



# Robert Frost

**CHARTERED PUBLIC SCHOOL**

**STUDENT ENROLLMENT APPLICATION**  
**(Grades K-8)**  
**2025/2026**

*- Confidential -*

Dear Parent/Guardian,

Thank you for enrolling your child in the Robert Frost Chartered Public School (RFCPS). To complete the enrollment process we require that you return the following documents via the US Postal Service within 14 days of receipt:

- ✓ Registration Form
- ✓ Medical History Form
- ✓ Notice of Residency Form
- ✓ Child's Birth Certificate (a photocopy is acceptable)
- ✓ Information Exchange Agreement
- ✓ Optional Permissions Form
- ✓ Home Language Survey
- ✓ Volunteer Opportunities Form
- ✓ Family/Student Interest Survey

Upon receipt of completed forms you will be contacted by a representative of the school board or a school administrator, who will verify the status of your application. You will also be invited to attend an informational session for enrolled families, where you will have the opportunity to learn more about our school program and curriculum, our expectations of families regarding attendance and volunteering and discuss any questions you may have. If you are unable to attend this meeting, please contact the school to schedule an alternate meeting time.

The following form will be required by August 29, 2025:

- ✓ Physician's Form
- ✓ Proof of Residency

Please mail all forms to:

Robert Frost Chartered Public School  
PO Box 1038  
Conway, NH 03818

Thank you for sharing this exciting adventure with us. Please direct any questions regarding this process to [admissions@robertfrostcharterschool.org](mailto:admissions@robertfrostcharterschool.org). We look forward to an amazing school year!

Sincerely,

Janine McLaughlan  
Head of School  
Robert Frost Chartered Public School

Juliet D'Avila  
Chair, Board of Trustees  
Robert Frost Chartered Public School

**ROBERT FROST CHARTERED PUBLIC SCHOOL  
STUDENT REGISTRATION FORM**

<b>STUDENT INFORMATION</b>	Date of Birth _____	Grade _____	Gender _____
Last Name _____	First _____	Middle _____	
Physical Address _____	Apt# _____		
City _____	State _____	Zip _____	Home Phone _____
Mailing Address (If different) _____	Apt# _____		
City _____	State _____	Zip _____	
Student Lives with _____	Previous school attended _____		
Primary Parent Contact _____	Phone # _____		
Is this student Hispanic/Latino? (please check ONE):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Student's Race (check as many as apply):	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	
	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White

**CONTACT INFORMATION**

<b>Parent/Legal Guardian #1</b> _____	Home Phone _____
Address _____	Employer Name _____
_____	Employer Phone _____
Email _____	Cell _____
Relationship to student _____	
<b>Parent/Legal Guardian #2</b> _____	Home Phone _____
Address _____	Employer Name _____
_____	Employer Phone _____
Email _____	Cell _____
Relationship to student _____	

Is your child on a special education plan (IEP)? \_\_\_\_\_ Is your child on a 504 plan? \_\_\_\_\_  
Does your child receive Title 1 services? \_\_\_\_\_  
Does your child receive any outside services related to academic, communication or social skill development? \_\_\_\_\_

**Child Lives With:** (check all that apply)

- Mother and Father     Mother     Father     Grandparent(s)     Guardian  
 Mother, Stepfather     Father, Stepmother     Foster Home     Other \_\_\_\_\_

*If applicable, please provide copies of the following Court documents: Divorce decree, parenting plan, physical and legal custodial arrangements, guardianship, restraining orders.*

**EMERGENCY CONTACTS**

Adults other than those listed above who are willing to assume temporary care of your child. These individuals will be contacted if we are unable to contact a parent or guardian.

**1** Full Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Relationship \_\_\_\_\_  cell  home  work

**2** Full Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Relationship \_\_\_\_\_  cell  home  work

**3** Full Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Relationship \_\_\_\_\_  cell  home  work

Are there any restrictions regarding dismissals, visitations, or information on your child?

Yes  No

If yes, explain \_\_\_\_\_

***If there are legal restrictions for the school to observe, i.e., custody/guardianship orders or protection orders, the school must be provided with the appropriate legal documentation.***

I have read the above requirements for enrollment to the Robert Frost Chartered Public School. By signing this document, I am acknowledging that I understand the requirements for enrolling my child in the Robert Frost Chartered Public School. I also acknowledge that I have the full legal right to enroll my child.

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date

**MEDICAL HISTORY**

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Does the student HAVE?**

Asthma----- Yes No  
Seizures----- Yes No  
Diabetes----- Yes No  
Hearing problem----- Yes No  
Vision problem----- Yes No

Please list food(s) and/or medication(s) allergy, and describe type of reaction(s)  
\_\_\_\_\_  
\_\_\_\_\_

**Does the student USE?**

Inhaler @ school----- Yes No  
\*Epi-Pen for allergic reactions Yes No

**Current Medications (please list)**

\_\_\_\_\_ Home School  
\_\_\_\_\_ Home School  
\_\_\_\_\_ Home School

**ALLERGIES**

Bees----- Yes No  
Environmental----- Yes No  
Seasonal----- Yes No  
Food(s) ----- Yes No  
Medication(s)----- Yes No

**May we have permission to use:**

Antibiotic Ointment Yes No  
Calamine Lotion Yes No  
Antiseptic Cream Yes No  
Sunscreen Yes No

**Should the School be aware of any other medical problems or restrictions?**

\_\_\_\_\_  
\_\_\_\_\_

**\*\*\* The State of NH requires parent permission and a doctor's order for students who need an Epi-Pen, inhaler, or prescription medications while in school. Please contact the School Administrator for parent form(s). \*\*\***

**Doctor's Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Dentist's Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Health Insurance Information:**

Insurance Company Name: \_\_\_\_\_

If CHIP (Medicaid) please provide policy number: \_\_\_\_\_

**PERMISSION TO PROVIDE EMERGENCY TREATMENT**

I hereby grant permission to the Robert Frost Chartered Public School to administer First Aid, if necessary, and secure proper emergency treatment for my child in the event a parent or legal guardian cannot be contacted.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**PERMISSION TO CONTACT STUDENT'S DOCTOR** to confirm immunization and physical exam during the school year (August to June).

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**OTHER SCHOOLS ATTENDED**

Name	Location	Phone	Yrs. Attended

**"I certify that all of the above information concerning my child is true and complete."**

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**\*\*\*\*\*PLEASE NOTIFY THE SCHOOL AT ONCE IF INFORMATION CHANGES\*\*\*\*\***

## NOTICE OF RESIDENCY REQUIREMENT

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

I understand that in order for my son/daughter to attend the Robert Frost Chartered Public School, he/she must be a legal resident of New Hampshire in accordance with New Hampshire RSA: 194-B:11 or be attending under a valid tuition agreement. Failure to comply with this requirement may result in the school taking legal action to recover tuition costs for the student attendance.

I have read the above statement and attest that my son/daughter is a legal resident of the state of New Hampshire.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please include proof of residency in the form of two of the following documents (legible photocopies are acceptable):

- Purchase and Sales Agreement
- Utility bill or deposit indicating address
- Driver's license
- Lease agreement
- Voter registration
- Social Services paper - Social Security, AFDC.

In addition, the state of New Hampshire requires we have a copy of a birth certificate on file for each student. Please include a copy of your child's Certificate of Birth.

## Authorization to Exchange Information

The Robert Frost Chartered Public School will need to exchange your child's information to obtain records and other information as needed and your consent is required to do so. The purpose of this request is for the planning and provision of appropriate educational experience for a newly enrolled student.

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

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

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

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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INFORMATION TO BE EXCHANGED: All student records including:

- ✓ Cumulative School Information
- ✓ Guidance Information
- ✓ Medical/Health Information
- ✓ Evaluation Information
- ✓ Special Education Information

INFORMATION WILL BE EXCHANGED WITH:

<b>School Administrator</b>	Contact person _____
<b>Robert Frost Chartered Public School</b>	School/Agency _____
<b>PO Box 1038</b>	Address _____
<b>Conway, NH 03818</b>	Phone _____

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Your consent may be revoked at any time except for information disclosed prior to revocation. This consent expires one year from the date of consent unless otherwise specified.

I Consent to the disclosure of the information as described above.

I Do Not Consent to the disclosure of the information as described above.

I would like to talk to someone at the school before making my decision.

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Recommended but Optional Permissions**

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**WALKING FIELD TRIPS**

Throughout the school year, classes may be walking to nearby locations around school and in the woods near the school. Please sign the permission slip below giving your child permission to do so.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**FAMILY CONTACT LIST**

As a part of our efforts to build a school community, we will be compiling a family contact list.

I give my permission for the Robert Frost Chartered Public School to give out my name, address, phone number and email address to families of the Robert Frost Chartered Public School with students enrolled for 2023-2024 school year only.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PERMISSION TO PHOTOGRAPH**

I consent and grant my permission to allow my child to be photographed for the purpose of promoting the school. I grant the Robert Frost Chartered Public School permission to use and re-use, publish and re-publish without limitation or reservation, for all lawful purposes including advertising, publication, and/or editorial usage in any media throughout the United States.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## HOME LANGUAGE SURVEY

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Date of Entry to the US (if applicable): \_\_\_\_\_ Date first enrolled in a US school: \_\_\_\_\_

**IMPORTANT! For parents and guardians:** If a language other than English is listed below, an ESOL teacher will be required to test your child to find out if he or she can speak, understand, read, and write well in English. The results will be sent to you within 30 days. Based on the results of the test, your child may be eligible to enroll in an English language (ESOL) class at school. Parents/guardians may accept or decline ESOL program services for their child.

**Is a language other than English spoken in your home? Yes \_\_\_\_ No \_\_\_\_**

*If you answered no to this question, please proceed to next page. If you answered yes to this question, please complete the following:*

What language did your child first learn to speak? \_\_\_\_\_

What language do you most often use when speaking to your child? \_\_\_\_\_

What language does your child most often use when speaking to adults in the home?  
\_\_\_\_\_

What language does your child most often use when speaking with children at home?  
\_\_\_\_\_

What language does your child most often use when speaking with friends?  
\_\_\_\_\_

Has your child studied the English language in school? \_\_\_\_\_

If yes, which grades? \_\_\_\_\_

Has your child learned school subjects in English? \_\_\_\_\_

If yes, which grades? \_\_\_\_\_

Has your child learned school subjects in another language? \_\_\_\_\_

If yes, what language? \_\_\_\_\_ Which grade? \_\_\_\_\_

**Instructions for survey administrator:**

1. Please provide an interpreter when necessary.
2. If responses indicate a language other than English, please contact the ESOL teacher and provide her/him with a copy of this survey. Date of referral to ESOL teacher: \_\_\_\_\_
3. File original Home Language Survey in student's cumulative folder.



## **VOLUNTEER OPPORTUNITIES FORM**

As we prepare to begin another school year of the Robert Frost Chartered Public School we welcome and encourage many ways for our families to volunteer and support our school. Volunteers are needed! Please indicate the areas where you would be willing to help.

### **School Site Preparation**

#### *Indoors*

- Prepping and painting
- Light carpentry
- Cleaning
- Furniture assembly

#### *Outdoors*

- Prepping and painting
- Cleaning
- Landscaping
- Playground equipment assembly

### **Committee work**

- Fundraising
- Community outreach
- Marketing

### **Office work**

- Cataloguing materials
- Organizing supplies

Once the school year begins there will also be opportunities to volunteer in the classroom. We will be looking for family members interested in participating in special projects as well as in daily classroom activities.

Keep in mind that we are asking all families to commit to some volunteer time, the details of which can be discussed on a case-by-case basis at your meeting with the School Administrator. We truly appreciate your support in building this school and developing our school community.

### **A Criminal Background check is required of all volunteers working with students.**

If you are interested in becoming a volunteer, please contact the school for the necessary paperwork.

NOTE: It usually takes 3-4 weeks for the forms to come back to us. We urge parents and grandparents to get this done now, prior to the rush that occurs in September.

## STUDENT/FAMILY INTEREST SURVEY

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

This form will help us get to know your child and your family. Knowing the regular routines, interests, and goals of your child and your family will help us to create the best learning experience possible.

### Student Information

#### **About me (to be filled out by student with help if necessary):**

My personality in general is: \_\_\_\_\_

I am happiest when: \_\_\_\_\_

When I am about to try something new, I usually feel: \_\_\_\_\_

I like to learn new things by:

- Doing it or trying it myself
- Watching others
- Hearing someone explain it to me

I really enjoy:

- |  |   |
|--|---|
| <input type="checkbox"/> Discovering how things work                         | <input type="checkbox"/> Working by myself                                |
| <input type="checkbox"/> Exploring nature                                    | <input type="checkbox"/> Working with others                              |
| <input type="checkbox"/> Finding solutions to problems                       | <input type="checkbox"/> Singing or playing an instrument                 |
| <input type="checkbox"/> Figuring out math questions                         | <input type="checkbox"/> Listening to music                               |
| <input type="checkbox"/> Building things                                     | <input type="checkbox"/> Playing team sports                              |
| <input type="checkbox"/> Reading   | <input type="checkbox"/> Testing my strength or abilities                 |
| <input type="checkbox"/> Writing stories, lists or letters                   | <input type="checkbox"/> Moving around a lot (running, jumping, wiggling) |
| <input type="checkbox"/> Listening to stories                                | <input type="checkbox"/> Setting personal goals and working towards them  |
| <input type="checkbox"/> Learning about the people and jobs in our community | <input type="checkbox"/> Being in charge of a group                       |
| <input type="checkbox"/> Learning about the lives of people in other places  | <input type="checkbox"/> Following the lead of others                     |
| <input type="checkbox"/> Drawing   | <input type="checkbox"/> Being helpful to others                          |
| <input type="checkbox"/> Talking with friends                                |   |

On a normal day at home, I like to: \_\_\_\_\_

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A few things I do not like at all are: \_\_\_\_\_  
\_\_\_\_\_

In the upcoming school year, I hope I will learn: \_\_\_\_\_

Is there anything you want your teacher to know about you? \_\_\_\_\_  
\_\_\_\_\_

My regular bedtime is: \_\_\_\_\_

I eat breakfast to start the day:     sometimes     usually     always

**About my family (to be filled out by parents/guardians):**

Who is in your family (please list ages of siblings)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On the weekends, you will usually find us: \_\_\_\_\_  
\_\_\_\_\_

When we have time together, we like to: \_\_\_\_\_  
\_\_\_\_\_

We chose to enroll in the Robert Frost Chartered Public School because: \_\_\_\_\_

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(parent 1)

When I was in elementary school I really enjoyed: \_\_\_\_\_

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I did not really enjoy: \_\_\_\_\_

(parent 2)

When I was in elementary school I really enjoyed: \_\_\_\_\_

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I did not really enjoy: \_\_\_\_\_

This year I/we hope my child will: \_\_\_\_\_

My/our biggest concern is: \_\_\_\_\_

During the school year students will engage in a variety of collaborative projects and we will be looking for volunteers who are willing to help. If any family members have skills that they could share with our students or our teachers, we would love to be able to call on you. Examples of skills that may support student projects are: creating and editing audio or video recordings, woodworking, working with art media, design skills, presentation skills, event planning or coordinating, gardening.

I would be happy to share my knowledge of: \_\_\_\_\_

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