

**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/Home #	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 <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	

**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

<p>What is the race of this student? (You may select one or more races)</p> <p><input type="checkbox"/> White: a person having origins in any of the original peoples of Europe, the Middle East or North Africa</p> <p><input type="checkbox"/> Black or African American: a person having origins in any of the black racial groups of Africa</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands</p>
<p><b>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.</b></p> <p style="text-align: center;"><b>YES      NO</b></p>

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?				

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  
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**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 <input type="checkbox"/> Female <input type="checkbox"/>	Nonbinary (individual does not identify as just female or male) <input type="checkbox"/>
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 _____
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**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: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



# 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):		
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 \_\_\_\_\_



**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**



## 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](http://Schoolcafe.com) with features like low balance alerts, automatic payments, and purchase history.

[Schoolcafe.com](http://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](http://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.

# Hingham Public Schools School Nutrition Program

To make things easier for you, here are answers to our **Frequently Asked Questions:**

- 1) Student pin numbers are the same year to year and school to school so long as they are in the district. At the beginning of the school year, an e-mail is sent out to all families providing students' ID numbers and pin numbers.
- 2) Students balances carry over year to year.
- 3) Students can use their school lunch account for anything in the cafeteria.
- 4) Student accounts should not have negative balances.
- 5) Schoolcafe.com is the portal to your child's school lunch account. It gives you access to see account history and balances. Schoolcafe.com also has features like low balance alerts and automatic payments. There is a fee attached to make a payment online with a credit card. We are happy to process cash or checks at the schools for no fee.
- 6) Checks should be made payable to **HPS Foodservice**. **Please put your child's full name and homeroom on the check.** It is also helpful to put it in an envelope marked "School Lunch."
- 7) The Food Service Director, Kim, can transfer money from one account to another so long as the student is in the same family and she has it in writing. Please e-mail Kim the transfer information at [ksmyth@hinghamschools.org](mailto:ksmyth@hinghamschools.org).
- 8) "Low Balance Alerts" must be set up on Schoolcafe.com. It is not an automatic feature.
- 9) If you have set up an automatic payment with Schoolcafe.com they must be renewed year to year. **Tip:** A low balance alert will send you an e-mail if something went wrong with the automatic payment.
- 10) So long as your e-mail information is current on the student portal you will never miss out on the fabulous monthly e-mail blasts that contain tidbits of information about school lunch.

Families are very busy and the convenience and tools that Schoolcafe.com provides makes family life much easier. Who wants more stress on another thing to manage? Let Schoolcafe.com do the work for you. It is a "set it" and forget it type of thing.

If you would like any more information, please visit us on the district website at <https://hinghamschools.com/school-administration/food-services/>. You can also see what we are doing on Facebook (Hingham Public Schools Food Service Department) and on Instagram @HPSFoodie

**Questions? Please contact us:**

Food Service Director, Kim Smyth at [ksmyth@hinghamschools.org](mailto:ksmyth@hinghamschools.org)  
Assistant Food Service Director, Annabelle Ho at [aho@hinghamschools.org](mailto:aho@hinghamschools.org)