

**HINGHAM PUBLIC SCHOOLS**

220 Central Street  
Hingham, MA 02043

**STUDENT REGISTRATION FORM**

STUDENT INFORMATION			SASID
Full First Name	Full Middle Name	Last Name	
Gender	Primary Phone #	Cell/home	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				Check 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 <i>THAT LIVES LOCALLY AND IS AUTHORIZED TO PICK UP YOUR CHILD</i>			
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**

<i>Check 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

**What is the race of this student? (You may select one or more races)**

White: a person having origins in any of the original peoples of Europe, the Middle East or North Africa

Black or African American: a person having origins in any of the black racial groups of Africa

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.

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

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 check one).

**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 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  M   
 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 (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ Name of Former School and Town \_\_\_\_\_ Current Grade \_\_\_\_\_

**Questions for Parents/Guardians**

What is the primary language used in the home, regardless of the language spoken by the student? _____	Which language(s) are spoken with your child? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - 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? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____
Parent/Guardian Signature: X _____	_____ / ____ / 20____ Today's Date: (mm/dd/yyyy)

**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, Massachusetts 02043

781-741-1500 VOICE • 781-749-7457 FAX

[www.hinghamschools.com](http://www.hinghamschools.com)

**FORM C**

## Kindergarten Session Registration and Tuition Agreement

Section A – Selection of Kindergarten Session		
I am registering my child for:	<input type="checkbox"/> Full Day Kindergarten (FDK) To be eligible for the FDK program, you must complete and return this FDK Tuition Agreement with a 10% non-refundable deposit. The deposit will be deducted from the first monthly payment. <u>Registration after April 2, 2018 will be charged an additional processing fee of \$150.</u>	<input type="checkbox"/> Half Day Kindergarten (HDK) No tuition
		<input type="checkbox"/> IEP – No tuition
Neighborhood School District: <input type="checkbox"/> East School <input type="checkbox"/> Foster School <input type="checkbox"/> PRS <input type="checkbox"/> South School		
Student Identifiers		
Legal First Name and Middle Initial	Last Name	Is student a twin/multiple? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, sibling name(s): _____
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	
Parent/Guardian Name: _____ Parent/Guardian Name: _____		
Primary Phone #: _____ Primary Email Address: _____		
Hingham Street Address: _____		
<b>For Half Day Kindergarten, you do <u>NOT</u> need to complete the remaining sections.</b>		

Section B – Tuition Agreement	
Payment options will be for ten equal installments or one payment in full. FACTS billing management will provide those options when you register online with FACTS.	
Select payment option intended, unless you are* eligible for a waived tuition.	I have a current FACTS account with Hingham Public Schools. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Annual in full payment option due August 1, 2018 <input type="checkbox"/> Monthly payments deducted on the 20 <sup>th</sup> of each month or the first business day after the 20 <sup>th</sup> of each month, beginning August 20, 2018 and concluding on May 20, 2019 <input type="checkbox"/> I am eligible for <u>or</u> applying for a waived tuition.
My signature below indicates that I have read and agree to comply with the following as they may apply:	
<ul style="list-style-type: none"> <li>I agree to pay the \$3,650 annual tuition or a waived or reduced tuition of \$_____ based on the Hingham Public Schools Sliding Tuition Scale for the 2018-2019 academic year. (tuition scale on the reverse side of this application)</li> <li>I agree to pay a tuition deposit of \$365, regardless of waiver or reduced tuition status, to reserve a placement in the Hingham Public Schools Full Day Kindergarten program at the time of registration and to make tuition payments that will be made based on the payment schedule I selected above.</li> <li>I agree to provide accurate disclosure of financials to substantiate any reduced or waived tuition request by Apr. 2, 2018.</li> <li>I agree to register online with FACTS (a third party collection service), and I understand that there is an annual fee of \$43 to register. Fee is waived if the annual tuition is waived or paid in full by Aug. 1, 2018. <u>See registration details on the attached FACTS letter.</u></li> <li>I understand failure to make tuition payments in a timely manner will result in a change of student placement to the Half Day Kindergarten program.</li> </ul>	
Parent Signature: _____ Date: _____	

Section C – Financial Verification (Only necessary for families eligible for a reduced or waived tuition.)
In order to verify qualifications for a waived or reduced tuition charge on the sliding scale, please submit a written request to the Superintendent of Schools. Please include a copy of the 2017 Federal Tax Return Form 1040 or comparable information about family income; additional documentation may be requested. If you did not file income taxes in 2017, you may provide a copy of IRS Form Certification of Non-filing. Contact the Superintendent of Schools if you have any questions or concerns.

\* Tuition is waived for students with a current IEP and for those who qualify according to the sliding scale.

**Attach deposit check, payable to Hingham Public Schools, and any applicable document to this form.**

**HINGHAM PUBLIC SCHOOLS**

220 Central Street  
Hingham, MA 02043

**KINDERGARTEN HEALTH REGISTRATION FORM**

**Dear Parent,**

**Please complete this form and return to your designated school.**

Student Name: \_\_\_\_\_  
(Last, First, Middle)

D.O.B. \_\_\_\_\_  
Male  Female

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 _____ Explain below.	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.**

Signature of parent/legal guardian: \_\_\_\_\_ Date \_\_\_\_\_

**HINGHAM PUBLIC SCHOOLS**

220 Central Street  
Hingham, MA 02043

**ELEMENTARY DEVELOPMENTAL HISTORY**

Please respond to all questions as fully as possible to help us determine the manner in which we can best meet your child's needs in kindergarten.

Child's Legal Name: \_\_\_\_\_ Gender: Male  Female   
Last First Middle

What name would you like your child to be called in school? \_\_\_\_\_

Birth Date: \_\_\_\_\_

Child lives with:  Both parents  Mother only  Father only  
 Other. Please specify \_\_\_\_\_

siblings:

Child's household includes the following siblings, family members, or friends:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Language(s) spoken in the home: \_\_\_\_\_

Has your child had previous school or group experiences? If yes, please note below.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH**

Child's birth was:  full term  premature

Please describe any prenatal or birth complications.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your child's history of:

Glasses: Y N For Distance or Near D N Lazy eye Y N

Vision problems: \_\_\_\_\_

Allergies. Please specify: \_\_\_\_\_

Frequent Infections: Y N Tubes: Y N

Hearing problems, including chronic ear infections, tubes, etc.: Hearing Difficulty: Y N

\_\_\_\_\_  
\_\_\_\_\_

Has your child had major illnesses, injuries, surgeries, or hospitalizations? Please describe.

(continued)

Has your child been evaluated by a specialist (i.e. psychologist, speech pathologist, physician, educational specialist)? If so, please note below and provide us with copies of the report(s).

---

---

---

Has your child participated in early intervention programs?  Yes  No

Please describe your child's sleeping habits (i.e. naps daily, wakes throughout the night, sleeps 8 hours, etc.).

---

### MOTOR DEVELOPMENT

At approximately what age did your child first:

Sit? \_\_\_\_\_ Crawl? \_\_\_\_\_ Stand? \_\_\_\_\_ Walk? \_\_\_\_\_ Become toilet trained? \_\_\_\_\_

Please check the motor skills your child has acquired:

- |   |  |
|---|--|
| <input type="checkbox"/> Runs                 | <input type="checkbox"/> Rides tricycle or bicycle |
| <input type="checkbox"/> Hops                 | <input type="checkbox"/> Throws and catches a ball |
| <input type="checkbox"/> Skips                | <input type="checkbox"/> Uses crayons              |
| <input type="checkbox"/> Balances on one foot | <input type="checkbox"/> Uses pencils              |
| <input type="checkbox"/> Climbs stairs        | <input type="checkbox"/> Uses scissors             |

Child has developed:  right-handedness  left-handedness  undecided

### LANGUAGE DEVELOPMENT

At approximately what age did your child first:

Speak words? \_\_\_\_\_ Sentences? \_\_\_\_\_

Describe how your child engages in conversation outside and inside the home.

---

---

Do you have concerns about your child's speech or language development? If so, please explain.

---

---

### GENERAL DEVELOPMENT

Please describe your child's social interactions with peers.

---

What kind of indoor and outdoor play activities does your child prefer?

---

How physically active is your child?

---

(continued)



What is your child's average screen time (TV and other electronic devices) per day? \_\_\_\_\_

How often does someone read to your child? \_\_\_\_\_

Describe how your child uses his/her imagination throughout the day (i.e. storytelling, dancing, drawing, etc.).

\_\_\_\_\_

How does your child communicate his/her feelings?

\_\_\_\_\_

Have there been significant experiences in your child's life you would like to share?

\_\_\_\_\_

\_\_\_\_\_

What are your child's strengths and special interests? \_\_\_\_\_

Are there specific areas your child might benefit from additional support? \_\_\_\_\_

Would your child do better if assigned to a different classroom from any particular child? \_\_\_\_\_

\_\_\_\_\_

#### SPECIAL NEEDS

Is there a family history of learning difficulties? Please specify.

\_\_\_\_\_

\_\_\_\_\_

Has your child received any special education services under federal and state disability laws? Please specify.

\_\_\_\_\_

\_\_\_\_\_

Do you have any concerns about your child which might indicate a need for special services? Please specify.

\_\_\_\_\_

\_\_\_\_\_

#### OTHER INFORMATION

What else would you like us to know about your child so that she/he may have a positive experience in kindergarten?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# HINGHAM PUBLIC SCHOOLS

## ELEMENTARY EDUCATION

East Elementary School, Foster Elementary School, Plymouth River  
Elementary School, South Elementary School

**Thank you for filling in your forms on line. This takes care of the items checked below. Please note the other items needed on the checklist to complete your registration.**

**Please email or print/bring this to your appropriate school.**

Original Birth Certificate

Proof of residency (current utility bill, signed lease, signed rental contract, or executed purchase and sales agreement)

Student Registration Form (Form A)

Home Language Survey (Form B)

Kindergarten Session Registration and Tuition Agreement (Form C) and any applicable taxation documentation

Kindergarten Health Registration Form (Form D)

Health Report including updated immunization records and eye exam from physician\*

Elementary Developmental History (Form E)

Pre-School History Form (Form F) (*THIS FORM IS OPTIONAL*)

Registration in FACTS Management

Registration after April 2, 2018: \$150 additional processing fee (via check payable to: Hingham Public Schools)

**Full-Day Only:** Kindergarten Tuition Deposit (\$365 - 10% of yearly tuition is due via check payable to: Hingham Public Schools). Deposit is required for each student, regardless of waiver or reduced tuition status.

\* Note: If your child is scheduled to have an exam in the summer or fall of 2018, please submit last year's form and send the updated version after the child's next visit. **Immunizations must be up to date in order for your child to attend school.**

**Questions about the registration process?** Please contact the school administrative assistant at your assigned school or contact the HPS Central Office at 781-741-1500.