

~ ELLIS SCHOOL ~
 Fremont, New Hampshire
 ENROLLMENT and RESIDENCY VERIFICATION FORM

In accordance with School District policy, the School must have pupil and family data on file. Only such data as is essential to the educational progress, well-being of the pupil, and proof of residency will be required and it must be updated at least annually to insure its accuracy and reliability. Should this information changes during the school year, please notify the office immediately.

Please print & complete the following: Child's Grade Level _____ Child Entering Grade _____, if Summer Enrollment

Student Name _____ Female ___ Male ___
Last Name First Name Middle Name

Date of Birth _____ Place of Birth _____
Month Day Year Town/City State

Ethnicity PLEASE CHECK ALL THAT APPLY IN BOTH A AND B (Child's Race for State & Federal Reports)

- A. ___ Hispanic/Latino Yes ___ No ___
 B. ___ American Indian or Alaskan Native ___ Asian ___ Black ___ Native Hawaiian or Other Pacific Islander ___ White

District residency policy states that residency for the purpose of enrollment in a District school shall be defined by RSA 193:12. Per RSA 193:14, no pupil shall have been assigned to a particular school by the School Board (per residency laws) shall attend any other school until assigned thereto. Violators of this residency policy will be aggressively pursued and prosecuted under State law to recover lost tuition and legal fees. The Board reserves the right to request proof of residency and custody (if applicable) for students new to the District and students in District suspected of not having legal residency per State law.

Home Address - for purposes of identifying your legal residence, you must provide your legal residence, your street address, including street number, and apartment/duplex designation (number/letter).

Home Address _____ Home Phone _____

Mailing Address (if different) _____

Please provide the school with any court orders including, but not limited to, custody, guardianship, etc. which would prove residency and assist the school in communicating with you and providing a safe environment for your child. Please let us know if there is a custody issue: ___ Yes ___ No

Marital Status of Parents ___ Married ___ Separated ___ Divorced Deceased: Father/Mother (circle one)

Adult in the home _____ Adult in the home _____

Relationship to student _____ Relationship to student _____

Cell # _____ Cell # _____

Work # _____ Work # _____

E-mail Address _____ E-mail Address _____

Parent not living with child

Name _____ Relationship to student _____

Home Phone _____ Cell Phone _____

Home Address _____
Street Town State Zip

Language spoken at home _____ Other known languages _____
For State & Federal Reports

My Student is currently receiving the following services:

IEP 504 Other None

Please list the full name and age of all children in family, starting with oldest.

Sibling Name: _____ Age _____

Sibling Name: _____ Age _____

Sibling Name: _____ Age _____

Sibling Name: _____ Age _____

Previous Schools Attended (including Pre School)

Name of School _____ Town _____ State _____ Dates _____

Name of School _____ Town _____ State _____ Dates _____

Name of School _____ Town _____ State _____ Dates _____

Name of School _____ Town _____ State _____ Dates _____

Parent/Guardian Signature(s) Required. The truth of the information contained in this form will be relied upon in determining the legal residence of this pupil within the district and his/her right to be provided with a tuition-free education in the Fremont School District in accordance with the Education Law of the State of New Hampshire.

We certify that the information contained herein is true, accurate and complete under pains and penalties of New Hampshire law.

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Note: Access to telephone numbers is limited to school personnel. All information is kept confidential and limited to school personnel on a need-to-know basis.