



**Moose Hill School**  
**150 Pillsbury Road**  
**603.437.5855**

**Kindergarten Coordinator: Sandra Mack Ext. 7113**  
**Office Assistant: Carol Granara Ext. 7100**  
**Clerical Assistant: Pat Miller Ext. 7111**  
**Nurse: Jean Queenan, RN Ext. 7116**

## **Kindergarten Information**

- Half day program: **AM Session: 8:42 AM - 11:25 AM** **PM Session: 12:35 PM - 3:18 PM**
- Sessions are determined by your home address. The street listings are available on the school district website.
- A certified teacher and an assistant are assigned to every classroom.

## **Admissions**

In order to register for entrance into Kindergarten, a child must be five years old on or before September 30<sup>th</sup> in accordance with New Hampshire Law RSA 193.1 and Londonderry School District Policy JEB. The child's **original** birth certificate must be presented to verify date of birth.

In order to attend Moose Hill School, the child must reside in Londonderry under the immediate supervision and custody of a parent or legal guardian. The required registration packet, kindergarten questionnaire and street assignments can be found at:

- [www.londonderry.org](http://www.londonderry.org)
- Information Tab
- New Student Registration
- Kindergarten Registration

## **Physical & Immunizations**

State Law requires a complete medical examination by a licensed physician. The exam must be performed within 12 months **PRIOR** to the date of entry into the Londonderry School System. The following immunizations are required by State Law and must be reviewed by the school nurse **PRIOR TO SCHOOL ADMISSION:**

- Measles
- Rubella
- Polio Vaccine
- Hepatitis B Vaccine
- Mumps
- Varicella Vaccine
- DPT or DT (Diphtheria, Pertussis, Tetanus)

**No child may be admitted to school until proof of required immunizations are received and verified.**

## **School Nurse**

The school nurse supervises the health program in the Londonderry schools. It is important for the school to be able to contact a parent (or person designated by a parent) in case of illness or accident. Therefore, please fill out all emergency cards completely. Notify the school of any changes throughout the year. Transportation of an ill child is the parent's responsibility. Please have a plan in place in the event of a dismissal when you are at work.

State Law prohibits all school personnel from giving medication, except by a physician's written instructions. In such cases, please contact the school nurse for arrangements. Please do not send any medication into school with your child. No medications will be sent home with any child.

Any request from home asking that a child remain indoors or be excused from recess **will not** be honored unless the request is accompanied by a physician's certificate.

Any child ill with a communicable disease must remain out of school until all symptoms have disappeared. A physician's certificate is required in cases of communicable skin diseases. Any child sent home with head lice must remain out of school until the school nurse has determined that the child's hair is free of all lice and nits. If this condition is discovered at home, please report to the school nurse so that she may investigate possible contacts.

The school nurse will test vision and hearing yearly. If your child has passed the screening test but complains or shows signs of difficulty, please arrange for a physician's examination and notify the school nurse of the findings.

If you have a child of any age who has an educational or physical disability, this information should be reported to the school office as soon as possible.

Please be sure to notify the school nurse if your child has any allergies or medical conditions.

## **Absences**

**The absence telephone line number for Moose Hill School is 437-5855 – Press 2 then 1**

When your child is absent or tardy, you are responsible for contacting the school **prior** to the start of each school day. This procedure is set up to help insure the safety of your child.

## **No School & 2 Hour Delay Announcements**

School Messenger Notification System

- Email
- Text
- Voicemail

Londonderry.org

Londonderrynh.net

Twitter

95.7 FM (WZID)

LEO-21 (Londonderry Educational TV, \*Cable TV only)

Channel 4 & 38 (W BZ-TV)

Channel 5 ((WCVB TV)

Channel 7 & 56 (WHDH TV)

Channel 9 (WMUR TV)

Channel 25 (WFXT TV)

## **Transportation**

Bus transportation is provided for kindergarten children according to local board policy. Group stops are arranged when possible. Buses for the AM sessions only run in the AM part of the town. Buses for the PM session only run in the PM part of town. The district will issue a schedule for bus routes in late summer.

A transportation information form is included in the orientation packet. It is due at the time of registration so bus routes can be determined.

If you will be driving your kindergarten student to school, you will need to park in the parking lot. Please wait until the staff comes out to supervise arrival time (8:37/12:30). You may then walk your child across the driveway, at the crosswalk, where they can join the bus students and walk to class. Once the kindergarten staff have left the bus area, you will need to walk your child into school and check in at the front office for a late pass

## **School Supplies**

Books and supplies required for student use are furnished by the school district. Normal wear is expected. However, destruction of school property cannot be permitted. Students who lose books or damage materials will be responsible for the cost of replacement on a prorated basis.

## **A Note for Parents/Guardians of Kindergarten Students**

Children entering school for the first time are taking a big step. They are leaving the familiar surroundings of their home and the close associations of the family to enter an unfamiliar building and to associate with a larger number of new people. You should help your child take this step by making it appealing to him/her.

Children who have acquired certain habits and abilities will adjust more easily. You should not try to teach the work to be presented in the classroom, but you could help children attain the following objectives:

1. Identify themselves - know their name, parent/guardian names, street address and telephone number (including area code)
2. Care for clothing:
  - Put on and take off outer clothing and boots
  - Hang up their coat and keep boots, mittens and hats together
3. Proper use of a tissue
4. Attend to their own toilet needs
5. Take pride in personal neatness and cleanliness

\*Labeling all outer clothing, snack containers, and school bags would be greatly appreciated by the teachers.

The confidence acquired through the ability to do these seemingly simple acts will help youngsters to face the new situations they will meet in school.

## **District Administrative Information:**

- Superintendent of Schools: **Scott Laliberte**
- Assistant Superintendent of Schools: **Daniel Black**
- Business Administrator: **Peter Curro**
- Director of Pupil Services: **Kim Carpinone**

We are happy to assist in the process of giving your child wings to fly.

Londonderry School District  
6A Kitty Hawk Landing, Suite 101  
Londonderry, NH 03053  
603.432.6920



**MOOSE HILL SCHOOL**  
**Londonderry, NH**

**PARENT QUESTIONNAIRE – KINDERGARTEN PROGRAM**

Dear Parents/Guardians:

It is felt that you, as parents/guardians, have valuable information to share regarding your child. This information, along with the preschool questionnaire and kindergarten screening results will help plan the best placement for your child entering kindergarten in the Londonderry Schools.

CHILD'S NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

Did your child attend preschool?  YES  NO

Name of Preschool: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Status in Family:     Oldest     Middle     Youngest     Only Child

1. Does your child button, snap and zip his/her clothes? \_\_\_\_\_

2. Does your child have any jobs or responsibilities at home? \_\_\_\_\_

Please list: \_\_\_\_\_

3. Can your child follow a two-step direction? \_\_\_\_\_  
(Ex. "Go to the refrigerator and get milk.")

4. Does your child show an interest in drawing and coloring? \_\_\_\_\_

5. Does your child put puzzles together? \_\_\_\_\_

6. Does your child cut with scissors? \_\_\_\_\_

7. Does your child talk easily with adults? \_\_\_\_\_ With children? \_\_\_\_\_

8. Does your child initiate conversation with children who he/she knows? \_\_\_\_\_

9. Would your child rather play alone or with other children? \_\_\_\_\_

10. Does your child adjust easily to new situations? \_\_\_\_\_

11. Does your child like listening to a story? \_\_\_\_\_

12. How long can he/she be attentive to a story? \_\_\_\_\_

13. Do you read to your child on a regular basis? \_\_\_\_\_

14. Does your child know how to hold books and turn the pages? \_\_\_\_\_

15. Is your child curious about "what the words say" in a book? \_\_\_\_\_

16. Does your child understand stories read aloud? \_\_\_\_\_

17. Can your child retell a story from looking at pictures in a book? \_\_\_\_\_

18. Does your child recite nursery rhymes? \_\_\_\_\_

19. Does your child attempt to write words? \_\_\_\_\_

20. Does your child show an interest in writing his/her name? \_\_\_\_\_

21. What are your child's favorite free time activities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. Is there any additional information we should be aware of? (social, educational)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. Do you have any information you would like to share regarding your child's readiness for school?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. Any other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\* Please direct any special placement issues in writing directly to the Director.**  
**Please do not include medical information on this form.**

DATE \_\_\_\_\_

SCHOOL \_\_\_\_\_

**LONDONDERRY SCHOOL DISTRICT  
Londonderry, New Hampshire 03053**

**HEARING AND VISION FORM**

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

PARENT'S NAME(S) \_\_\_\_\_

\*\*\*\*\*

CHILD: Wears Glasses \_\_\_\_\_ YES \_\_\_\_\_ NO Date of Last Exam \_\_\_\_\_

Has Tubes in Ears \_\_\_\_\_ YES \_\_\_\_\_ NO Date \_\_\_\_\_

\*\*\*\*\*

**STOP: THE FOLLOWING INFORMATION WILL BE COMPLETED AT THE SCREENING.**

\*\*\*\*\*

**HEARING SCREENING**

PURETONE RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_

\*\*\*\*\*

SCHOOL NURSE RE-TEST RESULTS DATE \_\_\_\_\_

TYMPANOGRAM RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_

PURETONE RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_

\*\*\*\*\*

**VISION SCREENING**

SNELLEN CHART GLASSES WORN DURING SCREENING? \_\_\_\_\_ YES \_\_\_\_\_ NO

RIGHT EYE \_\_\_\_\_ RESCREEN \_\_\_\_\_

LEFT EYE \_\_\_\_\_ RESCREEN \_\_\_\_\_

\*\*\*\*\*

SCHOOL NURSE RE-TEST RESULTS DATE \_\_\_\_\_

RIGHT EYE \_\_\_\_\_ LEFT EYE \_\_\_\_\_

LONDONDERRY MOOSE HILL SCHOOL  
Londonderry, NH

**STUDENT'S MEDICAL HISTORY**

STUDENT NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

**A. PRE-NATAL HISTORY**

During pregnancy, did child's mother have:

- |   |                             |                              |
|---|-----------------------------|------------------------------|
| 1. German measles, other viral disease or illness | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 2. Any medications                                | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 3. Serious accidents                              | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 4. Rh condition                                   | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 5. Other  |                             |                              |

Explain \_\_\_\_\_

**B. BIRTH AND POST-NATAL HISTORY**

- |                             |                             |                              |
|-----------------------------|-----------------------------|------------------------------|
| 1. Weight at birth          | _____ lbs.                  | _____ oz.                    |
| 2. Normal delivery          | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 3. Breathing difficulties   | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 4. Jaundice                 | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 5. Congenital abnormalities | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| 6. Apgar Score              | _____                       | _____                        |
| 7. Other (explain)          | _____                       |                              |

**C. DEVELOPMENTAL HISTORY**

At what age did the child:

Walk alone \_\_\_\_\_ months

Talk in single words \_\_\_\_\_ months

Bladder train \_\_\_\_\_ months

Talk in sentences \_\_\_\_\_ months

Bowel train \_\_\_\_\_ months

Any speech problems  NO  YES

**D. MEDICAL HISTORY (circle any of the following that your child has had)**

- Wheezing       Chicken Pox       German Measles       Operations       Asthma  
 Measles       Meningitis       Scarlet Fever       Pneumonia       Strep Throat  
 Mumps       Diabetes       Serious Accidents       Ear Infections       Eye Disorder  
 Hearing Disorder       Kidney/Bladder Disorder

Other \_\_\_\_\_

**E. ALLERGIES**

- Insects       Medication      Other \_\_\_\_\_

**F. FAMILY HISTORY**

- Seizures       Tuberculosis       Diabetes       Asthma       Heart Disease

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_



# EMAIL NOTIFICATION SIGN UP

Dear Parents/Guardians:

In an effort to use technology to improve the efficiency and timeliness of communications, we are offering families an opportunity to receive school notifications by email. We have been working in conjunction with the PTA/PTSO to reduce the overall amount of paper used district-wide. If you are interested in receiving school notices via email, please complete this form and return it to your child's school. In addition, some school information will be posted on [www.londonderry.org](http://www.londonderry.org).

If you choose to correspond with us through email, we may retain the content of your email messages together with your email addresses and our responses. All personal information and email addresses will be kept strictly confidential, in a secure location, and will not be shared with any third parties. Understand that despite everyone's best efforts, timely delivery of email is not guaranteed.

**Please fill out one form per child.**

**Please check one:**

- Yes**, in lieu of paper copies, I would like to receive school notifications via email at the address(es) listed below.
- No**, I prefer a paper copy of school notifications.

Grade: \_\_\_\_\_ Home Room: \_\_\_\_\_ ID#: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Delete** this email address: \_\_\_\_\_

**New** email address: \_\_\_\_\_

**Additional** email address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

(Please PRINT Name)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents/Guardians are responsible for notifying the school if there is a change in any of the above information.



Room # \_\_\_\_\_

Session: AM  PM

Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_

**Moose Hill Transportation Information**

Child's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

**(Home address determines which session your child attends)**

Parent(s)/Guardian(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Individuals meeting the bus must be at least 15 years old.**

Please indicate your child's schedule below. If applicable, include your child's daycare provider name and address. The day care must be in the same area/session as your home address.

Day	Pick up Address	Drop off Address	Name of person meeting bus
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			

Please list the additional names of those that have permission to meet your child at the bus stop.

\_\_\_\_\_

\_\_\_\_\_

**Please note: Changes to a bus route take 3-5 business days.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\*For Office Use Only\*\*\*\*\***

New Student  Address Change  Double Roster  SPED New Bus # \_\_\_\_\_

Old Address: \_\_\_\_\_ Old Bus # \_\_\_\_\_

Teacher  Office  Bus Company  Computer Entry