

MILFORD SCHOOL DISTRICT
JACQUES MEMORIAL SCHOOL
A Great Place to Start
9 Elm Street
Milford, NH 03055
(603) 673-4434 Fax: (603) 249-0009

Dear Parents and/or Guardians:

February 2012

Welcome to Jacques Memorial School! We look forward to sharing the beginning of your child's educational journey.

Registering for kindergarten requires specific immunizations and documentation. Please read the following information carefully. Your child is officially registered for kindergarten once **ALL** paperwork has been returned to the school.

PHYSICAL EXAMINATION

A physical examination is required by law and must have taken place after September 1, 2011. All immunizations must be up-to-date. The doctor must complete and sign the enclosed Physician's Report form or provide us with their signed computer generated report. We urge you to make an exam appointment now, as the doctors' offices are usually booked quite far ahead. Please return your child's Physician's Report to the school as soon as the physical exam has been completed.

BY LAW, CHILDREN WILL BE DENIED ENTRANCE TO SCHOOL WITHOUT THE FOLLOWING IMMUNIZATIONS:

1. A minimum of four (4) or five (5) doses of DTaP (Diphtheria, Tetanus, acellular Pertussis). Given at acceptable intervals as required by the state for school entry with the 4th or 5th dose given on or after 4th birthday.
2. A minimum of three (3) doses of Polio vaccine.
3. Two (2) doses of MMR (Measles, Mumps, Rubella).
4. Three (3) doses of Hepatitis B as required by the state
5. Two (2) doses of Varicella (Chicken Pox vaccine) or lab test demonstrating immunity.
6. Haemophilus Influenza Type B (HIB) - only required for children under the age of 5.

** These are the current 2011-2012 state requirements are subject to change without notice.*

BIRTH CERTIFICATE

Our office must verify your child's **ORIGINAL BIRTH CERTIFICATE** before entrance to kindergarten. We will make a copy and return the original to you.

LEGAL DOCUMENTS

Our office must have copies of any legal documents that prohibit any person from seeing or dismissing your child during or at the end of the school day (i.e. Custody or Restraining Orders).

KINDERGARTEN PARENT QUESTIONNAIRE

STUDENT REGISTRATION FORM

KINDERGARTEN SESSION REQUEST FORM

RESIDENCY

Proof of Residency is required for entrance into the Milford schools. Below is a list of documents that are acceptable proof. In the unusual case that you have none of these available, a signed and notarized statement of residence must be submitted.

- Purchase and Sales Agreement
- Utility bill or deposit indicating address
- Driver's License
- Lease Agreement
- Voter Registration
- Social Services Paper – Social Security, AFDC

If the purchase of a house has not been completed, a copy of the Purchase & Sales Agreement and a letter of intent is submitted to the Superintendent of Schools for approval.

All Kindergarten registration forms listed previously must be received by Friday, April 6, 2012 at Jacques Memorial School in order for your child to be considered for your preferred session (AM or PM). Students with incomplete registration packets will not be assigned a session. Your child may enter school only after all required documentation is submitted.

Bus routes are determined in late August and will be posted on the school district web site www.milfordschools.net. Just a reminder, busing is available to school in the morning for AM Kindergarten students and home from school in the afternoon for PM Kindergarten students. Parents/guardians are responsible for mid-day transportation. **There is no mid-day busing provided by the school district.**

In an effort to assist parents with their childcare needs, we have been in contact with the Milford private care providers. There are providers that may offer something that fits your needs. Parents/guardians will need to contact the private provider directly to see what they are offering. Any arrangements for extended care are between parents/guardians and the private provider. If you are interested in receiving information about private care providers, please complete the information below.

Yes, I am interested in receiving information on private care providers.

Parent Name: _____

Email: _____

Address: _____
