

NEW STUDENT REGISTRATION

Welcome to Hingham High School! Please fill out all of the information in this registration packet. Before you can begin at HHS, we will need all transcripts from previous schools, your immunization record, a copy of your birth certificate, a copy of the deed or lease to your Hingham property as well as a copy of a utility bill (not a cell phone bill).

- _____ Birth Certificate
- _____ Proof of Residence (Copy of lease or deed AND a Utility bill)
- _____ Transcript from previous schools
- _____ Current Physical (within a year) and Immunization Records
- _____ Copy of Student's current IEP and/or 504 Plan if applicable
- _____ Discipline Release Form completed by previous school

REGISTRATION FORMS CHECKLIST: PLEASE PRINT NEATLY

- _____ Registration Form
- _____ Home Language Survey
- _____ Disciplinary Form
- _____ Felony Form
- _____ Release of Student Records Form
- _____ MIAA Form 200 (*for students wanting to participate in Athletics*)
- _____ Student Health Questionnaire

Please remember that all information should be kept up-to-date. If you make a change to your email address, cell phone number, etc., please call the main office so we can make the change.

STUDENT REGISTRATION FORM

Hingham Public Schools

220 Central Street

Hingham, MA 02043

STUDENT INFORMATION		SASID	
Full First Name	Full Middle Name	Last Name	Suffix
Primary Phone #	Cell #	Grade Entering	
Gender (circle one) Male Female Nonbinary (individual does not identify as just female or male)			
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)	Stepfather	Stepmother	Guardian	Other			

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

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

GUARDIAN'S NAME (if different)			
First Name	Last Name	Relationship	
Address	City	State	Zip
Primary Phone #	Cell/Home #	Work 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
Primary Phone #	Cell/Home #	Work Phone	

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

First Name	Last Name	Relationship	
Address		City	State Zip
Primary Phone #	Cell/Home #	Work 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
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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? Please circle one.

YES NO

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:

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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?				

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)		Foreign Exchange Student (Visa and English Proficiency Test results)
<p>En Espanol "Los padres piden que toda la informacion dirigida a ellos sea proporcionada en su idioma nativo" Firma _____</p> <p>Portuguese: "Os pais requerem que toda informacao dirigida e eles seja dada no idioma nativo deles." Firma _____</p>		

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 (circle one)	Male	Female	Nonbinary (individual does not identify as just female or male)
Country of Birth	Date of Birth (mm/dd/yyyy)		Date first enrolled in ANY U.S. school (mm/dd/yyyy)
School Information -			(Hingham School Name)

Start Date in New School: ____/____/20____ Name of Former School and Town: _____ Current Grade: _____

Questions for Parents/Guardians

What is the primary language used in at home, regardless of the language spoken by the student? _____	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? _____
How many years has the student been in U.S. schools? (not including prekindergarten) _____	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? If yes, what language? _____ Y <input type="checkbox"/> N <input type="checkbox"/>
Parent/Guardian Signature: _____	Today's Date: ____/____/20____

For HPS Office Use

Recommendations

- Sheltered English Immersion Program (SEI) – a program that incorporates strategies to make content area instruction more comprehensible to ELs 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 (EL)

Signature of EL Staff Member:

X _____

Date: ____/____/____

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
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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 HIGH SCHOOL

17 Union Street
Hingham, MA 02043
781-741-1560
781-741-1515 (fax)

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)

Table with 5 columns: Grade 9 yr, Grade 10 yr, Grade 11 yr, Grade 12 yr. Rows for Fall, Winter, Spring with School sub-rows.

- 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 PUBLIC SCHOOLS

220 Central Street
Hingham, MA 02043

New Student Grades 1-12 Health Registration Form

Student Name: _____
(Last, First, Middle)

D.O.B. _____
Male Female Non-Binary

Address: _____

Phone: _____

Please answer the following questions.

1. Is your child **CURRENTLY** being treated for any of the following? Please circle "Y" for Yes or "N" for No and provide details where indicated.

Arthritis or joint disease	Y	N	Heart Disease	Y	N
Asthma	Y	N	Kidney disease	Y	N
Blood disorder	Y	N	Food allergy	Y	N
Celiac disease	Y	N	Medication allergy	Y	N
Compromised immune system	Y	N	Bee sting allergy	Y	N
Concussion/head injury	Y	N	Seizures	Y	N
Diabetes	Y	N	Behavioral or social/emotional regulation issues	Y	N
Lyme disease	Y	N	Fracture or sprain injuries	Y	N
Cystic Fibrosis	Y	N	Other	Y	N

Please explain any "Yes" answers to above and provide more detailed information and dates.

2. Does your child take any medications* now? Yes No Medication: _____

*If a student requires medication at school, a physician's order is needed.

3. Does your child require an EPIPEN*? Yes No

*If yes, written physician's orders and the EPIPEN must be provided before the child may start school.

4. Check off the following health concerns that pertain to the student.

Eyes:	Glasses:	Y	N	Other (continued):	Y	N
	For Distance or Near	D	N	Headaches	Y	N
	Lazy eye	Y	N	Lungs	Y	N
Ears:	Frequent infections	Y	N	Skin	Y	N
	Tubes	Y	N	Bowel problem	Y	N
	Hearing difficulty	Y	N	Phobias	Y	N
Other:	Nosebleeds	Y	N	Dental	Y	N
	Eating	Y	N	Bedwetting	Y	N
	Sleeping	Y	N	ADD/ADHD	Y	N
	Bladder problem	Y	N			

Please explain above health concern: _____

I give the school nurse permission to share the above confidential health information with his/her teacher, specialists, principal and assistant principal on an as needed basis. Yes No

Reminder: Current physical exam must be provided at registration and immunizations must be up to date in order for your child to attend school. If you have questions, please call your child's school nurse.

Signature of parent/legal guardian: _____ Date _____

School Year: _____

STUDENT HEALTH EMERGENCY CARD

YOG: _____

Student's Full Legal Name: _____
Last First Middle
Address: _____
Date of Birth: _____ Gender: F / M / N 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Date: _____

Hingham Public Schools School Nutrition Program

Welcome to Hingham Food Service! We strive for balance in our program of health, fun, and yumminess. We offer balanced meals to the children in Hingham in a variety of ways. Some favorites amongst the students are the pretzel meal, brunch for lunch, and chicken nuggets!

Our program is an extension of the healthy lifestyle foundation that students get at home. Food Service reinforces what a balanced meal looks, smells, and tastes like. On a weekly basis students are served a rainbow of produce including red, orange, dark green, legumes, and other veggies which come in a variety of colors. We serve whole grain rich foods, down to the breading on the nuggets. Food Service uses healthy cooking methods such as baking, roasting, and steaming. Nothing is ever fried! Fresh whole fruit is always an option for students. So long as a student purchases a school lunch they are always welcome to come back for seconds on fruits and vegetables. Students can even purchase fruit or vegetables separately for \$.50. We encourage students to take and try it all.

Modern family life is super busy. Children in this community are very busy with activities and everyday life is a juggling act. To make managing school lunch easier, Food Service has an online payment option through Schoolcafe.com with features like low balance alerts, automatic payments, and purchase history.

Schoolcafe.com is also the place you can find the online application to apply for free or reduced school lunch. If your family is struggling financially apply on Schoolcafe.com to see if you qualify. Hard copies are available in the principal's office and we are happy to mail one if needed. Please don't hesitate to reach out to us for assistance with the application. Worrying about money can be stressful. This program is completely anonymous, and may help to alleviate a little of that burden. Student's eligibility is completely anonymous and automatic through the point of sale system.

School lunch menus are done on a monthly basis. Please be sure your e-mail address is up to date in the student portal. We send a monthly newsletter with a link to our website for the menus.

If your child has special dietary needs and would like to participate in the school lunch program, please don't hesitate to contact the Food Service Department. We offer a gluten free menu in addition to our regular menu, and we are happy to accommodate students with other dietary needs. Any special meal needs to be ordered with the cafeteria manager by 9 am. This gives us the time to be sure that your child will have a lunch that is safe and delicious. Our managers' contact information is available on our website.

The food service program is growing and evolving. It is better now than it was last year and every year we strive to improve and meet the needs of the children in Hingham Schools.