



Breakthrough Academy Chartered
Public School

2026-2027 Registration Packet

-confidential-

Dear Parents/Guardians,

Thank you for enrolling your student at Breakthrough Academy Chartered Public School. To complete the enrollment process we require that you return the following documents within 21 days.

- ▶ Initial Registration Form (in ALMA)
- ▶ Medical History Form (in ALMA or paper copy)
- ▶ Notice of Residency Requirements
 - Proof of Residency (2 forms uploaded to ALMA)
- ▶ Child's Birth Certificate Copy (upload to ALMA or paper copy)
- ▶ Information Exchange Agreement
- ▶ Permission to Photograph
- ▶ Home Language Survey
- ▶ Signed Acceptance of Agriculture Component

Upon receipt of the completed forms, you will be contacted by a school representative to 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 our expectations of families. 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 21, 2026.

- ▶ Physician's Form

Prior to June 30th, forms can be mailed to:

Breakthrough Academy Chartered Public School
175 Main St #241
Conway, NH 03818

Sincerely,

Kimberly Morton M.Ed.

Director

Student Registration Form

If you have completed this in ALMA initial here _____ and complete the sections with **

| | | | |
|---|---|--------------------------------|------------------|
| STUDENT INFORMATION | 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 _____ | | | |
| Primary Parent Contact _____ | | Phone # _____ | |
| Is this student Hispanic/Latino? (Please check ONE.): | <input checked="" 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

Parent/Legal Guardian #1 _____ Home Phone _____
Address _____

Email _____ Cell _____
Relationship to student _____

Parent/Legal Guardian #2 _____ Home Phone _____
Address _____

Email _____ Cell _____
Relationship to student _____

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.

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?** _____

I have read the above requirements for enrollment at Breakthrough Academy Charter Public School. By signing this document, I acknowledge that I understand the requirements for enrolling my child in the Breakthrough Academy Chartered Public School. I also acknowledge that I have the full legal right to enroll my child.

Parent /Guardian Signature _____ Date _____

MEDICAL HISTORY

If you have already completed this in ALMA initial here ____ Complete the section with **

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:

Student Name: _____ **Grade:** _____

Insurance Company Name:

If CHIP (Medicaid) please provide policy number: _____

PERMISSION TO PROVIDE EMERGENCY TREATMENT

I hereby grant permission to Breakthrough Academy 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 Breakthrough Academy 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's 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.

- These items can be uploaded into the ALMA system.

Authorization to Exchange Information

The Breakthrough Academy 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 to plan and provide an appropriate educational experience for a newly enrolled student.

Parent/Guardian Name: _____ Date: _____

Address: _____ Phone: _____

Student Name: _____

Date of Birth _____

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:

School Administrator Kimberly Morton

Breakthrough Academy Chartered Public School School/Agency

Mailing Address

**175 Main St #241
Conway, NH 03818
Phone 562-688-9119**

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 walk to nearby locations around the school and in the woods near the school. Please sign the permission slip below to give your child permission to do so.

Parent/Guardian Signature _____ Date _____

PERMISSION TO PHOTOGRAPH

I consent and grant permission for my child to be photographed for the purpose of promoting the school. I grant Breakthrough Academy 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 determine whether he or she can speak, understand, read, and write English well. 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.

REPORTING A ROUTINE PHYSICAL EXAMINATION

Name: _____ Birth Date: _____

School: Breakthrough Academy Chartered Public School Grade: _____

PHYSICAL EXAMINATION

| | | |
|------------------------|-----------------------|-----------------------------|
| Height: _____ | Weight: _____ | Hemoglobin: _____ |
| Eyes: _____ | Vision: _____ | Glands: (specify) _____ |
| Ears: _____ | Hearing: _____ | Heart: _____ |
| Nose: _____ | Blood Pressure: _____ | Lungs: _____ |
| Teeth: Temporary _____ | | Orthopedic: _____ |
| Permanent _____ | | Skin: _____ |
| Tonsils: _____ | | Hernia: _____ |
| Nutrition: _____ | | Nervous System: _____ |
| | | (Specify if Epilepsy) _____ |

IMMUNIZATIONS AND TESTS

**** Please provide a copy of the student’s immunization records ****

Exempt per RSA 200:32: *Please submit Religious Exemption Form*

Recommendations and/or special instructions: Previous Diseases and Operations, Allergies, etc.:

| | |
|--|--|
| Is this child capable of carrying a full program of schoolwork including gymnastics and athletics? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Must the school program be modified to meet the needs of this child? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| By restrictions of use of stairs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| By special seating accommodation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Rest periods? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---------------------|-----------------------|--------------|
| Date of Examination | Physician’s Signature | Phone Number |
|---------------------|-----------------------|--------------|

Understanding of the Agriculture Program

Breakthrough Academy Chartered Public School is blending a competency-based education program with an agriculture program. Students will be working with farm animals and gardening. The agriculture component is a major part of the school and is NOT optional.

Agreement with the Agriculture Component

Please sign that you understand and are aware that the agriculture component is not an opt-in or opt-out component of the school. It is not optional.

Student Name: _____ Grade: _____

Parent Signature

Date

- Even if you marked yes in ALMA on this form, you must sign this form. *