

# **STUDENT REGISTRATION FORM**

## **Hingham Public Schools**

220 Central Street

Hingham, MA 02043

STUDENT INFORMATION		SASID	
Full First Name	Full Middle Name	Last Name	
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 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 <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 <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 <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	

**Note: Please help us complete Massachusetts State required student information forms by answering the following questions.**

DEMOGRAPHIC INFORMATION				
<i>Circle 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

<p>What is the race of this student? (You may select one or more races)</p> <p><input type="checkbox"/> White: a person having origins in any of the original peoples of Europe, the Middle East or North Africa</p> <p><input type="checkbox"/> Black or African American: a person having origins in any of the black racial groups of Africa</p> <p><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.</p> <p><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</p> <p><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</p>
<p><b>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? Please circle one.</b></p> <p style="text-align: center;"><b>YES      NO</b></p>

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.”  
 \_\_\_\_\_

