Landaff Blue School

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www.Landaffblueschool.com

School Board
Matthew Copithorne
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John Barth Vice Chair
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CJ Watson

Head Teacher
Molly Culver

A one-room school experience preparing children for the 21st century.

Dear Blue School Families,
We would like to welcome you to a new school year. For some of you, a child entering school is a new experience and, for others, with older children it is more familiar.

Elementary school is an important time in a child's life as it helps build a solid foundation to their education for many years to come. We hope that together we can work to make this experience positive and encouraging for your student. These first weeks will be primarily devoted to familiarizing students to the school environment and daily routines. Starting school is both an exciting and doubtful time for families. If you have any questions or topics that you wish to discuss, please feel free to contact us!

We look forward to working with you and your student/s this year. It is going to be an amazing and exciting year!

Landaff Blue School Staff,

Head Teacher: Molly Culver	m.culver@sau35.org
Preschool Teacher: Kolonie Hudson	k.hudson@sau35.org
Teacher Assistant: Amanda O'Dell	a.odell@sau35.org

SCHOOL HEALTH SERVICES

The health of each student greatly influences their ability to learn.

NAME:_____ GRADE:_____

ADDRESS:_____ PHONE:_____

_____

DATE OF BIRTH:_____PLACE OF BIRTH:_____

PARENT/GUARDIAN (S):_____

_____

TELEPHONE #'s:_____ _____

CHILD'S PHYSICIAN:_____ PHONE:_____

ADDRESS:_____

New Hampshire State Law Requires:

RSA 200:32 A complete medical examination by a licensed physician upon or prior to the entrance into the public school system and thereafter as often as deemed necessary by the local school authority.

RSA 200:38-1: The immunizations listed below must be complete prior to school entry;

1: Diphtheria, Pertussis, and Tetanus (DPT)

2: Oral Trivalent Polio Vaccine (Sabin)

3: Measles, Mumps and Rubella (MMR)

4: Hepatitis B Vaccine Series (If Born After 1991)

PHYSICAL EXAMINATION FORM

Child Name:_____ **DOB:**___/___/___ **Age:**_____

Allergies to Medicine:_____

Other Allergies:_____

Routine Medications:_____

Date of Exam:_____ **Height:**_____ **Weight:**_____

Blood Pressure:_____

Vision:_____

Hearing:_____

IMMUNIZATIONS: (Month/Day/Year)

Dta/DPT	
IVP/OPV	
HIB	
Hep B	
TD	
MMR	
Varicella (varivax)	

Health History (Give Dates)

Allergy		Heart Disease	
Asthma		Operations	
Diabetes		Serious Injury	
Chicken Pox		Strep Throat	
Ear Infections		Seizures	

Physical Exam:

Normal:_____

Exceptions/Abnormalities:_____

DEVELOPMENT (For Preschool, Kindergarten, School Age)

Normal:_____ **Delayed:**_____

Recommendation regarding medical/developmental needs:

_____

_____

MAY PARTICIPATE IN (For school, athletic programs)

All forms of athletics or programs? YES NO

Any restrictions or recommendations based on medical findings:

_____

_____

Physician's Signature:_____**Date:**_____

Physician's Address:_____

Physician's Phone: _____

Preschool Experience

Name of School/Program:_____

Dates Attended:_____

Reaction to School, to Teachers & to Other Students:

Does Your Child…

	Yes	No
Seem to have difficulty hearing?		
Turn up the TV louder than other family members?		
Seem to favor one ear over the other?		
Seem to hear you if you talk in a whisper?		
Jump or appear to be more startled than others if there is a sudden noise?		
Make you talk more loudly or repeat frequently?		
Become confused in following more than two verbal directions at a time?		

Stress/Crisis At Home (Please Check if Applicable)

	Yes	When
Birth of another child.		
Death of a family member, friend, or someone else.		
Divorce or separation.		
Moving.		

Developmental Milestones:

Please indicate approximate age of success and any unusual difficulties:

EVENT	Age:	Difficulties:
Crawling		
Sitting		
Walking		
Drinking By Self		
Talking		
Toilet Trained		
Dressing By Self:		
- Putting on Clothes		
- Tying Shoes		
- Buttoning		
- Zipping		

Motor Development:

Do you feel your child had adequate muscle coordination?_____

Does Your Child…

	Yes	No
Catch a ball thrown to them?		
Enjoy physical activity?		
Loses balance, trips, or falls more than same age peers?		
Have difficulty running?		

Social Development:

Does Your Child…

	Yes	No
Have regular playmates the same age?		
Have any difficulty getting along with other children?		
Prefer to play with other children then alone?		
Become easily frustrated?		
Cry easily or more frequently?		
Enjoy cooperating with others?		
Become frequently irritated or moody?		
Become upset with changes in routine?		
Have a temper?		
Demand much individual attention?		
Accept discipline and limits?		
Aggressive towards others?		
Short attention span?		
Hurt self?		

Any other information or behaviors we should be aware of?

Optional and Confidential

Student Housing Questionnaire

Please use one form per family. Return to school registration office personnel within 14 days of receipt. If you require additional copies, please contact the school.

Student Name:_____

(Last) (First) (MI)

Name of School:_____
Grade:_____ DOB:_____/_____/_____ Age:_____

Other Children Living In The Home:
Name:_____
School:_____

Name:_____
School:_____

Name:_____
School:_____

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.
1: Is the students' home address a temporary living arrangement, other than rental? _____Yes _____No

2: Is this a temporary living arrangement due to a loss of housing or economic hardship? _____Yes _____No

If you answered yes to either of the above questions, please complete the remainder of this form.
If you answered no to the above questions, you may stop here.

Where is the student currently living:
_____ In a Motel _____ In a Shelter _____Moving From Place to Place
_____Tansitional Housing (Through Community Agency)
_____ With more than one family in a house or apartment
_____ In a location not designed for sleeping accommodations such as a car, park or campsite.

ADDRESS OF CURRENT RESIDENCE OR NAME OF MOTEL/SHELTER:

_____

Street Town Zip Code State

Name of Contact:_____

Contact Phone #:_____

Date:_____/_____/_____

Print Name of Parent/Guardian:_____

Signature of Parent/Guardian:_____

Emergency Information
Blue School 2025/2026

Student Name:_____**DOB:**_____

(Last) (First) (MI)

Parent/Guardian Name:		**Relationship:**	
Email:		Home Phone:	
Work Email:		Cell Phone:	
Other:		Work Phone:	
Mailing Address:			

Parent/Guardian Name:		**Relationship:**	
Email:		Home Phone:	
Work Email:		Cell Phone:	
Other:		Work Phone:	
Mailing Address:			

Are you or an immediate family member serving or have served in the military?

_____

Can we share your email? Yes No

Parent/Guardian Signature: _____Date:_____

EMERGENCY INFORMATION:

In the event of an emergency, we will call 911 first, then the parent. In the event of an emergency and I cannot be reached, please take my child to:	
Hospital:	
Doctor:	
Phone Number:	

EMERGENCY CONTACT:

Name:		**Relationship:**	
Home Phone:		Cell Phone:	
My Child Calls This Person…			
Other:			

Transportation

It is important for us to know how your child is getting to and from school!

- Children will only be released to people on your approved list. They will be asked to show ID.
- If there is a change at the end of the day, we *must* be notified with either a note or a phone call. *We will not respond to a child's word about where they are going.*
- Please keep us updated about any changes you may need to make!

Child's Name _____

My child will be arriving at school by:

_____ Bus

_____ Private car

_____ Walking

My child will be going home from school by:

_____ Bus

_____ Bus to Boys and Girls Club

_____ Private car

_____ Walking

The following are people on my approved transportation list:

Name	**Phone #**

Web Site and Newspaper Permission

Child's Name _____

Website

There will be times when we would like to post pictures of what we are doing at school and examples of the wonderful work our children have done. Knowing that the website is accessible to a worldwide community, we will not identify pictures with children's names. Any work will be identified by first name only.

I (*circle one*) **give / do not give** permission for my child to have his/her picture or work displayed on the school/ SAU 35 website.

Newspaper

Our school is often featured in the newspaper in the format of photographs and articles. Please know that every newspaper is accessible to a worldwide community. The children's full names will appear.

I (*circle one*) **give / do not give** permission for my child to have his/her picture or work displayed in the newspaper.

_____ _____

Video and Photograph Permission

Child's Name _____

Videotaping and photographing the children at school has become a very useful tool; critique by the children, critique by the teacher, and other educational purposes. Please know that at any time parents may view these videos and/or photos.

I understand that my child may be photographed or taped for educational purposes. I (*circle one*) **give / do not give** permission for my child to be videotaped or photographed.

Walking Field Trip Permission Form

There are so many resources so close to school for us to use. Should it require that we leave the school grounds for a walking field trip at any point, we must have your permission.

I understand that my child may leave the school grounds for educational purposes. I hereby (*circle one*) **give / do not give** permission for my child to participate in walking field trips off of the school grounds.

_____ _____

(Parent/Guardian Signature) (Date)

School Census and Child Find

Landaff School District, Landaff, New Hampshire

Please help us keep the school census up-to-date for future planning. Please fill out the "In My Household" section and if you know of any other children we may not hear about, please fill out the "Other Family" section.

In My Household

Child Name	Date of Birth	Parent/Guardian

In your household are there any preschool-aged children (0-5) that are in need of special services or you think should be evaluated?

_____

_____

_____

_____

Other Family

Child's Name	Date of Birth	Parent/Guardian	Phone	Address

Volunteers at Blue School

Join the team at Blue School and become a volunteer!

Do you have a special skill that you would be willing to share? Do you have a hobby that you could show us? Are you a good organizer? Do you just have some time in your life to come share with our classroom?

Name of Volunteer

_____

Yes! I would love to share (please describe)

_____

_____

_____

_____

The best day of the week for me is

_____

_____

I can be reached at

_____

_____

I need some advanced notice

_____

_____

Anything else?

_____