

NEW STUDENT REGISTRATION

Welcome to Hingham High School! We will need copies of the following documents in order to register your child. We will not be able to enroll your student until all of the following documents are submitted and the registration forms are completed and returned.

- _____ Birth Certificate
- _____ Proof of Residence(A lease or a deed AND a utility bill in parent's name)
- _____ Transcript or Report Card from Previous School
- _____ Current Physical(within the year) and Immunization Records
- _____ Copy of Student's Current IEP or 504 Plan if Applicable
- _____ Discipline Release Form-Outgoing Student(Completed by previous school)

REGISTRATION FORMS CHECKLIST:

- _____ Registration Form
- _____ Disciplinary Form
- _____ Release of Student Records Form
- _____ Home Language Survey
- _____ Student Health Questionnaire
- _____ Felony Form
- _____ MIAA Form 200 (*for students wanting to participate in Athletics*)
- _____ Student Handbook and Code of Discipline
- _____ Nurse Emergency Card

Students will also be issued the school calendar, calendar of special events and a school map.

The following information can be found on the Hingham High School website:

www.hinghamschools.com/hingham-high-school

Insurance Information, Free and Reduced Price Meal Application, Counseling Handbook, Monthly Lunch Menu

STUDENT REGISTRATION FORM

Hingham High Schools

17 Union Street

Hingham, MA 02043

| STUDENT INFORMATION | | | SASID (if known): | |
|---------------------|-----------------|-------------------|-------------------|------------------|
| Full First Name | | Full Middle Name | | Last Name |
| Gender | Primary Phone # | | Student Cell | Grade Entering |
| Birthdate | | Birthplace (City) | | First Entry Date |

| ADDRESS INFORMATION | | | | |
|--|--|------|-------|-----|
| Physical Address Street | | City | State | Zip |
| Mailing Address (if different) Street | | City | State | Zip |

| STUDENT LIVES WITH | | | | Circle any that apply: | | | Are there any custodial restrictions? | |
|--------------------|---------------|---------------|-------------|------------------------|----------|-------|---------------------------------------|--|
| Parents | Mother (only) | Father (only) | Step/Father | Step/Mother | Guardian | Other | | |

| PARENT | | | | |
|------------------------|------------|-----------|------------|-----|
| First Name | | Last Name | | |
| Address (if different) | | City | State | Zip |
| Home Phone | Work Phone | | Cell Phone | |
| Employer | Position | | E-Mail | |

| PARENT | | | | |
|------------------------|------------|-----------|------------|-----|
| First Name | | Last Name | | |
| Address (if different) | | City | State | Zip |
| Home Phone | Work Phone | | Cell Phone | |
| Employer | Position | | E-Mail | |

| GUARDIAN'S NAME (if different) | | | | |
|--------------------------------|------------|-----------|--------------|-----|
| First Name | | Last Name | Relationship | |
| Address | | City | State | Zip |
| Home Phone | Work Phone | | Cell Phone | |
| Employer | Position | | E-Mail | |

| EMERGENCY CONTACT <i>THAT LIVES LOCALLY AND IS AUTHORIZED TO PICK UP YOUR CHILD</i> | | | | |
|---|------------|-----------|--------------|-----|
| First Name | | Last Name | Relationship | |
| Address | | City | State | Zip |
| Home Phone | Work Phone | | Cell Phone | |

EMERGENCY CONTACT *THAT LIVES LOCALLY AND IS AUTHORIZED TO PICK UP YOUR CHILD*

| | | | |
|------------|------------|--------------|----------------|
| First Name | Last Name | Relationship | |
| Address | | City | State Zip |
| Home Phone | Work Phone | Cell Phone | |

EMERGENCY CONTACT *THAT LIVES LOCALLY AND IS AUTHORIZED TO PICK UP YOUR CHILD*

| | | | |
|------------|------------|--------------|----------------|
| First Name | Last Name | Relationship | |
| Address | | City | State Zip |
| Home Phone | Work Phone | Cell Phone | |

Note: Please help us complete Massachusetts State required student information forms by answering the following questions.

DEMOGRAPHIC INFORMATION

| | | | | |
|------------------------------|------------------|--------------|------------|---------------|
| <i>Circle any that apply</i> | Is this student: | Foster Child | State Ward | METCO Student |
|------------------------------|------------------|--------------|------------|---------------|

| | |
|---|--|
| Is this student Hispanic or Latino? (select one) | |
| <input type="checkbox"/> No, not Hispanic or Latino | <input type="checkbox"/> Yes, Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other |
| First (native) language? | Spanish culture or origin, regardless of race |

What is the race of this student? (You may select one or more races)

White: a person having origins in any of the original peoples of Europe, the Middle East or North Africa

Black or African American: a person having origins in any of the black racial groups of Africa

American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (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, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, and Vietnam

Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Does your child have a parent/guardian on active duty orders in the uniformed services, National Guard, and/or Reserve; parent/guardian veteran who has been medically discharged or retired within one year of signing this form or/and a parent/guardian who passed while on active duty?

| |
|-----|
| YES |
| NO |

Child has been receiving free or reduce lunch (if applicable, please circle one). YES NO

PHYSICIAN INFORMATION

| | | |
|------------|---------|-------------------|
| Name | Address | Phone |
| Medication | Allergy | Chronic condition |

SIBLINGS:

| | |
|-------|------|
| Name: | DOB: |
| Name: | DOB: |
| Name: | DOB: |
| Name: | DOB: |
| Name: | DOB: |

| PREVIOUS SCHOOL INFORMATION: | |
|--|--|
| School | City/State |
| Year Last Attended | Grade Last Attended |
| Has student ever attended Hingham Public Schools? | If yes, grade and dates last attended in Hingham |
| Has student ever attended school in Massachusetts? | If so, when? Where? |
| Has student ever repeated a grade? | If yes, what grade? |
| Has retention ever been discussed? | Comments: |
| PREVIOUS ADDRESS: | |
| | |

| SPECIAL SERVICES: | | | | |
|--|------------------|----------------------|----------------------------------|--------|
| Did your child receive any of the following services? | | | If yes, check one or more below: | |
| Math Support | ELL | Gifted Program | Reading Support | Other: |
| Speech/Language | Physical Therapy | Occupational Therapy | Special Education | |
| Is your child currently on an Individual Education Plan (IEP)? | | | | |
| Is your child currently on a Regular Education 504 Plan? | | | | |
| Is your child currently on a Curriculum Accommodation Plan? | | | | |

Child/Parent needs an interpreter in _____ (language).

Parents request that all parent information and school documents be provided in _____ Language.

| PARENT SIGNATURES: | | | |
|--------------------|-------|------------------|-------|
| | | | |
| _____ | _____ | _____ | _____ |
| Parent Signature | Date | Parent Signature | Date |

| FOR SCHOOL OFFICE USE ONLY | | | |
|----------------------------|---|--|----------------------------|
| | Proof of residency (recent utility bill) | | Health/immunization record |
| | Birth Certificate | | Discipline Form |
| | School ID # (LASID) | | State ID # (SASID) |
| | MCAS Math Score | | MCAS English Score |
| | School transcript | | IEP Plan |
| | Attendance record | | 504 Plan |
| | Foster child legal documentation (Educational surrogate, social worker, and person responsible to sign IEP) | | CAP Plan |
| | Foreign Exchange Student (Visa and English Proficiency Test results) | | |

En Espanol
 “Los padres piden que toda la informacion pertinente a los padres y los documentos de la escuela sean preparados en la lengua _____ para los padres.”
 Firma _____

Portuguese:
 “Os pais requerem que toda informa, cao dirigida e eles seja dada no idioma nativo deles.”

Hingham High School
Registration Disciplinary Form

Students will NOT be admitted to Hingham High School without completion of this form.

1. Have you ever been expelled, that is permanently excluded, from any public or private school?
 NO YES

If NO, skip to question 2.

If YES, from which school? _____

Name of Principal or Assistant Principal of the above school: _____

Please explain the circumstances and attach the expulsion letter: _____

2. Have you ever been suspended?
 NO YES

If NO, skip to question 3.

How many times have you been suspended? _____ For what reason(s)? _____

3. Have you been involved with the Court or had any criminal violations within the past 3 years?
 NO YES

If NO, skip to the signature section.

If YES, what were the charges? _____

Are you currently meeting with a Probation Officer? _____ His/Her Name: _____

I, _____, the parent / guardian / foster (please circle) of
(Parent/Guardian/Foster Parent – please print)

_____ hereby certify that the about information is accurate
(Name of student – please print)

and so state under the pains and penalty of perjury.

(Parent/Guardian/Foster Parent – Signature)

Date: _____

(Student Signature)

Date: _____

RELEASE for STUDENT RECORDS

Hingham Public Schools

220 Central Street

Hingham, MA 02043

AUTHORIZATION FOR RELEASE:

| | |
|------------------------|--|
| Today's Date: | |
| Student Name: | |
| Year of Graduation: | |
| Former School Name: | |
| Former School Address: | |
| FAX Number: | |

THE FOLLOWING SCHOOL RECORDS ARE REQUESTED:

| | |
|--|--|
| | All parts, INCLUDING items listed below: |
| | Official administrative record (name, address, birth date, grade level completed, grades, GPA, class standing, attendance record and Massachusetts state assigned student ID number (SASID). |
| | Standardized achievement test scores, intelligence and aptitude test scores |
| | Teacher and counselor observations, recommendations and/or ratings |
| | Record of extra-curricular activities |
| | Discipline report |
| | Health/Medical records (including immunization report) |
| | Team evaluations, individualized education plans, assessment and reviews; Regular Education 504 Plan, District Curriculum Accommodation Plan |
| | MCAS Scores from grades 8, 9, 10 and/or 12 (Massachusetts residents only) |
| | Other (please specify): |

My signature authorizes the Hingham Public Schools to send for or to forward the following parts of my child's school records.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

I am the parent / legal guardian of: _____

Student's Name

PLEASE SEND RECORDS TO:

**HINGHAM HIGH SCHOOL
SCHOOL COUNSELING OFFICE
17 UNION STREET
HINGHAM, MA 02043
FAX: 781-741-1515**

HINGHAM PUBLIC SCHOOLS

220 Central Street
Hingham, MA 02043

HOME LANGUAGE SURVEY

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information

First Name _____ Middle Name _____ Last Name _____ Gender F M

Country of Birth _____ Date of Birth (mm/dd/yyyy) _____ Date first enrolled in ANY U.S. school (mm/dd/yyyy) _____

School Information

Start Date in New School (mm/dd/yyyy) _____ / ____ / 20____ Name of Former School and Town _____ Current Grade _____

Questions for Parents/Guardians

| | |
|--|--|
| What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian) | Which language(s) are spoken with your child? (include relatives -grandparents, uncles, aunts, etc. - and caregivers) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always |
| What language did your child first understand and speak? | Which language do you use most with your child? |
| Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write | Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always |
| Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/> | Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> |
| Parent/Guardian Signature: X _____ | _____ / ____ / 20____ Today's Date: (mm/dd/yyyy) |

For HPS Office Use

Recommendations

Sheltered English Immersion Program (SEI) – a program that incorporates strategies to make content area instruction more comprehensible to ELLs and to promote language development. As part of the SEI program, student is enrolled in: English as a Second Language (ESL) classes and Sheltered Content Instruction.

General Education – Student is not an English Language Learner (ELL)

Signature of ELL Staff Member: _____ / ____ / ____

X _____ Date

NEW STUDENT HEALTH QUESTIONNAIRE

Please complete and return to the school main office or by email to Kristine O’Keeffe at ko'keeffe@hinghamschools.org

| | |
|---|---|
| Student Name: _____ Date of Birth: _____ Year of Graduation: _____ Home Address: _____ | |
| Father’s Name: _____ Cell Phone: _____ Work Phone: _____ Home Phone: _____ Address: _____ | Mother’s Name: _____ Cell Phone: _____ Work Phone: _____ Home Phone: _____ Address: _____ |
| Guardian Name: _____ Cell Phone: _____ Work Phone: _____ Home Phone: _____ Address: _____ | Guardian Name: _____ Cell Phone: _____ Work Phone: _____ Home Phone: _____ Address: _____ |
| Previous School: _____ | |
| Previous School Address: _____ | |

PLEASE PROVIDE IMMUNIZATION RECORD AND COPY OF A PHYSICAL EXAMINATION PERFORMED WITHIN ONE YEAR (Required by Massachusetts Department of Public Health).

Does the student have:

- Allergies? No ____ Yes (describe) _____
 Does the student use an Epipen? No ____ Yes ____
 Does the student use an inhaler? No ____ Yes ____

- Vision Problems? No ____ Yes (describe) _____
 Does the student use eyeglasses? No ____ Yes ____
 Does the student wear contacts? No ____ Yes ____

- Hearing Problems? No ____ Yes (describe) _____
 Does the student use hearing aids? No ____ Yes ____
 Does the student use an FM system? No ____ Yes ____

- History of Head Injury? No ____ Yes (describe) _____

- Past surgeries/major injuries? No ____ Yes (describe) _____



**Hingham High School
Counseling Department
781-741-1560, ext. 2116
Fax: 781-741-1515**

Date: _____

Name of Student: _____

This is to certify that I am not at the present time, nor have I ever been, under indictment for a felony.

Signature of Student: _____

Hingham High School - Athletic Department

Dear Students and Parents,

Welcome to Hingham High School! I hope you will enjoy your time here and take advantage of everything that Hingham High has to offer. We have a very large athletic program. All of our sports are listed by season in your Hingham High School Student Handbook. If you would like to get involved with athletics, you must complete the following:

- Submit a physical (physicals are valid for 13 months) to the athletic office
- Register for athletics in your Aspen X2 portal – step by step directions are below. **Please note – you will not have access to Aspen X2 until your first day at Hingham High School – please register after your first day.*
- Send the MIAA Form 200 (Reference MIAA rule 57) to your previous school and have them fax it back to the Hingham High School Athletic Director at 781-741-1515
- Submit the athletic user fee online or via check made out to Hingham Public Schools and send it to the athletic office.

Once again, welcome to Hingham and I look forward to meeting you!

Sincerely,

James Quatromoni

Director of Athletics

Directions for Registering for Athletics on the Aspen/X2 Portal

1. Log into your portal account
2. Go to **My Info** Top Tab
3. Click on **Reports – High School Athletics Signup**
4. Select **each sport** you plan on playing by season
5. Acknowledge that you have taken the online **concussion screening** course by selecting “**Yes**”
6. Type **your name** for your electronic signature
7. Select “yes” or “no” regarding **traumatic head injuries**
8. Select “yes” or “no” regarding **concussions**
9. Give **dates** for head injuries and concussions, if applicable
10. Select “yes” or “no” if you require an **EPI-PEN or inhaler**
11. Select “yes” or “no” after reading the **Permission Statement**
12. Again type in **your name** for your electronic signature
13. Select **Adobe Acrobat** for the Format
14. Click on the **RUN** button in the bottom left hand corner – only click **ONCE**

Director of Athletics – James Quatromoni jquatromoni@hinghamschools.org 781-741-1560 ext. 2161



THIS FORM MUST BE FULLY EXECUTED PRIOR TO PARTICIPATION - In the case of a student who transfers into your school after the start of that practice season, this form can NOT render approval. You must request a waiver & include Form 200.

TRANSFER RULE ~ FORM 200

A. The Receiving School Principal completes this section and then forwards to the Sending School Principal.

1. Receiving Principal _____ School _____ Phone _____
School Fax: _____
2. Student's Name _____ Grade _____ Date of enrollment _____
Student's Address _____ Date of Birth _____
3. The student wishes to participate in the following sports:
Fall: _____ Winter: _____ Spring: _____
4. Student's reason for transfer: _____

B. The sending School Principal & Athletic Director complete this section & returns to Receiving School Principal.

1. Sending Principal _____ School _____ Phone _____
2. List ALL athletic participation since first entering grade 9 (include level of play, e.g.: F, JV, V, AAU, etc. & school)

| | Grade 9 yr: | Grade 10 yr: | Grade 11 yr: | Grade 12 yr: |
|----------------|-------------|--------------|--------------|--------------|
| Fall: | | | | |
| School | | | | |
| Winter: | | | | |
| School | | | | |
| Spring: | | | | |
| School | | | | |

3. The Sending School Principal and Athletic Director certify the following by initialing each (*complete section 3a-e OR check off box next to section 4*):
 - a. To our knowledge recruitment, was not involved in any way: _____
 - b. At the time of transfer, the student was in good standing: _____
 - c. The student would be academically eligible at our school _____
 - d. We have no knowledge that the transfer was related to athletics which would cause our objection to eligibility: _____
 - e. The transfer student would be eligible at our school to participate in athletics: _____
 - f. Comments: _____
4. (*Please DO NOT check this box if you completed #3 above*). We support the MIAA Transfer Rule 57.1: A student who transfers from any school to an MIAA member high school is ineligible to participate in any interscholastic athletic contest at any level for a period of one year in all sports in which that student *participated at the varsity level or its equivalent* during the one year period immediately preceding the transfer.
5. Has this student had any Chemical Health Violations since the beginning of the Fall Practice Season?
No ___ Yes ___ If yes, please list if penalty: has been served or needs to be served (circle one)
6. Sending School A.D.'s signature: _____ Date _____
7. Sending School Principal's signature: _____ Date _____

C. APPROVED (may only be approved when B,3 a through e – ALL have been initialed)

1. The Receiving School Principal certifies (ref. B,3, a-f) Transfer Rule eligibility on: ____/____/____
2. The student also is eligible under all other MIAA and local eligibility standards: _____ yes _____ no
3. Receiving School Principal's signature: _____ Date: _____
4. Receiving School A.D.'s signature: _____ Date _____

D. DENIED (must be denied if B,3 a through e – one or more NOT initialed – OR if box next to number 4 is checked)

1. The Receiving School Principal does not certify (ref. B,3, a-e) Transfer Rule eligibility: ____/____/____
2. Receiving School Principal's signature: _____ Date: _____
3. Receiving School A.D.'s signature: _____ Date _____

DO NOT RETURN THIS FORM TO THE MIAA(unless applying for a waiver) PLEASE RETAIN AT THE RECEIVING SCHOOL.

Revised 6/20/11



Hingham High School HANDBOOK ACKNOWLEDGMENT

This handbook is available on the Hingham Public Schools website.

Please log onto www.hinghamschools.com.

Under “schools” go to Hingham High School

On the right hand side under important links, click on the “2018-2019 Student Handbook and Code of Discipline”

After reading the handbook, both parent and student must sign below and return to the office.

Copies of the handbook are available at the high school main office and the counseling office.

I have read a copy the Hingham High School Student Handbook

(<http://hinghamschools.org/hingham-high-school/files/2020/09/HHS-Student-Handbook-2020-2021.pdf>) including the state law with regard to hazing and the Hingham Public Schools’ *Code of Discipline*.

Student Signature

Date

Student Name (PRINT)

Y.O.G.

Parent/Guardian Signature

Date

BOTH Parent/Guardian and Student **MUST SIGN** the above statement. This document will be retained in the school office for a period of one year.

School Year: _____ **STUDENT HEALTH EMERGENCY CARD** YOG: _____

Student's Full Legal Name: _____
Last First Middle

Address: _____

Date of Birth: _____ Gender: F / M Grade: _____ Teacher/Counselor: _____

Lives with: _____ Both Parents _____ Guardian _____ Mother _____ Father _____ Other Specify _____

Names & Ages of Siblings: _____

Parent (1)/Guardian Name: _____
Last First

Address: *(If not the same as above)* _____

Place of Employment: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Parent (2)/Guardian Name: _____
Last First

Address: *(If not the same as above)* _____

Place of Employment: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Name of others who will assume responsibility/transportation:

Name Home Phone Cell Phone Work Phone

Name Home Phone Cell Phone Work Phone

Name Home Phone Cell Phone Work Phone

Restraining Orders – Please indicate if there are any parental restrictions (i.e. court ordered restraining orders). Copies of court documents should be supplied to the Principal's office. It is the responsibility of the parent to supply the school with renewed court orders if they have expired. **Yes/No**

In case of an emergency, the school will attempt to contact parent/guardian before calling EMS/First Responders. Your child will be transported by ambulance to an emergency care facility if necessary.

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Does your child have health insurance? Y / N

Health Insurance Co.: _____ Policy No: _____

Please check all medical issues that are applicable to your child:

_____ Heart Condition _____ Diabetes _____ Asthma _____ Depression
_____ Seizure Disorder _____ Migraines _____ ADD/ADHD _____ Other

Specify: _____

Recent illness or injury: _____

List all **medications** that your child takes: _____

Allergies: _____

Please specify – food, insects, medications, environment, etc.

Has Epi Pen been prescribed? ___ Yes ___ No **Has Inhaler been prescribed?** ___ Yes ___ No

_____ Hearing problems (specify): _____ Left Ear _____ Right Ear ___ Hearing Aid

_____ Vision Problems (specify): _____ Wears Glasses (Circle: Distant or Near) _____ Contacts

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

I give my permission for the school nurse to perform the following services for my child:

1. Administer any physician prescribed medications for which an official order has been received by the school nurse.
2. Share any of my child’s health information and/or related issues with appropriate school staff, primary care physician, dentist, or first responders i.e., EMT’s
3. I give permission for my child to be given the below over-the-counter medications (or generic equivalent) if needed while at school. The medication doses to be administered as per package directions and according to School Physician orders. I have **CROSSED off** any medications that I **do not** want my child to have.

Medication List:

| | | |
|-------------------------|------------------------------------|---------------------------|
| Aquaphor | Caladryl Lotion (Anti-itch lotion) | Hydrocortisone Cream |
| Acetaminophen (Tylenol) | Cough Drops/Throat Lozenges | Ibuprofen (Motrin, Advil) |
| Bacitracin Ointment | Diphenhydramine (Benadryl) | Orajel |
| Benadryl Cream | Over the Counter eye drops | Tums/Antacid tabs |

Age: _____ Weight: _____

Please **sign** & return this form to the School Nurse _____

Parent/Guardian Signature

(revised 6/2018)

Date: _____