

## 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](http://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 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	

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				
Circle any that apply	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)
<input type="checkbox"/> White: a person having origins in any of the original peoples of Europe, the Middle East or North Africa
<input type="checkbox"/> Black or African American: a person having origins in any of the black racial groups of Africa
<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.
<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
<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

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:**

	<b>All parts, INCLUDING items listed below:</b>
	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.

\_\_\_\_\_ 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 <input type="checkbox"/> M <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**

Start Date in New School (mm/dd/yyyy) _____	Name of Former School and Town _____	Current Grade _____
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<b>Questions for Parents/Guardians</b>	
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 _____	Today's Date: _____ / _____ / _____ (mm/dd/yyyy)

**For HPS Office Use**

<b>Recommendations</b>	
<input type="checkbox"/>	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.
<input type="checkbox"/>	General Education – Student is not an English Language Learner (ELL)
Signature of ELL Staff Member: _____	Date: _____ / _____ / _____
X _____	

## 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](mailto:ko'keeffe@hinghamschools.org)

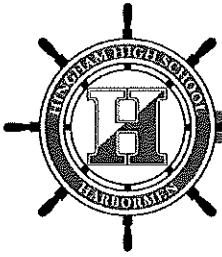
Student Name: _____	
Date of Birth: _____ Year of Graduation: _____	
Home Address: _____	
Father's Name: _____ Cell Phone: _____ Work Phone: _____ Home Phone: _____ Address: _____	Mother's Name: _____ Cell Phone: _____ Work Phone: _____ Home Phone: _____ Address: _____
Guardian Name: _____ Cell Phone: _____ 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](mailto: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 HIGH SCHOOL  
HANDBOOK ACKNOWLEDGMENT

I have received an online link to read a copy of the 2022-2023 Hingham High School Student Handbook including the state law with regard to hazing and the Hingham Public Schools' *Code of Discipline*. I am also aware that the Student Handbook is on the [hinghamschools.org](http://hinghamschools.org) website.

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**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: \_\_\_\_\_ Preferred 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: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent (2)/Guardian Name:** \_\_\_\_\_  
Last First

Address: *(If not the same as above)*: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Name of others who will assume responsibility/transportation:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**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**

**OVER**



**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     Anxiety  
 Seizure Disorder     Migraines     ADD/ADHD     Other  
Specify: \_\_\_\_\_  
Recent illness or injury: \_\_\_\_\_  
List all **medications (with doses)** 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: Distance 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:

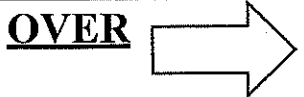
1. Administer any physician prescribed medications for which an official order has been received by the school nurse.
2. Share any of my child's health information and/or related issues with appropriate school staff, primary care physician, dentist, or first responders i.e., EMT's
3. I give permission 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         |
| Loratadine (Claritin)-HMS & HHS students only |                                    |                           |

Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent/Guardian **Signature:** \_\_\_\_\_ Date \_\_\_\_\_

(revised 6/22/22)



HINGHAM HIGH SCHOOL PTO ANNUAL CONTRIBUTION FORM

Please return this form to the High School by September 23, 2022  
Minimum Suggested Contribution - \$30 for 1 high school student, \$45 for 2+ students  
Families contributing the suggested minimum or more will receive access to an online Student Directory

1. Minimum Suggested Contribution Amounts:

1<sup>st</sup> Student Name (\$30): \_\_\_\_\_ Grade: \_\_\_\_\_

2<sup>nd</sup> Student Name (\$15): \_\_\_\_\_ Grade: \_\_\_\_\_

3<sup>rd</sup> Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

4<sup>th</sup> Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Payments can be made by cash, check (made out to HHS PTO) OR online via the PTO's website at [hhspto.myhalix.io](http://hhspto.myhalix.io).

Total Enclosed \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_  Online Trans. ID \_\_\_\_\_

2. Your student's DIRECTORY INFORMATION – change information from X2 – must be received by 9/23

Student contact info will be listed in the directory as it exists currently in X2. Please complete the following **only** if you want your student's information to be removed or changed in the directory. **This does not update the official school contact information in X2;** you must notify the school office of official changes.

a. Remove all student information from directory  - you will still receive a directory w/contribution if you wish.

b. Remove the following information from the directory:  Address  Parent's Names  Phone  Email

c. Add/change the following: \_\_\_\_\_

3. PTO Volunteer Sign-up – Please consider joining our team! If you'd like to help, please fill out the following.

Questions? Contact HHS PTO Co-Presidents Alexandra Pikoulas at [akd718@yahoo.com](mailto:akd718@yahoo.com) or Jenni Denegri at [jenni.denegri@hnhco.com](mailto:jenni.denegri@hnhco.com).

Parent Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Mini-Grants  Senior Night Party  Hospitality  School Council

Parent/guardian signature: \_\_\_\_\_

Questions? Contact Danielle Palmer at [daniellepalmer42@gmail.com](mailto:daniellepalmer42@gmail.com), School Directory Chairperson.  
Hingham High School, 17 Union Street, Hingham, MA 02043