Welcome to the Oyster River School District!

It is common practice to register at the school that corresponds with your address and district bus routes, although you may register at either elementary school if it’s more convenient. In order to establish equitable classroom placement and efficient transportation for all new kindergarteners, school placement as well as classroom assignments will be announced by August 1st.

When registering please bring in or scan and email a copy of your child’s birth certificate, proof of your residency in the Oyster River Cooperative School District such as a current utility bill, lease or mortgage bill with your name and address, as well as any custody/legal paperwork if applicable.

Please feel free to reach out with any further questions. We are looking forward to welcoming your family here in ORCSD!

Christine Nelson
Administrative Assistant to the Principal
Mast Way Elementary School
23 Mast Road
Lee, NH 03861
Ph: 603-659-3001 x.3300
Fax: 603-659-8612
 cnelson@orcsd.org

Helen Holmes
Administrative Assistant to the Principal
Moharimet Elementary School
11 Lee Road
Madbury, NH 03823
Ph: 603-742-2900 x.4302
Fax: 603-742-7569
 hholmes@orcsd.org
OYSTER RIVER COOPERATIVE SCHOOL DISTRICT
ELEMENTARY ~ NEW STUDENT INFORMATION FORM

Today's Date: __________________________  Student's Date of Birth: __________________________

Student's Name: __________________________ __________________________ __________________________  □Female  □Male
(As Listed on Birth Certificate)  Last  First  Middle

Student Entering Grade____  Student Previous Enrolled in ORCSD?  □ Y or □ N  If Yes, what grade(s)?____

Place of Birth: __________________________  Town  __________________________  State  __________________________  Country  __________________________  Date First Entered US School

Student Services Receiving (Speech, PT, OT, ESOL, IEP, etc.) and/or Health Concerns (Please list below)  □None

Contact 1 (Parent/Guardian) Information
Name  __________________________
Address  __________________________  __________________________  __________________________
Email  __________________________
Home Phone  __________________________  Text? □ Y  □ N
Cell Phone  __________________________  Text? □ Y  □ N
Work Phone  __________________________
Military Status:  □ Not Applicable  □ Full-Time National Guard
□ Armed Forces – Army, Marines, Navy, Air Force, Coast Guard  □ Active Duty

Child Lives with  □ Mother  □ Father  □ Step Mother  □ Step Father  □ Guardian  □ Other

Previous School Attended

Previous School Address  __________________________

Name of Sibling(s) Enrolled in ORCSD and Grade(s)

* * * * * * * * * * * * * * OFFICE USE CHECKLIST* * * * * * * * * * * * * * * * * * * *

Forms Received
□ Registration  □ Birth Certificate  □ Proof of Residence  □ Transcript/Schedule
□ Immunizations  □ Physical Exam  □ Custody Orders  □ Previous Records
□ Records Release Form  □ Ethnicity / Race Form

Forms Submitted
□ Registration  □ Teacher  □ Speech History (To Speech & Language Department)
□ Home Language Survey (To ESOL for review; then permanent file.)  □ Transportation  □ Bus # AM____  □ Bus # PM____
□ PowerSchool  □ Access Accts  □ InfoSnap  □ Scheduled  □ IT/OR Username  □ STAR  □ SB
□ Student Picture  □ Lunch/Snack/Drink List  □ Student Contact Spreadsheet  □ In/Out Book
□ Parent Emails  □ Staff Email  □ Class Count  □ Emergency Clipboards  □ Family Count
□ Registration Completed?  □ YES  Initials  ___________ Date

Record Release Sent Date  __________________________  Records Received Date  __________________________

Start Date___________  Unique ID #___________  SASID #___________  Class Placement

Notes  __________________________

Date Modified: 1/8/2020
RESIDENCY AFFIDAVIT

New Hampshire law requires that your child be a legal resident of one of the towns in the Oyster River Cooperative School District in order to attend its schools. The “legal residency of a minor child” is defined in RSA 193:12 as follows:

1. Parents live together. The legal residence of a minor student is where his or her parents reside.
2. Parents live apart but are not divorced. Legal residence is the residence of the parent with whom the child resides.
3. Parents are divorced with joint legal custody or joint decision-making authority. Residence is the residence of the parent with whom the child resides.
4. Parents are divorced and one parent has been given sole or primary physical custody or sole or primary residential responsibility by a court. Legal residence of a child is the residence of the parent with sole or primary physical custody or sole or primary residential responsibility.
5. Parents are divorced and court order is for equal or approximately equal period of residential responsibility. Residence is as stated in the order.
6. Guardian appointed by court. Legal residence is the residence of the guardian.

Student Name: _____________________________________________________________
(add name)

The student’s home address is: ______________________________________________________
(add actual street address)

The student lives with: _____________________________________________________________
(add name)

who is a ____ parent or ____ guardian appointed by a court. (Please check appropriate description)

If you have checked parent, please check the following as applies: ___ Married ___ Separated ___ Divorced

PLEASE ATTACH COPIES OF DOCUMENTS ESTABLISHING RESIDENCE SUCH AS A COPY OF A LEASE, AN ELECTRIC BILL, A TELEPHONE BILL, and/or GUARDIANSHIP ORDER, CUSTODY ORDER.

I (We) understand and acknowledge that the truth of the information contained in this Affidavit will be relied upon by the School District in determining the legal residence of the student and the student’s right to be provided with a free education at the expense of the Oyster River Cooperative School District in accordance with the education laws of the State of New Hampshire. I (We) certify that the information contained herein is true, accurate, and complete under pains of penalties of New Hampshire law.

I (We) understand that providing misleading or false information about a student’s residency is a criminal offense under RSA 641:3 and RSA 641:7. In addition, if this Affidavit is untrue, I (we) agree to pay tuition for my (our) child/children to the District.

__________________________________________________ _________________________________________________
Parent/Guardian Signature                           Date   Parent/Guardian Signature                          Date
**OYSTER RIVER COOPERATIVE SCHOOL DISTRICT - SAU #5**

REQUEST FOR RELEASE AND/OR EXCHANGE OF STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Parent:</th>
<th>Student:</th>
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<tbody>
<tr>
<td>Address:</td>
<td>DOB:</td>
</tr>
<tr>
<td>Phone #:</td>
<td>Entering Grade:</td>
</tr>
<tr>
<td></td>
<td>SASID #:</td>
</tr>
</tbody>
</table>

The purpose of this authorization is to (check one):

☐ Request information for a new student – first day at ORCSD was/will be ________________

☐ Release information for a student leaving ORCSD – last day was/will be ________________

☐ Exchange/Release information regarding a current student

I hereby authorize Oyster River Cooperative School district to disclose education records, and to orally disclose information from education records, concerning my child to:

<table>
<thead>
<tr>
<th>School/Agency:</th>
<th>Address:</th>
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</table>

<table>
<thead>
<tr>
<th>Contact Name:</th>
<th>Phone #:</th>
<th>Fax #:</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

Authorizing Signature: __________________________ Date: ______________

Printed Name: __________________________ Relationship to Student: __________

For information requests, please send information/records to the school indicated below.

☐ Mast Way School, 23 Mast Rd., Lee, NH 03861 Ph: (603) 659-3001 Fax: (603) 659-8612

☐ Moharimet, 11 Lee Rd., Madbury, NH 03823 Ph: (603) 742-2900 Fax: (603) 742-7569

☐ Oyster River Middle School, 1 Coe Dr., Durham, NH 03824 Ph: (603) 868-2155

☐ Oyster River High School, 55 Coe Dr., Durham, NH 03824 Ph: (603) 868-2375

Date Request/Release Sent __________ Date Information Received __________

It is the practice of Oyster River Cooperative School District to obtain parental authorization for the release and exchange of information so that parents and/or guardians of our students are aware of the sharing of information regarding their child. However, as per FERPA (34 CFR § 99.31), schools are allowed to disclose educational records of a student without written consent of the parent, guardian, or student when the disclosure is to other schools and school officials within the educational institution or legal educational agency who have been determined by the agency or institution to have legitimate educational interest.

A copy of this authorization shall be as valid as the original.
Please answer BOTH Part A and Part B below.

PART A - IS THIS STUDENT HISPANIC/LATINO? (Choose only one)

☐ No, student is not Hispanic/Latino

☐ Yes, student is Hispanic/Latino.
   (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student’s (or your) race to be.

PART B - WHAT IS THE STUDENT’S RACE? (Choose all that apply)

☐ American Indian or Alaska Native
   (A person having origins in any of the original peoples of North and South American, including Central America, and who maintains tribal affiliation or community attachment)

☐ Asian
   (A person having origins in any of the original peoples of the Far East, Southwest Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

☐ Black or African American
   (A person having origins in any of the black racial groups of Africa)

☐ White
   (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

☐ Native Hawaiian or Other Pacific Islander
   (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
Child’s Name: __________________________________________ (preferred name) __________________________________________

Name(s) of Sibling(s) and Age(s): __________________________________________

Please list the names and dates of any pre-school or school your child has attended:

________________________________________________________________________

Does your child have any specific issues with hearing, vision, speech or have serious allergies? □ NO □ YES

If yes, please explain: __________________________________________

Please take a moment to tell us about your child. This information is very important to us in planning your children’s experience.

How do you see your child as a person, learner, and play companion?

________________________________________________________________________

What are your child’s interests?

________________________________________________________________________

What kinds of learning environments are most successful for your child? (If known)

________________________________________________________________________

Do you have any behavior or learning concerns about your child?

________________________________________________________________________

Have there been any recent events in your child’s life that would be helpful to know?
OYSTER RIVER COOPERATIVE SCHOOL DISTRICT
2021 – 2022 ELEMENTARY SCHOOL HEALTH REQUIREMENTS

1. **A PHYSICAL EXAM**

   We require a copy of your child’s physical examination which has been conducted after September 2, 2020, and before September 3, 2021. A copy from your physician’s office is fine. If your child is not due for an annual exam until September or later in the Fall, please notify the School Nurse of the date of your child’s examination appointment. **We must have proof the date of the examination appointment within 30 days of your child’s start of school.**

2. **Documentation of UP-TO-DATE IMMUNIZATIONS**

   The following immunizations are State mandated and must be given for your child to attend school.

   A) **DTaP:** 3 to 5 doses, with the last dose given on or after the 4th birthday.
   B) **Polio:** 3 to 4 doses, with the last dose given on or after the 4th birthday; the last 2 does separated by 6 months.
   C) **Hepatitis B:** 3 doses at acceptable intervals; the last dose on or after 24 weeks.
   D) **Measles-Mumps-Rubella:** 2 doses required; the first dose on or after the 1st birthday.
   E) **Varicella (Chicken Pox):** 2 doses; the first dose on or after the 1st birthday, or laboratory confirmation of chicken pox disease.

   Medical and religious exemptions have specific requirements, and information regarding these requirements is available at: [www.dhs.nh.gov/dphs/immunization/exemption.htm](http://www.dhs.nh.gov/dphs/immunization/exemption.htm). For more information on State vaccination requirements, please call the NH Immunization Program at 603-271-4482 or go [http://www.dhhs.nh.gov/dphs/immunization/index.htm](http://www.dhhs.nh.gov/dphs/immunization/index.htm).

   If your child does not have a physician or should you have any questions regarding student health requirements, please contact:

   **Mast Way Elementary School**
   Katherine Moore, RN
   kmoore@orcsd.org
   603-659-3001

   **Moharimet Elementary School**
   Sheila Koutelis, RN
   skoutelis@orcsd.org
   603-740-8585

~ Should your child(ren) need Health Insurance, please call 1-877-464-2447 or go to [https://nheasy.nh.gov/#/](https://nheasy.nh.gov/#/)

~ Well Child and Walk-In Clinic care is available at various locations, including these options:

   * Avis Goodwin Community Health Center 603-332-4249 Somersworth
   * Convenient MD Urgent Care 603-742-7900 Dover
   * Convenient MD Urgent Care 603-772-3600 Exeter/Stratham
   * Convenient MD Urgent Care 603-942-7900 Portsmouth
   * Lamprey Health Care 603-659-3106 Newmarket
   * Seacoast RediCare 603-692-6066 Somersworth

   Thank you for supporting your child’s health and safety!
Welcome to Moharimet School! Below are the answers to many of the questions we receive. If you have any other questions or concerns, please don’t hesitate to call, stop by, or check out our website (moh.orcsd.org) under For Parents.

**School Hours**
In a typical school year, the school day runs from 8:45 a.m. to 3:10 p.m. Children should arrive between 8:41 a.m. and 8:45 a.m. and go directly to their classroom. If we continue to run the hybrid learning model that was initiated during the pandemic, the first session runs from 8:45 am to 11:30 am and the second session runs from 12:30 pm to 3:15 pm.

**Transportation**
Bus routes and pick-up/drop-off locations will be established during the summer, and schedules will be available on our District website in late August. Your child should arrive early at the bus stop the first few days. As your child’s bus route becomes established, you will have a better idea of what time the bus will pick up your child.

Drivers will not drop off children unless an adult is visible or a signed “Drop Off Authorization Form” (for 3rd and 4th graders only) is on file. If no one is at the stop for the student, the Transportation Office will try to reach parents, and if unsuccessful, they will leave a message and return the student to Moharimet.

**Absent/Tardy**
Children should be in school every day, except in case of illness or emergency. If your child will be late or absent, please notify Moharimet School (742-2900) and the Transportation Department (868-1610), and you may also email the attendance line at mohattendance@orcsd.org. If you notify the teacher, also notify the office.

**Lunch/Snack**
Students will eat their lunch in the cafeteria. The lunch menu can be found on our District website, www.orcsd.org, under the heading Departments > Child Nutrition. Current prices are $2.75 for lunch including milk, $0.50 for milk/juice, and $1.25 for breakfast.

Families are encouraged to apply for Free & Reduced breakfast, lunch, snack, and milk. All applications are completely confidential and can be obtained by going to www.lunchapp.com. Applications can be completed throughout the school year.

**Parking**
In the morning, students may be dropped off at the Auxiliary Parking Lot on Town Hall Road. Drop off times will be established in the summer. A staff member will then walk children into school.

**After School Plans**
When your child’s after school plans vary from the norm, please send in a “Note from Home.” These forms are provided by the school. Please fill out both the top and bottom section of the white form.
OYSTER RIVER COOPERATIVE SCHOOL DISTRICT
SCHOOL CALENDAR
2021-2022
School Board Approved – December 16, 2020

8/26 & 8/27 … Teacher Workshop Days
8/30……………. 1st Day for All Students
8/31 …………….. 1st Day Preschool
9/3……………….. No School Day
9/6……………….. Labor Day Observance
10/8 …………….. Teacher Workshop - (Parent/Teacher Conference Gr K-4)
10/11 …………….. /Indigenous Peoples/Columbus Day

Anticipated last day for students is 6/23. The calendar allows for five school cancellation days. If less or more than five days are needed to cover cancellations, the schedule will be adjusted accordingly.

178 Student Days
185 Teacher Days