

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, 2020)

Forms to be Completed / Informational

- Student Registration Form, please complete as thoroughly as possible, sign and date
 - Home Language Survey
 - Student Health History, please complete both sides and date
 - Certification of Residency
 - Student Residency Questionnaire
 - Authorization to Release Student Records, if applicable
 - Kindergarten Survey
 - Session Request
 - Bright Arrow Notification
 - Required Immunizations
 - HSD Policy JECD (for your reference)
 - HSD Policy JF (for your reference)
 - HSD Policy JFAB (for your reference)
 - HSD Policy JEB (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. 168.

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 Underhill office at (603) 623-7233

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Hooksett School District

FOR OFFICE USE ONLY

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

Student Information

Student Name _____ Gender _____
Address _____ Date of Birth _____
City, State, Zip _____ Town of Birth _____
Home Phone _____ Country of Birth _____ Grade _____
Primary Emergency Phone _____ Date First Entered US Schools _____

Student Lives With _____ (Parents-Mother-Father-Grandparent-Other)
Marital Status _____ (Married, Living Together, Separated, Re-Married, Divorced, Single)

If separated, divorced, or a parent is deceased,
what age was the child when this occurred? _____ Language Spoken in the home other than English _____

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

Parent Military Status (Check one) ___ 1. Does not apply ___ 2. Active Duty in Armed Forces (not including National Guard)
___ 3. Full Time National Guard ___ 4. Student has parent/legal guardians in both 2 and 3

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 _____ Business Phone _____
Business Name _____
Cell Phone _____
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 _____ Business Phone _____
Business Name _____
Cell Phone _____
Email _____

Other Children in Family/Household:

Table with 3 columns: Name, Date of Birth, Grade/School. Multiple rows for listing other children.

Child's Previous School: _____ Address: _____

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.

1. _____
First Name, Last Name Relationship

Daytime Phone Number 1 Daytime Phone Number 2 Address City, State, Zip

2. _____
First Name, Last Name Relationship

Daytime Phone Number 1 Daytime Phone Number 2 Address City, State, Zip

3. _____
First Name, Last Name Relationship

Daytime Phone Number 1 Daytime Phone Number 2 Address City, State, Zip

4. _____
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).

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?	
If English is the only language listed, stop here. If another language is listed, please answer the rest of the questions.	
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.

ESOL Student Identification and Eligibility

(for use of ESOL Teacher)

Home Language Survey

Name of student _____ School _____

Survey received by _____ Date received _____

Follow-up questions about eligible ESOL student	ESOL Teacher's notes
Did your child attend school outside the U.S.?	<input type="checkbox"/> No <input type="checkbox"/> Yes Country _____ Circle grades completed: K 1 2 3 4 5 6 7 8 9 10 11 12
Has your child ever attended English Language (ESOL) or Bilingual classes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which language(s) does your child read?	
In which language(s) does your child write?	
Has your child had any difficulties with learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child ever been absent from school for a long period of time? (health)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child's education ever been interrupted for a year or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Screening and Eligibility Status

Date of Screening _____ Test Used _____

Composite Score _____ Comprehension _____

Speaking _____ Listening _____ Reading _____ Writing _____

Eligible for ESOL services? Yes No Recommended instructional level _____

Recommended intensity of services _____

Due date to notify parent/guardian of student's eligibility to enroll in ESOL program _____
(within 30 days of beginning of school year or within two weeks of screening if enrollment after start of school year)

ESOL Program Placement

Start date _____ Parent/guardian declines ESOL services: Letter received _____ Date _____

Student moves _____ is withdrawn from _____ ESOL program: Date _____

HOOKSETT SCHOOL DISTRICT
STUDENT HEALTH HISTORY

A. Student name _____ Date of Birth _____
Address _____ Phone # _____
Circle One: Male Female 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

	<u>TYPE OF ALLERGY</u>	<u>TREATMENT</u>
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

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 (603) 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 _____

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

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Fred C. Underhill School

Benjamin Loi
Principal

Jennifer Colantuoni
Assistant Principal

AUTHORIZATION TO RELEASE STUDENT RECORDS

(previous school)

(address)

(city)

(state)

(zip code)

DOB

(student's name)

has enrolled in our school. He/She has been enrolled in grade _____ ,
effective _____. Please send a copy of all academic
records including transcript of grades, attendance, health records, test
results, special education information, and all other pertinent
information concerning the student.

FRED C. UNDERHILL SCHOOL

2 Sherwood Drive

Hooksett, NH 03106

Phone: (603) 623-7233

Fax: (603) 623-5896

Thank you for your cooperation.

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**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?

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Fred C. Underhill School

Kindergarten Session Request Form
2021-2022 School Year



Fred C. Underhill School will be offering 1 session of full-day kindergarten for the 2021-2022 school year. Half-day kindergarten will continue to be offered for both the morning and afternoon sessions.

There will be 20 slots available for the full-day session. A lottery process will be used to select students for full-day kindergarten if we receive more requests than there are slots. The lottery selections will then be made and parents will be notified of the outcome through email by the end of March. Once the full-day kindergarten slots have been filled, a wait list will be generated for the remaining students in the event there is an opening. Students enrolled after the deadline will be assigned to either full-day or half-day sessions dependent on availability. Requesting a specific session does not guarantee placement in that session.

Parents must submit this request form and a completed registration packet to have their child entered into the lottery for full-day kindergarten. Please select one of the options listed below. Lottery requests for full-day kindergarten will be accepted between February 1, 2021 and March 15, 2021. This document is not a registration document. Please visit <https://hooksett.sau15.net/registration/> for the digital registration documents or if you need a physical copy of the registration documents, please contact us at (603)623-7233.

Please complete the form below.

Section A: Student Information

Parent/Guardian Name (Printed)	Student Name

Email Address	Phone Number

Physical Address	Signature
	Date

Fred C. Underhill School

Kindergarten Session Request Form

2021-2022 School Year

Section B: Session Request

This is for families interested in the Full-Day Kindergarten Lottery. Please indicate if you want your child to be placed in the lottery. Children who are not selected for full-day kindergarten will automatically be added to a waitlist in the order that the names are selected.

If your child is not selected for Full-Day Kindergarten, please indicate if you want them to attend Half-Day Kindergarten at Underhill or if your child will not attend Underhill School.

Please select from the options below.

- I want my child to be placed in the Full-Day Kindergarten Lottery.
- If my child is not selected for Full-Day Kindergarten, I would like for my child to be considered for morning Half-Day Kindergarten.
- If my child is not selected for Full-Day Kindergarten, I would like for my child to be considered for afternoon Half-Day Kindergarten.
- If my child is not selected for Full-Day Kindergarten, I would like for my child to be considered for either morning or afternoon Half-Day Kindergarten.
- My child will not attend Underhill School if not selected for the Full-Day Kindergarten class.

Half-Day Kindergarten Session Request

This is for families who only want Half-Day Kindergarten.

Please select from the options below.

- I would like for my child to be considered for morning Half-Day Kindergarten. (9:00-11:35am).
- I would like for my child to be considered for afternoon Half-Day Kindergarten. (12:45-3:20pm).
- I have no preference. Either AM or PM works for my family.

Fred C. Underhill School
2 Sherwood Drive
Hooksett, NH 03106
underhill.sau15.net
(603) 623-7233

Dear Parents and Guardians,

The Hooksett School District has an emergency notification system, Bright Arrow, for notifying parents and staff of emergency situations. Incidents could include early dismissal, school cancellations, and other urgent situations that may arise. For cases such as these, we use the system to call/text parents. We also use this system to communicate with you via email. These emails will include relevant information about school, grade level and team notices, updates and upcoming events.

Please indicate the email address(es) and phone number(s) that you would like contacted along with your call/text preference for each phone number.

Child's Name (please print): _____ Grade _____

Bright Arrow Phone 1: Cell Text _____

Bright Arrow Phone 2: Cell Text _____

Bright Arrow Phone 3: Cell Text _____

Email Address 1: _____

Email Address 2: _____

Email Address 3: _____

Email Address 4: _____

Thank you.

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

Below is a list of immunizations required prior to school entrance.

According to State Law (RSA 200:32 & RSA 200:38-1) a physical exam and the following immunizations are required prior to starting school.

- DTP:** 4 or 5 doses - 4th or 5th dose given on or after the 4th birthday
- OPV/IPV:** 3 or 4 doses - one dose given on or after the 4th birthday; last 2 doses separated by 6 months.
- Measles-Mumps-Rubella:** 2 doses - at least one dose on or after 12 months; 2nd dose at least 28 days after 1st
- HepB:** 3 doses - doses 1 & 2 separated by at least 4 weeks; dose 3 must be given on or after 24 weeks of age and be at least 8 weeks from 2nd dose and 16 weeks from 1st dose
- Varicella:** 2 doses - dose 1 on or after 12 months; dose 2 at least 12 weeks after dose 1

If you have any questions or concerns, please don't hesitate to reach out to my office at (603) 623-7233, ext. 168.

Thank you,
Mrs. Libby RN
(603) 623-7233, ext. 168
Underhill School Nurse

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**HOOKSETT 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

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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

**HOOKSETT SCHOOL DISTRICT
ENTRANCE AGE**

A student, who is a Hooksett resident, entering the first grade at the Hooksett elementary schools must be six years of age on or before September 30th. A child entering kindergarten must be five years of age on or before September 30th.

Students transferring into the district from another public school will be placed in the grade they were previously enrolled.

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

Legal Reference:
RSA 193:1

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