



HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT

Resident _____

School Choice _____

Other _____

STUDENT REGISTRATION

Date of Registration: _____ School Year: _____ Entering Grade Level: _____

STUDENT INFORMATION

Name _____

First

Middle

Last

Address _____

#

Street Name

(Apt # or PO Box)

City/Town _____ State _____ Zip _____

Home Phone _____ Cell (Optional) _____

Date of Birth: Month _____ Day _____ Year _____

Place of Birth: City/Town _____ State _____ Country _____

of Years student has lived in the US _____ Gender: Male Female

Home e-mail address (for notices & reminders) _____

STUDENT EMAIL

Student primarily lives with: Both Parents Mother Only Father Only Grandparent(s)

Foster Parent(s) State Ward Other (explain) _____

For our Connect Ed services you may list up to (5) telephone numbers including area code:

(1) _____ - _____ - _____ (Primary Contact) (2) _____ - _____ - _____ (3) _____ - _____ - _____

(4) _____ - _____ - _____ (5) _____ - _____ - _____

PHYSICAL CUSTODIAL PARENT/GUARDIAN INFORMATION (lives at same address with student)

First Contact: Relationship to Student _____

Name _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Second Contact: Relationship to Student _____

Name _____ Cell Phone _____

Place of Employment _____ Work Phone _____

If shared physical custody, describe arrangement _____

NON-CUSTODIAL PARENT/GUARDIAN INFORMATION:

Should non-custodial parent/guardian receive copies of mailings? YES ___ NO ___

If yes, e-mail address (for notices & reminders) _____

Knowledge • Responsibility • Respect • Excellence

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HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT

****Has your child been determined to qualify for Special Education services?** YES NO

If yes, what are those services? _____

****Does the student have a Section 504 Plan?** YES NO

CONSENT TO OBTAIN STUDENT’S RECORDS/COMMUNICATE

I hereby authorize the Hamilton-Wenham Regional School District to obtain any and all records or reports, verbal or written, pertaining to the above-named student and family which may be necessary for the diagnostic study of the child, or professionally deemed helpful as part of the evaluation, study, adjustment of program or for the welfare of the student. This includes access to school records, assessments, phone communications and special education records (if applicable.)

Parent/Guardian Signature

Date

THESE QUESTIONS ARE APPLICABLE TO STUDENTS ENTERING KINDERGARTEN to GRADE 3 ONLY

Has your child ever attended Pre-School? Yes No

Has your child participated in the Coordinated Family & Community Engagement (CFCE) Activities?
 Yes No

Does your child have a sibling attending Hamilton-Wenham Regional Schools

If yes which school? Buker ___ Cutler ___ Winthrop ___ MRMS ___ HWRHS ___

Has the applicant been expelled or suspended from any school? Yes No

If yes, please explain the circumstances on a separate sheet & attach it to this form.

SIBLING INFORMATION:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Is student eligible for free lunch program? Y N

Is student eligible for reduced lunch program? Y N

Is the family eligible for food stamps? Y N

Does the student have Mass Health Insurance? Y N

Is the student a state ward _____ If yes, Social Worker’s Name & Location _____

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MILITARY FAMILY

Yes (see below) No

If you answered **YES** above please check off the appropriate response(s)

- Child of Active Duty Member
- Child of member/veteran medically discharged/retired for 1 year
- Child of member who died on active duty

Has the student ever attended school in the Hamilton-Wenham Regional School District? YES NO

If yes, please list the approximate years of attendance & grade levels Years _____ Grade Levels _____

Student Transferred in from (*List the most recent school your child has attended*)

Principal or Contact _____ School Name _____

Address _____ City/Town _____

State _____ Zip _____ Country _____ Phone # _____ Fax # _____

Race – Required M.G.L. c. 69, § 1 for State Reports

- American Indian or Native American** – A person having origin in any of the original peoples of North America, and who maintains cultural identification through 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 Philippine Islands, Thailand, and Vietnam
- Native Hawaiian or Pacific Islander** – A person having origins in any of the original peoples of the Far East, Southwest Asia, the Indian subcontinent of the Pacific Islands. This area includes, for Example, China, India, Japan, Korea, the Philippine Islands and Samoa.
- Black** – A person having origins in any of the black racial groups of Africa.
- White** – A person having origins in any of the original peoples of Europe, North America or the Middle East.

Ethnicity – Required

- Hispanic or Latino** – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin.
- Not Hispanic or Latino**



THE FOLLOWING FORMS MUST BE PRESENTED AT THE TIME OF REGISTRATION.

**IF THE REQUIRED DOCUMENTATION IS NOT SUBMITTED YOUR CHILD WILL NOT
BE CONSIDERED REGISTERED IN THE HAMILTON-WENHAM REGIONAL SCHOOL
DISTRICT**

- Proof of Residency (see School Committee’s Student Admission Policy)
- Proof of Guardianship (if applicable)
- A copy of your child’s birth certificate
- A copy of the Academic Transcripts or most recent report card
- A photo ID of Parent/Guardian
- Discipline Records
- Medical Records (should include all immunizations & current physical exam information)
- MCAS Scores (if applicable)
- IEP (if applicable)

<p>For Office Use Only: LASID# _____ SASID# _____ Date Entering School _____ Counselor _____</p>
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THE MCKINNEY-VENTO HOMELESS EDUCATION ACT

The Federal McKinney-Vento Education Homeless Education Assistance Act is designed to ensure educational rights and protections for students experiencing homelessness. Homelessness is defined as children and youth who “lack a fixed, regular, and adequate nighttime residence.”

Consistent with the Massachusetts Department of Elementary and Secondary Education guidelines, the Hamilton-Wenham Regional School District afford homeless students and unaccompanied youth special consideration in addition to access to the same free, appropriate public education and opportunities thereof, that is provided to all other children and youth living in Hamilton or Wenham. The district will enroll homeless students even if they do not have the documents required for enrollment, such as school records, medical records, or proof of residency. Homeless students and unaccompanied youth are entitled to receive free and reduced school meals, transportation, English language service, vocational and technical services, gifted and talented services, special education, all extra-curricular activities and Title I services.

Please provide the Hamilton-Wenham Regional School District with the following information:

Student Name _____

School _____

Gender: M F Race: American Indian or Alaskan Asian
Black/African American White
Hawaiian/Pacific Islander Hispanic/Latino

Do you have a fixed, regular, and adequate nighttime residence? Yes No

If no, please check the description that best describes your primary nighttime residence:

Shelter Unaccompanied Youth Hotel/Motel Double-up Unsheltered
 Emergency/Transitional Placement

***For further information on the services or if you do not feel comfortable identifying yourself as homeless by way of this form, we encourage you to please contact, Stacy Bucyk, Homeless Coordinator, at 978-468-5303, in order to receive services made available through the McKinney-Vento Homeless Education Act.**

Hamilton-Wenham Regional School District

EMERGENCY MEDICAL CARD

* please use black ink to complete *

Student _____

Student ID _____

Gender _____

Homeroom: _____

Grade: _____

Thank you for completing this medical information section as thoroughly as possible. In the unlikely event that your child requires medical transport during school hours, this information could be vital to both the emergency transport and hospital team in caring for your child until you arrive. All medical information provided is maintained with the utmost confidentiality.

Student: _____ **DOB:** _____ **Address:** _____

Contact 1: _____ **Home:** _____ **Cell:** _____ **Work:** _____

Contact 2: _____ **Home:** _____ **Cell:** _____ **Work:** _____

Contact 3: _____ **Home:** _____ **Cell:** _____ **Work:** _____

Contact 4: _____ **Home:** _____ **Cell:** _____ **Work:** _____

Physician: _____ **Address:** _____ **Office Phone:** _____

Do you have medical insurance? Yes ___ No ___ **Company Name:** _____ **Policy #** _____

* If you don't have insurance and would like information about obtaining coverage, contact your school's Health Office.

Does your child have any allergies (medication, food, environmental) that we should know about?

Does your child have an Epi-Pen? Yes ___ No ___

Medications:

Please list any medications that your child takes on a daily, or as needed basis. Please include medication that your child takes either at school or outside of school hours, including doses and frequency. (For medications taken at school, you must complete the required forms, available from the Health Office and online.)

Please circle any illness or condition your child has ever had, past or present:

ADD ADHD Anemia Anxiety/Depression Asthma Diabetes Eating Disorder Hypertension Tuberculosis ASD

Heart Disease/Surgery (please specify) _____ Kidney/Liver Disease (please specify) _____

Seizures (if yes, specify, ex. Childhood febrile, epileptic, etc.) _____

Behavioral Disorder (please specify) _____ Other: _____

Hearing and/or Vision Deficit _____

I hereby authorize the Hamilton-Wenham Regional School District, through its medical staff and/or local hospital, its physicians and staff, to act in the best interest of my son/daughter in the event of injury or need for immediate medical attention.

Signature of Parent/Guardian: _____ **Date** _____

TB RISK ASSESSMENT	YES	NO
Was the child born in Africa, Asia & Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, the Caribbean or Middle East? In what country was the child born? _____		
Has the child lived or traveled in Africa, Asia & Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, the Caribbean or the Middle East for more than one month?		
In the last 2 years, has the child lived with or spent time with someone who has been sick with TB?		
Have any members of the child's household come to the United States from another country?		
Does the child have any history of immunosuppressive disease or take medications that might cause immunosuppression?		

I request and authorize the School Nurse to administer Non-Aspirin for discomfort/fever to my child during the school year on an occasional basis. I release the school of responsibility for any ill effects resulting from the proper administration of this medication.

Yes ___ No ___

Signature of Parent/Guardian: _____ **Date** _____



HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT

AFFIDAVIT of RESIDENCY

INSTRUCTIONS:

Any applicant for the Hamilton-Wenham Schools **who cannot produce a property deed or lease** must ask **the owner or lessee of the property where the applicant lives to complete and sign** this legal affidavit. It is the responsibility of the applicant (not the person who completes this affidavit) to attach a record of recent rent payment, unless this affidavit affirms in #3 below that the tenancy does not require payment of rent.

My name is _____ and I hereby depose and certify as follows: *(Please complete all three items and sign below)*

1. I am the owner/lessee of property located at _____ in the Town of Hamilton/Wenham.
2. _____, who is the parent or legal guardian of _____, leases or subleases this property as their principal residence from me, without a written lease, in a tenancy at will, from month to month.

3. CHECK ONE:

I have received within the last thirty (30) days rental payment for the lease or sublease of these premises.

OR

Alternatively, I hereby state that the party named above resides with me at the address above with no payment of rent.

Signed under the pains and penalties of perjury this _____ day of _____ 20____

(Signature) _____ (Printed Name) _____

(Address) _____

Notary Public

County of Essex, Commonwealth of Massachusetts personally appeared and subscribed and sworn before me, this, the _____ of _____, 20____.

Notary Public My Commission expires on _____

The information contained in this legal affidavit is subject to verification by a residency investigator.

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HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT

HOME LANGUAGE SURVEY

Massachusetts Department of Elementary and Secondary Education regulations (G.L.c.71A) 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's First (Given) Name _____ Family Name (Surname) _____ Age _____
(All names should be exactly as on passport)

Birth Date _____ Grade _____

1. What language did your child first understand or speak? _____

2. What language do you use most often when speaking with your child at home? _____

3. What language does your child use most often when speaking with you at home? _____

4. What language does your child use most often when speaking with other family members? _____

5. What language does your child use most often when speaking with friends? _____

6. What other language does your child know? _____

7. What language(s) does your child read? _____

8. What language(s) does your child write? _____

9. At what age did your child start attending school? _____

10. Has your child attended school every year since that age? _____ YES NO

If no, please explain: _____

11. Has your child ever been in a Bi-Lingual or ESL Classroom? _____

12. Would you prefer oral and written communication from the school in ENGLISH HOME LANGUAGE?

13. Will you require an interpreter/translator at Parent Teacher meetings or school informational session(s)? YES NO

14. Do you think your child needs help learning English? YES NO

Signature of Parent/Guardian _____ Date _____

Parent/Guardian Name (please print) _____

Address _____ Phone Number _____

Date Family Entered the United States _____

What is the native language(s) of each parent/guardian: _____

Mother _____ Father _____ Guardian _____

Relationship of the person completing this survey:

Mother Father Guardian Other, please specify:

Recommendation: Proficiency Testing/Records Review No ELL Program Number of Years Student in the USA:

****Office Staff: A copy of this form to be filed in an ELL Folder if an additional language is spoken other than English****

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CERTIFICATION OF ADDRESS

In order to be certain of the correct names, address, and legal residences of students and parents or guardians, it is necessary for each person with legal custody of a student attending the Hamilton-Wenham Regional School District schools to certify names and addresses. This information will be used to assure compliance with the law respecting residency requirements.

Please complete the following statement and submit it with a tax bill or utility bill or other acceptable documents at to the Hamilton-Wenham Regional School District Offices.

I verify that the following information is true and correct under the penalty of perjury:

1. Name of student (one only): _____
2. Address where student lives (1)*: _____
3. Name of person with legal custody (2)* _____
4. Address where person with legal custody lives _____
5. If the student is not living with legal guardian named in No. 3, provide the name, relationship, and address of the adult with whom the student lives: _____
6. Name and signature of building management or owner of property where the student lives:

Printed Name _____

Signature _____ Date _____

* (1) Sleeps a majority of nights, eats morning and evening meals, where clothes are kept. YES NO

* (2) Parents, guardian, or person assigned custody by court. YES NO

I understand that it is my obligation to inform the Superintendent of Schools should any of the above information change. I also understand that if this documentation is falsified, my child(ren) may be promptly withdrawn from the school he/she/they attend(s).

Signature of Parent or Guardian or person assigned legal custody _____

Date _____



Picture/Video Release Form

Dear Parent/Guardian:

This is a “blanket” permission slip for use during the school year. Reporters or staff members may take pictures and/or videos of students engaging in learning activities. Please complete this form with your child’s full name and submit with the school registration packet.

Thank you for your cooperation.

Yes, _____ **DOES** have my permission to participate in activities which involve his/her picture being taken and/or videos for public release.

Parent/Guardian _____

Date _____

No, _____ **DOES NOT** have my permission to participate in activities which involve his/her picture being taken and/or videos for public release.

Parent/Guardian _____

Date _____

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SAFE HOMES PLEDGE

The Hamilton-Wenham Regional School District has started a Safe Homes program in which many of you have participated. Safe Homes is a community of families who have made a commitment to provide youth with safe, drug and alcohol-free activities. The pledge involves activities held in the home. Parental support of drug-free activities is one step in demonstrating to youth that parents and schools are working together to provide fun activities without the use of drugs and alcohol.

Good communication and commitment are the keys. Safe Homes is a vehicle in which parents talk to their children about expectations. Safe Homes parents communicate with other parents to confirm plans and details about specific events. Inform your children that you have joined Safe Homes and discuss it with them. A listing of parents committed to the Safe Homes Program will be published in the telephone directory.

SAFE HOMES PLEDGE

I, the undersigned, make the following commitment:

1. There will be visible parent supervision at any parties given by my child/children.
2. To the best of my knowledge, there will be no drugs or alcohol used by or served to minors in my home.
3. I will be receptive to, and encourage communication from, other parents: a) any time a child is invited to my house, and b) regarding any issue where they may be concern.

Where applicable both parents should sign.

Signature

Signature

Address _____

Telephone Primary _____ Cell _____

Child's name _____ Grade _____

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HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT

Internet Access Acceptable Use Policy Student Acceptable Use Agreement

Parent/Guardian Section

The following section must be signed if the student is under eighteen (18) years of age.

As the parent or guardian of _____, I have read and discussed the Hamilton-Wenham Regional School District Acceptable Use Policies for Internet Access, Electronic Communication, and Web Authoring with my child. These policies are available for viewing in student handbooks and on-line.

I hereby release the Hamilton-Wenham Regional School District, its School Committee, personnel, and any institutions with which it is affiliated, from any and all costs, liabilities or damages of any nature arising from my child's use of, or inability to use, the District's system, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restrictions against accessing material in addition to the restrictions set forth in the District Internet Access Acceptable Use Policy. I will emphasize to my child the importance of following the rules for personal safety.

I give permission to the Hamilton-Wenham Regional School District to issue an Internet account for my child with the understanding that the District has my consent to monitor my child's communication on the internet.

I certify that the information contained in this form is correct.

Parent or Guardian Signature _____ Date _____
(Required if a student is under age 18)

Parent or Guardian Name _____

Address _____ Phone _____

Students 18 years old or older are required to sign below.

Signature _____

Name _____

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School Records Release Form

Date _____

TO WHOM IT MAY CONCERN:

This is to inform you that it is my wish that you release all the school records and health records pertaining to my child to the school named below. Your prompt attention to this matter would be appreciated.

Name & Address of School Child Previously Attended:

Name of Child/Children

Grade

SIGNATURE OF PARENT/GUARDIAN

DATE

To be completed by the HWRSD Requesting Records:

The requesting school will fill in required information for sending your child(s) records to

School Name _____

Address _____

Town/City _____ State _____ Zip _____

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