

<input type="checkbox"/>	Resident Enrollee
<input type="checkbox"/>	School Choice
<input type="checkbox"/>	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 primarily lives with: Both Parents ___ Mother Only ___ Father Only ___ Grandparent(s) ___
 Foster Parent(s) ___ Other (explain) _____

For our Connect Ed services please 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 Custodial Contact: Relationship to Student _____

Name _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Second Custodial 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)* _____

Relationship to Student _____

Name _____ Address _____

Phone _____ Cell Phone _____ Work Phone _____

Place of Employment _____

****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 ___**

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

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

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

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 <u>Mass Health Insurance</u> ?	Y	N
Is the student a state ward _____ If yes, Social Worker's Name & Location _____		

Foster Parents:

Name (First) _____	Last _____
Name (First) _____	Last _____
Student's First (Native) Language _____	

Does the student have Limited English proficiency? YES ____ NO ____

Limited English Proficient Students are defined as children who were 1. Not born in the United States whose native tongue is a language other than English & who are incapable of performing ordinary class work in English OR 2. Born in the United States of non-English speaking parents & who are incapable of performing ordinary class work in English.

Has the student been studying a world language? YES ____ NO ____

If yes, which one? _____ For number of years? _____

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 for State Reports (Optional – Please Check One)

- **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 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.
- **Hispanic** – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin.
- **First Native Language** – The specific language or dialect first used by the parent/guardian with a child.

THE FOLLOWING FORMS MUST BE PRESENTED BEFORE REGISTRATION CAN BE COMPLETED

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

For Office Use Only: LASID# _____ SASID# _____
Date Entering School _____ Counselor _____

HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT
EMERGENCY CARD

please use black ink to complete

Student's Name _____ DOB _____ Grade _____ Teacher _____

Address: _____ Home Phone: _____
Last First

Primary Family Email address: _____

Mother/Guardian's Name _____ Home Phone # _____

Address (if different) _____ Cell Phone # _____

Place of Employment _____ Work Phone # _____

Father's Name _____ Home Phone # _____

Address (if different) _____ Cell Phone # _____

Place of Employment _____ Work Phone # _____

Physician _____ Office # _____

Name Address

Name and telephone # of two (2) emergency contacts authorized by you to assume responsibility for your child if he/she becomes sick, or in an emergency, in the event that a parent is not available. If you wish to list an out-of-area relative for an *extreme* emergency, please do so on the reverse of this page and check here.

Name _____ Relationship _____

Home Phone# _____ Work Phone # _____ Cell # _____

Name _____ Relationship _____

Home Phone # _____ Work Phone # _____ Cell # _____

Do you have medical insurance? **Y N** Company Name _____ Cert # _____

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

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

*See reverse to list regularly scheduled medications.

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 (Parent/Guardian) _____ Date _____

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 (Parent/Guardian) _____ Date _____

Dear Parents/Guardians,

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 are able to be present with them. All medical information provided is maintained with the utmost confidentiality.

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

ADD ADHD Anemia Anxiety/Depression Asthma Diabetes

Eating Disorder Heart Disease/Surgery (if 'yes', please specify) _____

Hypertension Kidney/Liver Disease (if 'yes', please specify) _____

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

Tuberculosis Other: _____

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.)

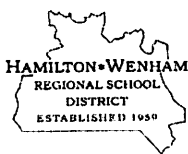
ADDITIONAL EMERGENCY CONTACT INFORMATION

*This information would only be utilized in the event of an extreme emergency and if the other contacts listed were not able to be reached.

Name _____ Relationship _____

Home Phone# _____ Work Phone# _____ Cell # _____

HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT



ADMINISTRATIVE OFFICES
5 SCHOOL STREET, WENHAM, MA 01984
TEL: (978) 468-5310 FAX: (978) 468-7889

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 Name	Family Name	Age	Birth Date	Grade
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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 OR HOME LANGUAGE? (*Please circle one*)
13. Will you require an interpreter/translator at Parent Teacher meetings or school informational sessions ____ 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 _____ ?
Mother/Father/Guardian _____ ?

Relationship of the person completing this survey:

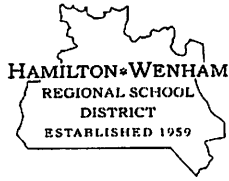
Mother Father Guardian Other, please specify: _____

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****

HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT



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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:

<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
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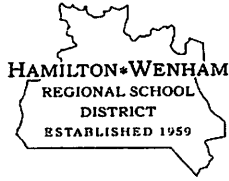
* (1) Sleeps a majority of nights, eats morning and evening meals, where clothes are kept.

* (2) Parents, guardian, or person assigned custody by court.

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*

HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT



ADMINISTRATIVE OFFICES
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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)

(Printed Address)

Notary Public

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

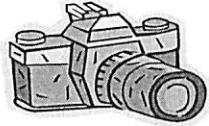
Notary Public

My Commission expires on

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

Hamilton-Wenham Regional School District
Administrative Offices
5 School Street
Wenham, MA 01984

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

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 Home: _____ Cell _____

Child's name _____ Grade _____

Child's name _____ Grade _____

Hamilton- Wenham Regional School District
Internet Access Acceptable Use Policy

Student Acceptable Use Agreement

Parent or 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 _____

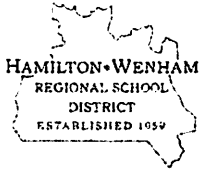
Students 18 years old or older are required to sign below.

Signature _____

Name _____

HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT

Mission: Educate our children to become knowledgeable, healthy, responsible and productive adults.



ADMINISTRATIVE OFFICES
5 School Street, Wenham, MA 01984
Tel: (978) 468-5310 Fax (978) 468-7889

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, and volunteers.

As a prospective or current employee, subcontractor, or volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the **HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT (Applicant, Employee or Contracted Service) OR VOLUNTEER PURPOSES ONLY:

The **HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the **HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

CORI conducted for/as:

Volunteer

Please state: Ex. EMPLOYMENT (Applicants and Employees),
VOLUNTEER, &/OR SUBCONTRACTOR (Contracted Services).

(Back to back see other side – please fill out Page 2)

1 of 2

The District does not discriminate in its programs, activities or employment practices based on race, color, national origin, religion, gender, sexual orientation, age or disability.

SUBJECT INFORMATION: a (*) denotes a required field.

*Last Name *First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: ___ ft. ___ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

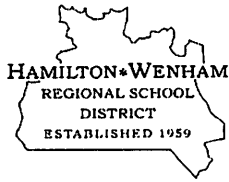
Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government-issued identification:

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee

HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT



ADMINISTRATIVE OFFICES
5 SCHOOL STREET, WENHAM, MA 01984
TEL: (978) 468-5310 FAX: (978) 468-7889

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

Please send school and health records to:

The requesting school will fill in required information for sending:
School Name _____

Address _____

Town _____ State _____ Zip _____