



Little Clipper Preschool

Portsmouth High School
50 Andrew Jarvis Drive
Portsmouth, NH 03801
(603) 436-7100 x 2151

The Little Clipper Preschool is affiliated with the PHS Education and Teacher Training program serving up to 20 preschoolers ages 30 months (potty trained) to 5 years.

Application for Enrollment

Name of Child _____ Date of Birth: _____

Address _____ Preferred Phone: _____

_____ Is your child potty trained? _____

Contact #1 Name: _____ Guardian Mother Father

Place of Employment: _____ Phone: Work _____ Home _____

Email address: _____ Cell Phone: _____

Contact #2 Name: _____ Guardian Mother Father

Place of Employment: _____ Phone: Work _____ Home _____

Email address: _____ Cell Phone: _____

Family Doctor: _____ Phone _____

Names and ages of siblings: _____

Who will bring your child to school? _____

Who will call for your child: _____

In case of emergency:

Name and telephone number of emergency contact: _____

Name of health insurance company, subscriber and number, if possible: _____

Please list anything about your child that the teachers should know: (Allergies, illnesses, etc.) _____

_____ has my permission to attend the Little Clipper Preschool.

(Child's Name)

Signature of Parent/Guardian: _____ Date: _____

A \$30 Registration Fee is required with form. Yearly tuition is \$3,870.00. Monthly payments of \$430.00 by check (Sept. through May) is required. Please checks make payable to: **Portsmouth School Department.**

Home Language Survey

School: Portsmouth High School District: Portsmouth Date: _____

Instructions for survey administrator:

1. Please ensure this survey is in a language which is comprehensible to the parent/guardian who is completing it, and provide an interpreter to translate the survey when necessary.
2. If responses indicate a language other than English, contact the Student Services Coordinator or ESOL/ELL Program Coordinator in your school or district immediately.
3. Note the date of referral to Student Services/ESOL Program: *Month: _____ Day: _____ Year: _____ (initial)*
4. File the original *Home Language Survey* in the student's cumulative folder.

Information for parents and guardians:

All public school districts in the United States are required to provide language assistance to the parents and guardians of students in their local schools. In addition, it is the school's responsibility to identify any and all students who may have a language influence other than English. This is in order to determine whether the school is obligated to provide additional academic language services. In New Hampshire, these services are usually called ESOL or ELL Services.

Student Information: Please complete this general information about your son or daughter.

First name:	Last name:	Date of Birth:	Gender:
Country of Birth:		Date first enrolled in a U.S. school: Month _____ Year _____	Current grade: Preschool <input type="checkbox"/>

Family Information: Please complete this information about your family.

Name of parent/legal guardian:	Phone number:
Address:	Would you like school notices translated? If yes, in which language: _____

Questions about Language: Please answer the following questions about the languages that you and your family use.

What language(s) does your child hear or speak in your home?
Which language(s) did your child first hear or speak?
<i>If English is the only language listed above, you may skip over the next questions. If another language is listed, please answer the following questions.</i>
What language(s) do you use with your child?
What language(s) does your child hear or use at home with relatives and friends?
What language(s) does your child use with people in your community?

Parent/Guardian Signature: _____ Date: _____