the process of moving into Hooksett who wish to have their child(ren) attend the Hooksett school system, the following shall apply:

- A. There will be no tuition charged if the parent establishes residency in Hooksett on or before the thirtieth (30) school day following the enrollment of the child(ren) into the Hooksett school system.
- B. The School Board must approve the application to enroll a nonresident child(ren) into the Hooksett school system if the enrollment extends beyond thirty (30) school days from the initial day of entry into school. The School Board will evaluate the situation and take the following action:
  - 1. Require payment of tuition;
  - 2. Require the child(ren) to be removed from school; or
  - 3. Take any other action the Board deems appropriate.
- C. The parent must provide transportation at his/her expense to transport the child(ren) to school until such time as the parent establishes residency in Hooksett.
- D. Cases not falling within the above policies will be presented to the School Board for a decision.

**II. For those persons in the process of moving out of Hooksett**

To temporarily accommodate parents who are in the process of moving out of Hooksett who wish to have their child(ren) continue to attend the Hooksett school system the following shall apply:

- A. There will be no tuition charged if the parent withdraws his/her child(ren) from the Hooksett school system on or before the thirtieth (30) school day following the move of the parents out of the Hooksett School District.
- B. The School Board must approve the application to permit a nonresident child(ren) to remain enrolled in the Hooksett school system if the enrollment extends beyond thirty (30) school days from the date on which the parents moved out of Hooksett. The School Board will evaluate the situation and take the following action:
  - 1. Require payment of tuition;
  - 2. Require the child(ren) to be removed from school;
  - 3. Permit an eighth grade child to remain enrolled for the balance of the year if the move out of Hooksett occurs after March 31; or

4. Take any other action the Board deems appropriate.
- C. The parent must provide transportation at his/her own expense to transport the child(ren) to school.
- D. Cases not falling within the above policies will be presented to the School Board for a decision.

**III. Admission of Non-resident Students**

- A. It is the policy of the Hooksett School Board not to accept students into the Hooksett school system who are not legal residents of the Hooksett School District.
- B. This policy applies to all students from Preschool through graduation from high school.
- C. The only exceptions to this policy will be for those persons in the following situations:
  1. Those persons in the process of moving into Hooksett see I above.
  2. Those persons in the process of moving out of Hooksett see II above.
  3. Those persons from other school districts in New Hampshire who are under a reciprocal agreement with the Hooksett School District, who are placed in special education classes in the Hooksett school system, the tuition is paid by the sending school district in accordance with RSA 186-C.

Adopted: January 5, 1988 (JECB-C)  
October 3, 1989 (JECB-A)  
Revised: February 11, 1999  
Revised: April 18, 2006  
Revised: May 3, 2011

**Legal Reference:**  
RSA 193:12,  
RSA 186-C:13

# Ready For Success 2016

The Hooksett School District is offering a summer program designed to acclimate children to our educational routines and procedures, provide a variety of literacy and math activities to build a foundation for learning, and administer a basic screening to help the kindergarten teachers plan instruction to best meet the students' needs.

This program is for Hooksett children who are registered for kindergarten at Underhill for the 2016-2017 school year.

Preference will be given to children who have not attended preschool. Children with preschool experience will be admitted to the program as space permits.

**Registrations for this program will be accepted in the Underhill School office until May 16, 2016.**

You will be notified if your child has been included in the program or, if not included, where on the waiting list he/she is.

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## Ready For Success 2016 - Registration Form (please return bottom half only)

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Email \_\_\_\_\_

Has your child attended preschool? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which preschool attended? \_\_\_\_\_

Dates attended \_\_\_\_\_

**The Hooksett School District does not provide transportation for this program**