

HAMPTON TOWNSHIP SCHOOL DISTRICT WELCOMES YOU!

Welcome to Hampton! We're glad to have you here! We understand that starting at a new school and joining a new community can be overwhelming. We would like to make that adjustment a little easier for you through the Hampton Township School District's Welcome Committee.

Please take a few minutes to answer the questions below so we can learn more about you and your family's needs and return this questionnaire to your child's school when you return your registration information. (If you will have children in more than one school in the district, only one form per family is needed) Once we have received your completed questionnaire, one of our committee members will contact you within a few days to welcome you to the district and answer any questions you may have.

We hope that the support offered through our committee will help you feel comfortable at Hampton right from the start and will help you form friendships that will last for many years to come!

HTSD Welcome Committee (htsdwelcome@gmail.com)

Sharon Vay, Welcome Committee Liaison (412-492-8334, sharonvay@comcast.net)

Parents' / Guardian's Names:			
Address:		Phone #:	
City / Zip Code:		Cell #:	
E-Mail:		_	
Oo you prefer to be contacted on yo		ell phone	
Have you recently moved into Ham	oton Township? yes	□ no	
If yes, where did you live be	fore?		
If no, where did your children	n attend school before?		
Vhich schools will your children be	attending?		
☐ High School	☐ Middle School		
□ Central Elementary	□ Poff Elementary	☐ Wyland Elementary	
Please list your children's names/aç	ges/grades and share with us son	ne of their hobbies ar	nd interests:
Child 1:	Age:	Grade:	M/F: _

Child 2:	Age:	Grade:	M / F:
Hobbies / Interests:			
Child 3:	Age:	Grade:	M/F:
Hobbies / Interests:			
For any additional children, please use the back of	this page to share th	eir information with	us
One of the programs the Welcome Committee off- students with current Hampton students from the buddies" meet the new students on their first di classes, sit with them at lunch, etc. Every effort is same class, that lives in the same neighborhood option is not available for Kindergarten students)	e same school where ay of school, show s made to pair the ne	e they will be attend them around the so ew student with a c	ding. These "student chool, walk them to urrent student in the
Would you like your child(ren) paired with	a Student Buddy?		
☐ Yes! Please pair all my children	with a Student Budd	y!	
☐ Please pair only these children	with a Student Buddy	/:	
 No thanks. My child(ren) will try request a Student Buddy later o 		ve understand we ha	ave the option to
The "Partner Family Program" is also offered to new families with current Hampton families from Through this partnership, we hope to provide you of the schools. The goal is for this interaction to you of events and activities happening within the may have.	m the same school with a resource to be continue throughout	where their childrenelp guide you throuthe year as your parts	en will be attending. ugh the ins and outs artner family informs
Would you like to be paired with a Partner	Family? Yes!		
If you will have children in different would like a Partner Family	Hampton Schools, p	lease indicate from	which school(s) you
☐ High School	☐ Middle School		
☐ Central Elementary	□ Poff Elementar	y □ Wyla	nd Elementary
Are you interested in being paired with a fa	amily that has experie	ence with:	
☐ Children with special needs	☐ Internat	ional students	
☐ No thanks. We'll try it on our own, but u	inderstand we have t	he option to change	e our minds later on.

What programs / services / resources would you be interested in learning more about? (please provide specifics where applicable) Within the school district: □ Academics □ Athletics □ Clubs _____ □ Music / Art ☐ Guidance Department _____ □ ESL / International Resources □ Learning Support / Special Needs _____ □ Other _____ Within the township / community: □ Athletics _____ □ Recreation _____ ☐ Lessons (music, dance, art, etc.) ☐ Girl / Boy Scouts _____ □ Preschools / Day Cares □ Other

If you would like to be contacted by a Hampton parent, either through the Welcome Committee or the Partner Program, please sign below. Your signature indicates that you are giving HTSD personnel your permission for your contact information to be shared only with a member(s) of the District's Welcome Committee, your school's Welcome Committee, and your Buddy Student and/or Partner Family.

Signature: _____ Date: ____

Thank you for choosing to send your children to Hampton Township School District. We are excited to have you here and look forward to acquainting you with our wonderful schools and introducing you to our fantastic Hampton families!

Please return this completed questionnaire to the Hampton school office of your choice when you return your registration information. Remember, only <u>one form per family</u> is needed.