STUDENT REGISTRATION FORM

Hingham Public Schools

220 Central Street Hingham, MA 02043

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

EMERGENCY CONTACT THAT I	LIVES I	LOCALLY AND IS AUTHORIZE	ED TO PICK UP YO	OUR CHILD
First Name	Last N	ame	Relationship	
Address		City	State	Zip
Primary Phone #	Cell/H	ome #	Work Phone	

Circle any that apply Is this student:	Foster Child	State Ward	METCO Student
I-41:			
Is this student Hispanic or Latino? (select one) No, not Hispanic or Latino		Ves Hispanic or Latino:	a person of Cuban, Mexican,
1vo, not inspance of Latino			uth or Central American, or
	other	emeano, raerto retean, so	au or central rimerican, or
First (native) language?		Spanish culture or origin,	regardless of race
What is the race of this student? (You may	select one or mor	e races)	
White: a person having origins in any of the orig	ginal peoples of Europ	e, the Middle East or Nor	th Africa
Black or African American: a person having ori	gins in any of the blac	k racial groups of Africa	
American Indian or Alaska Native: a person hav Central America), and who maintains tribal affili			rth and South America (includi
Asian: a person having origins in any of the original including for example, Cambodia, China, India,			
Native Hawaiian or Other Pacific Islander: a per other Pacific Islands	rson having origins in	any of the original people	s of Hawaii, Guam, Samoa, or
parent/guardian veteran who has been medically d parent/guardian who passed while on active duty?		formed services, Nationa within one year of signin	
parent/guardian who passed while on active duty?	Please circle one.	within one year of signin	
parent/guardian who passed while on active duty? $S\:I\:B\:L\:I\:N\:G\:S\::$	Please circle one. YES	within one year of signin	
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parent/guardian who passed while on active duty? SIBLINGS: Name:	Please circle one. YES	NO OB: OB:	
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parent/guardian who passed while on active duty? SIBLINGS: Name: Name: Name: Name: Name: PREVIOUS SCHOOL INFORMATION: School	Please circle one. YES D D D C G Ools?	OB: OB: OB: OB: oB: oB: ob: ob: ob: ity/State rade Last Attended yes, grade and dates la	
S I B L I N G S: Name: Name: Name: Name: Name: Name: PREVIOUS SCHOOL INFORMATION: School Year Last Attended Has student ever attended Hingham Public School	Please circle one. YES D D D D D D D D D D D D D D D D D D	OB: OB: OB: OB: OB: oB: oB: ob: ob: ity/State rade Last Attended yes, grade and dates la so, when?	g this form or/and a
SIBLINGS: Name: Name: Name: Name: Name: Name: PREVIOUS SCHOOL INFORMATION: School Year Last Attended Has student ever attended Hingham Public School Has student ever attended school in Massachuse	Please circle one. YES D D D D C G Ols? If tts? VES	OB: ity/State rade Last Attended yes, grade and dates la so, when?	g this form or/and a
S I B L I N G S: Name: Name: Name: Name: Name: Name: Name: Name: Has student ever attended school in Massachuse Has student ever repeated a grade?	Please circle one. YES D D D D C Ols? If	OB:	g this form or/and a
SIBLINGS: Name: Name: Name: Name: Name: Name: PREVIOUS SCHOOL INFORMATION: School Year Last Attended Has student ever attended Hingham Public School Has student ever attended school in Massachuse	Please circle one. YES D D D D C Ols? If	OB: ity/State rade Last Attended yes, grade and dates la so, when?	g this form or/and a

- 2 -1/2022

SPECIAL SERVICE Did your child receive		g services? If yes	check one or more below	W.
Math Support	ELL	Gifted Program	Reading Support	Other:
Speech/Language	Physical Therapy	Occupational Therapy	Special Education	
Is your child currentl	l y on an Individual Ed	lucation Plan (IEP)?		
Is your child currentl	y on a Regular Educa	tion 504 Plan?		
Parents request th	-	mation and school doc	uments be provided i	n
PARENT SIGNAT	_Language.	mation and school doc	uments be provided i	n
	_Language.	mation and school doc	uments be provided i	n

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	Foreign Exchange Student (Visa and
surrogate, social worker, and person	English Proficiency Test results)
responsible to sign IEP)	
En Espanol	
"Los padres piden que toda la informacion dirigada a ellos s	ea proporcionada en su idioma nativo"
Firma	
" 	
Portuguese:	
" 	lada no idioma nativo deles."

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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)	
School Information		(Tinigham School Ivanic)	
/ /20 Start Date in New School	Name of Former School and T	own Current Grade	
Questions for Parents/Guardians			
	ge used in at home, regardless of the	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 chil	d first understand and speak?	Which language do you use most with your child?	
How many years has the stud prekindergarten)	dent been in U.S. schools? (not including	Which languages does your child use? (circle one) seldom / sometimes / often / always seldom / sometimes / often / always	
Y Will you require written info language?	Normation from school in your native	Y N N Will you require an interpreter/translator at Parent-Teacher meetings? If yes, what language?	
Parent/Guardian Signature:		/ /20 Today's Date:	
For HPS Office Use			
Recommendations			
more comprehens English as a Secon	Immersion Program (SEI) – a prograble to ELs and to promote language and Language (ESL) classes and Shelter – Student is not an English Language		
		Dominor (DD)	
Signature of EL Staff Mem			
X	D	ate:/	

HINGHAM PUBLIC SCHOOLS
220 Central Street
Hingham, MA 02043

New Student Grades 1-12 Health Registration Form

(Last, First, Middle) ddress: ase answer the following question Is your child CURRENTLY bein and provide details where indicate Arthritis or joint disease Asthma Blood disorder Celiac disease	s. g treate d. Y				☐ Female ☐ e:		,
ase answer the following question Is your child CURRENTLY bein and provide details where indicate Arthritis or joint disease Asthma Blood disorder Celiac disease	s. g treate d. Y						
Is your child CURRENTLY being and provide details where indicate Arthritis or joint disease Asthma Blood disorder Celiac disease	g treate d. Y	d for a	ny of the follow				_
and provide details where indicate Arthritis or joint disease Asthma Blood disorder Celiac disease	d. Y	d for at	ny of the follow		((XIN C XI)	() TN C 3	. T
Asthma Blood disorder Celiac disease				ing? Please circle	"Y" for Yes or	'N" for I	NO
Blood disorder Celiac disease		N	Heart Disease			Y	N
Celiac disease	Y	N	Kidney disease	•		Y	N
	Υ.	N	Food allergy			Y	N
	Y	N	Medication all	ergy		Y	N
Compromised immune system	Y	N	Bee sting aller	gy		Y	N
Concussion/head injury	Y	N	Seizures			Y	N
Diabetes	Y	N		social/emotional r	egulation issues		N
Lyme disease	Y	N	Fracture or spi			Y	N
Cystic Fibrosis	Y	N	Other		Explain below.	Y	N
*If you symitten physician ? and			Yes No				
• •		the EPI	PEN must be p	rovided <u>before the</u>	e child may start	t school.	
. Check off the following health con		the EPI	PEN must be partain to the stude	nt.	e child may start	t school.	
. Check off the following health con Eyes: Glasses:	ncerns t	the EPI that per	PEN must be parternated train to the stude N Other	er (continued):			
Eyes: Glasses: For Distance or	ncerns t	the EPI that per Y D	PEN must be p tain to the stude N Othe N F	er (continued):	Y 1	N	
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Eyes: Glasses: For Distance or Lazy eye Ears: Frequent infection. Tubes	ncerns t	the EPI	PEN must be protein to the stude N	er (continued): leadaches	Y 1	N N N	
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Eyes: Glasses: For Distance or Lazy eye Ears: Frequent infection Tubes Hearing difficulty Other: Nosebleeds	ncerns t	the EPI that per Y D Y Y Y Y Y Y	PEN must be protein to the stude N	er (continued): leadaches lungs kin lowel problem hobias	Y 1	N N N N	
Eyes: Glasses: For Distance or Lazy eye Ears: Frequent infection Tubes Hearing difficulty	ncerns t	the EPI that per Y D Y Y Y Y Y Y	PEN must be positive tain to the stude to th	er (continued): leadaches lungs kin lowel problem hobias	Y 11	N N N N N	
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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.

<u>Schoolcafe.com</u> 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 <u>Schoolcafe.com</u> 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) <u>Schoolcafe.com</u> is the portal to your child's school lunch account. It gives you access to see account history and balances. <u>Schoolcafe.com</u> 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.
- 8) "Low Balance Alerts" must be set up on <u>Schoolcafe.com</u>. It is not an automatic feature.
- 9) If you have set up an automatic payment with <u>Schoolcafe.com</u> 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 <u>Schoolcafe.com</u> provides makes family life much easier. Who wants more stress on another thing to manage? Let <u>Schoolcafe.com</u> 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
Assistant Food Service Director, Annabelle Ho at aho@hinghamschools.org