L.M. Jacobs School: STUDENT REGISTRATION

PARENT CHECKLIST

Student Name: _____ Grade: _____

Address: _____

Primary Phone: _____

Primary Email: _____

Registration: All Students*
School Forms Completed/Submitted:
☐ Registration Form
☐ Home Language Survey
☐ Release of Records
☐ Parent Consent for Medicaid Reimbursement
Forms To Return within 1st week
☐ Emergency/Medical Info Form
☐ Handbook Signature Page
Documents Provided by Parent/Guardian
☐ Birth Certificate
☐ Proof of Residency (2) and Form
☐ IEP/504
Documents Provided to Nurse
☐ Current Physical
☐ Immunizations

Additional for Kindergarten Only
☐ Early Childhood Education Experience Survey

Additional for Preschool Only
☐ Preschool Parent Questionnaire
☐ IEP Information/signed IEP if applicable
☐ $300/$400 Deposit if applicable

For Office Use Only:
Office Intake Initialed:
Nurse Initialed:
Principal Initialed:
Teacher Assigned:
Start Date:

*Required documentation for enrollment of prek-12 McKinney-Vento (homeless), foster care and military students is an exception.

Hull Public Schools
Student Registration Form

☐ Lillian M. Jacobs Elementary School
☐ Memorial Middle School
☐ Hull High School

Grade Entering_____

Registration Date_____

Student Information**

Student's Legal First Name	Middle Name	Last Name

Street Address	Mailing Address (if different)
Town/State/Zip	Primary Family Email

Primary Phone	Secondary Phone	Alternate Phone/Email

Gender	Date of Birth	City/Town & State of Birth
☐ M ☐ F ☐ Non-binary		

Race (*Please check all that apply)*

☐ American Indian/Alaska Native
☐ Black/African American
☐ Native Hawaiian/other Pacific Islander
☐ White/Caucasian
☐ Asian

Ethnicity

☐ Hispanic/Latino
☐ Not Hispanic/Latino

Native Language of Student _____

Parent/Legal Guardian Information

Parent/Guardian 1	First Name	Middle Initial	Last Name
Address (If different from student's)			Email Address

Primary Phone	Secondary Phone	Work Phone	Relationship to Student	Can Pick Up Child ☐ / Has Legal Custody ☐

Is Parent/Guardian 1 an Emergency Contact? ☐ Yes ☐ No

Parent/Guardian 2	First Name	Middle Initial	Last Name
Address (If different from student's)			Email Address

Primary Phone	Secondary Phone	Work Phone	Relationship to Student	Can Pick Up Child ☐ / Has Legal Custody ☐

Is Parent/Guardian 2 an Emergency Contact? ☐ Yes ☐ No

Other/Guardian 3	First Name	Middle Initial	Last Name
Address (If different from student's)			Email Address

Primary Phone	Secondary Phone	Work Phone	Relationship to Student	Can Pick Up Child ☐ / Has Legal Custody ☐

Is Other/Guardian 3 an Emergency Contact? ☐ Yes ☐ No

Child resides with? (Please check one)

☐ Both Parents ☐ Parent 1 ☐ Parent 2 ☐ Guardian ☐ Other _____

Are there any legal custody issues? ☐ Yes ☐ No If yes, please provide documentation to school principal.*

*The school cannot deny a parent's right to access a student and/or student information without proper legal documentation on file in the main office. It is the responsibility of the custodial parent/guardian to provide supporting documentation (e.g., court orders) to limit another parent's access to the student and/or student information.

**Required documentation for enrollment of prek-12 McKinney-Vento (homeless), foster care and military students is an exception.

SIBLINGS *Please attach an additional sheet, if necessary*

Name	Age	M/F	Grade	Name	Age	M/F	Grade

Parent/Guardian Military Status - option to self-identify military status

As part of the Interstate Commission on Educational Opportunity for Military Children, Massachusetts school districts may collect military family status information. Please check the appropriate boxes for any parent or guardian of the child being registered.

- ☐ An active duty member of the uniformed services, including the National Guard and Reserve on active duty orders.
- ☐ A member or veteran of the uniformed services who is severely injured and medically discharged, or retired within one year.
- ☐ A member of the uniformed services who died on active duty or as a result of injuries sustained on active duty.
  Date of discharge, retirement, death or active deployment:_____/_____/_____

Local Emergency Contacts *(if parent(s)/guardian(s) can't be contacted please list other contacts that can dismiss your child in case of emergency)*

Contact 1 First & Last Name		Address	
Primary Phone	Secondary Phone		Relationship to Student
Contact 2 First & Last Name		Address	
Primary Phone	Secondary Phone		Relationship to Student
Contact 3 First & Last Name		Address	
Primary Phone	Secondary Phone		Relationship to Student

Previous School Information *Please provide all available information.*

Name of Last School Attended		
Full Address		
Phone	Fax	Have records been requested? ☐ Yes ☐ No

Special Services Information

Does your child receive any of the following services? *Please check all that apply to student.*

☐ ELL (English Language Learner) ☐ Reading Support ☐ Physical Therapy ☐ Counseling
☐ Speech/Language ☐ Occupational Therapy

Does your child have an educational plan in place? *Please check all that apply to student.*

☐ has an Individual Educational Program (IEP for special education)
☐ has a Section 504 Accommodation Plan

The Hull Public School System Does Not Discriminate On The Basis Of Age, Race, Color, National Origin, Gender, Disability, Religion, Gender Identity, Sexual Orientation Or Homelessness.

Limited English Proficiency (LEP) Students

Has the student attended schools in the United States for less than 12 months?

☐ Yes ☐ No ☐ Not Applicable

If the student was not born in the United States, has the student completed three (3) full academic years of school in any state?

☐ Yes ☐ No ☐ Not Applicable

Medical Information

Does your child have any special health needs? ☐ Yes ☐ No

If yes, please briefly explain.

Physician's Name	Physician's Phone
Dentist's Name	Dentist's Phone

PARENT/GUARDIAN SIGNATURE

In case of accident or serious illness, and if school personnel are unable to reach me, I hereby authorize school personnel to make any arrangements that are deemed necessary.

I, the undersigned, am the parent or legal guardian on the child being registered. This child resides with me, and my place of residence is within the boundaries of the Hull Public School District and the attendance area for this school. By my signature below, I am affirming that all information provided is accurate and truthful.

Parent/Legal Guardian Signature_____ Date _____

Updated December 2023

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Hull Public Schools
Home Language Survey

Dear Parents/Guardians:

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 allows the Hull Public Schools to create the best possible educational program for your child to ensure their success in school.

Please answer the following questions for each child in your family. If a language other than English is spoken in the home, the Hull Public School District is required to do further assessment of your child. **Please sign and return this form to the school office as soon as possible.** Thank you for your prompt attention and assistance.

Student Information

First Name _____ Middle Name _____ Last Name _____ ☐ M ☐ F ☐ Non-binary Gender

Country of Birth _____ Date of Birth (mm/dd/yyyy) ___/___/___ Date first enrolled in ANY U.S. school (mm/dd/yyyy) ___/___/___

School Information

Start Date in New School (mm/dd/yyyy) ___/___/___ Name and location of former school _____ Current Grade _____

Questions for Parents/Guardians

What is the native language(s) of each parent/guardian?
(write language and check title)

_____ ☐ mother ☐ father ☐ guardian

_____ ☐ mother ☐ father ☐ guardian

Which language(s) is/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 child first understand and speak?

Which language do you use most with your child?

Which other languages does your child know?
(write language and check all that apply)

_____ ☐ speak ☐ read ☐ write

_____ ☐ speak ☐ read ☐ write

_____ ☐ speak ☐ read ☐ write

Which language(s) does your child use to:
(write language and check one)

Read: _____ ☐seldom ☐sometimes ☐often ☐always

Speak: _____ ☐seldom ☐sometimes ☐often ☐always

Write: _____ ☐seldom ☐sometimes ☐often ☐always

Will you require written information from school in your native language?

☐ YES ☐ NO

Will you require an interpreter/translator at Parent/Teacher meetings?

☐ YES ☐ NO

X_____
Parent/Guardian Signature

___/___/___
Today's Date (mm/dd/yyyy)

Hull Public Schools
New Student — Emergency Contact/Medical Information

Please complete both sides of this form and submit it with your registration form.	
Student Name	
Grade	
Homeroom Teacher	
Bus	
Address/Contact Information	
Physical Address	
Mailing Address	
Priority Phone	
Primary Language	
Parent/Guardian 1 (Primary Contact)	
Name	
Relation to Student	
Address	
Home Phone	
Cell Phone	
Work Phone	
Email	
Lives with student?	Yes ☐ No ☐
Parent/Guardian 2	
Name	
Relation to Student	
Address	
Home Phone	
Cell Phone	
Work Phone	
Email	
Lives with Student?	Yes ☐ No ☐

Please complete both sides of this form.

EMERGENCY CONTACTS: Should an emergency occur (e.g., sickness, transportation, school closing) and a parent/guardian cannot be reached, we will notify a responsible adult, relative, friend or neighbor. Valid identification may be requested.

Emergency Contact 1	
Name	
Relation to Student	
Primary Phone	
Secondary Phone	
Work Phone	

Emergency Contact 2	
Name	
Relation to Student	
Primary Phone	
Secondary Phone	
Work Phone	

Please complete the sections below:

Type of Insurance	
Insurance Company	
Policy Number	
Doctor Name	
Doctor Phone/Address	
Dentist	

Is Student on an IEP?	Yes ☐ No ☐	Hospital					
Is Student on Medication?	Yes ☐ No ☐	At Home?	Yes ☐ No ☐	At School?	Yes ☐ No ☐		
Does Student have allergies/other health concerns?	Yes ☐ No ☐						

Hull Public Schools has Standing Orders from our School Physician Consultant, Dr. Martin Iser, for limited over-the-counter medications. I give permission for my child to be given the following medications per standing order guidelines. (Check all that apply)

☐ Benadryl	☐ Chloraseptic Throat Spray	☐ Robitussin	
☐ Tylenol	☐ Sunscreen	☐ Tums	
☐ Ibuprofen/Motrin	☐ ChlorTrimetron (for Allergies)	☐ Claritin	
☐ Pepto Bismol	☐ Midol	☐ Sudafed PE	☐ DayQuil

Custody Restrictions? Yes ☐ No ☐ *If yes, legal documentation must be on file in the school office.*

Safe to School Program: Please call the school before 9:00 a.m. on the day your child will not be in school. If we do not receive a call, we will try to reach a parent or guardian at the Priority Phone Number listed on the reverse side of this form.

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, the school may make whatever arrangements that seem necessary.

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

HULL PUBLIC SCHOOLS
PRESCHOOL PARENT QUESTIONNAIRE FORM

Dear Parent:

Please take 10 minutes of your time to answer the questions on this form in the best way that you can. You will be able to answer some quite easily, and may have difficulty in making a decision on others.

Your answers on this form will help the preschool staff decide what kind of educational program is best suited for your child.

This questionnaire is confidential and your responses will be shared only with professional personnel.

Date: _____

Child's Name: _____
First Middle Last

Address: _____

Sex: ☐ F ☐ M ☐ Non-binary D.O.B.: _____ Place of Birth: _____

Telephone #: Home: _____ Work: _____

Email: _____

Name if Person(s) Filling Out Form: _____ Relationship To Child: _____

1. <u>Child's History</u>:

a. Has child attended school before? ☐ Yes ☐ No

b. If Yes, name of school _____

Dates of attendance (month/year) _____

Number of days per week: ☐ 2 ☐ 3 ☐ 4 ☐ 5

c. Any other school experience? _____

2. <u>Child's Status in Family:</u>

a. ☐ oldest ☐ middle ☐ youngest ☐ only

b. Other children in the family:

_____ Age _____ _____ Age _____

_____ Age _____ _____ Age _____

_____ Age _____ _____ Age _____

c. Do any of your children have difficulty in school/daycare:

Name	School	Difficulty
_____	_____	_____
_____	_____	_____
_____	_____	_____

d. Has any family member or close relative had significant difficulty in school?

If yes, Relationship: _____ Nature of Difficulty: _____

3. Parents/Guardians:

a. ☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Widowed

b. Parent/Guardian Name: _____ Occupation: _____

Place of Work: _____

c. Parent/Guardian Name: _____ Occupation: _____

Place of Work: _____

d. Highest grade completed: (circle)

Parent/Guardian: 8 or less 9 10 11 12 College: 1 2 3 4 more

Parent/Guardian: 8 or less 9 10 11 12 College: 1 2 3 4 more

e. Other persons residing in the household:

Name (s): _____

Relationship (s): _____

f. Have there been any extraordinary events in this household? (e.g. illness, moves, death, disaster, change in make-up of family)

_____

_____

g. Any serious family health problems? _____

4. Basic Medical Data:

a. Name of child's doctor: _____ Tele. #: _____

Address: _____

b. Name of child's dentist: _____ Tele. #: _____

Address: _____

c. Has this child ever had any ear/hearing examination or treatment?
☐ Yes ☐ No If Yes: ☐ Infrequent (2-3 times per year)
☐ Frequent (4 or more a year) ☐ Prolonged (10 days – 2 weeks)
Has your child had tubes inserted? ☐ Yes ☐ No
Date (s) _____
Do you suspect any hearing problem? ☐ Yes ☐ No

Does this child:

1. Seem to have difficulty hearing? ☐ Yes ☐ No
2. Turn up the TV louder than other member of family? ☐ Yes ☐ No
3. Seem to favor one ear over the other? ☐ Yes ☐ No
4. Jump or appear to be more startled than others if there is sudden noise? ☐ Yes ☐ No
5. Seem to hear you if you talk in a whisper? ☐ Yes ☐ No
6. Make you talk loudly or repeat frequently? ☐ Yes ☐ No

e. Has this child ever had a vision examination or treatment? ☐ Yes ☐ No

If so, when _____ who _____
Results _____

Do you suspect any vision problems? ☐ Yes ☐ No

Does this child:

1. Seem to have difficulty seeing small lines or pictures? ☐ Yes ☐ No
2. Seem to have a problem seeing things far away? ☐ Yes ☐ No
3. Squint? ☐ Yes ☐ No
4. Wear glasses? ☐ Yes ☐ No
5. Have eyes that turn in? ☐ Yes ☐ No
6. Sit very close to television? ☐ Yes ☐ No
7. Rub eyes frequently? ☐ Yes ☐ No

f. At what age did this child first begin to speak? Give approximate age if you do not remember exact age: _____

Age of first words _____ Age of two or three words together _____

Age of first Sentence _____Does this child stutter? ☐ Yes ☐ No

g. At what age did this child begin walking? (give approximate age if you do not remember, label as such) _____

Do you feel your child has adequate large muscle coordination? ☐ Yes ☐ No

h. Do you notice, or has a doctor reported, any of the following in this child? If yes, use (x).

___ Asthma	___ Nose Bleeding	___Frequent Fevers
___ Constipation	___ Bed Wetting	___Epilepsy (seizures
___ Diarrhea	___ Bed Soiling	___ Overtired/Lacking Pep
___ Vomiting	___ Diabetes	___ Serious blows to head
___ Headaches	___ Thumb Sucking	___ Lack of Consciousness
___ Nail Biting	___ Chronic Ear Infections	
___ Sinus Trouble	___ Chronic Stomach Problems	
___ Heart Trouble	___ Medical Problems Immediately After Birth	
___ Hyperactivity	___ Allergies (types) _____	

5. <u>Please check (x) Yes, Sometimes, No, or Not sure for each of the following statements</u>:

a. It is my (our) opinion that this child:

	YES	SOMETIME	NO	NOT SURE
Should have regular playmates the same age				
Has difficulty getting along with other children				
Prefers to play with other children instead of alone				
Is difficult to understand when talking				
Seems generally happy				
Is frequently irritable or moody				
Is upset by changes in routine				
Demands much individual adult attention				
Accepts discipline and limits				
Becomes confused in following more than two Verbal directions at a time				
Has difficulty remembering things for a short time				
Has difficulty remembering things for a long time				
Is easily frustrated				
Cries easily				
Cooperates willingly				
Has a bad temper				
Can use a fork and spoon without help				
Can catch a ball thrown to him				
Enjoys physical activities				
Loses balance, trips and falls				
Is dealing with family stress such as illness, death? or separation				

b. How old are this child's playmates? _____

c. About how many hours a day does your child watch TV? _____

d. What kinds of things do you like to do with your child? _____

_____

_____

e. Do you have any special concerns about this child? _____

_____

_____

f. Is your child toilet trained? _____

g. Is there any other information that will help us better understand this child? _____
_____
_____

h. Other physical problems or serious illnesses? (explain) _____
_____
_____

i. Child's birth weights _____ lbs. _____ ozs.

j. Special Considerations:

☐ Caesarean	☐ Child Rotated	☐ Premature
☐ Cord Around Neck	☐ Breech	☐ Twin (1st/2nd born)
☐ Baby Blue	☐ Baby Yellow	☐ Baby Bruised
☐ R.H. Negative	☐ Transfused	

k. Special Care:
☐ Oxygen (how long) _____
☐ Incubator, (how long)_____
☐ Hospital Stay (how long)_____
☐ Seizures or loss of consciousness?_____
☐ Is this child presently on medication? If so, what? _____

l. Has child had any significant injuries or hospitalization? _____
_____
_____

m. Is this child prone to certain ailments? (e.g. ear infections, stomach aches, etc?)_____
_____
_____

n. Has your child ever been referred for Special Education needs…. Past or present? ___
_____
_____

6. Do you participate in any of the following programs (Please check)?

☐ Social Security ☐ Medicaid ☐ Welfare

☐ Aid for Dependent Children (AFDC)

Thank you for your cooperation in filling out this questionnaire.

***** Students who are turning four years old are eligible for the full day program.**

☐ Yes, I would like my child to be considered for the full day program.

☐ No, I would not like my child to be considered for the full day program.

Name: _____

Date: _____

Massachusetts Parental Notice for One Time Consent to Allow the School District To Access MassHealth (Medicaid) Benefits

School District Name and Code: **Hull Public Schools 0142**
School/District Contact: **Kristen Ryan, Director of Student Services 781-925-4400 ext. 1121**

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission (also known as consent) to share information about your child with MassHealth. Local communities in Massachusetts have been approved to receive partial reimbursement from MassHealth for the costs of certain health-related services provided by the district to your child (or children). In order for your community to get back some of the money spent on services, the school district needs to share with MassHealth the following types of information about your child: name; date of birth; gender; type of services provided, when, and by whom; and MassHealth ID.

With your permission, the school district will be able to seek partial reimbursement for services provided by MassHealth, including, among others, a hearing test or eye exam; a school physical; occupational or speech or physical therapy; some school nurse visits; and counseling services with the school social worker or psychologist. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

The school district cannot share with MassHealth information about your child without your permission. As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the health-related and/or special education services to which your child is entitled.

2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge MassHealth for services provided. The school district can agree to pay the co-pay or deductible if any such cost is expected.

3. If you give the school district permission to share information with and request reimbursement from MassHealth:
   a. This will not affect your child's available lifetime coverage or other MassHealth benefit; nor will it in any way limit your own family's use of MassHealth benefits outside of school.
   b. Your permission will not affect your child's special education services or IEP rights in any way, if your child is eligible to receive them.
   c. Your permission will not lead to any changes in your child's MassHealth rights; and
   d. Your permission will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.

4. If you give permission, you have the right to change your mind and withdraw your permission at any time.

5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with MassHealth for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

I have read the notice and understand it. Any questions I had were answered. I give permission to the school district to share with MassHealth records and information concerning my child(ren) and their health-related services, as necessary. I understand that this will help our community seek partial reimbursement of MassHealth covered services.

Parent/Guardian Signature: _____ Date: _____

Child's Name:	**Date of Birth:**	**SASID # (for district to add):**
Child's Name:	**Date of Birth:**	**SASID # (for district to add):**
Child's Name:	**Date of Birth:**	**SASID # (for district to add):**

Hull Public Schools

RESIDENCY VERIFICATION

Verification of residence is required of all students enrolling in the Hull Public Schools.

If you own the property, we require:

- ☐ Copy of most recent tax bill and/or recent mortgage payment ***or***
- ☐ Fully signed and executed purchase of sale (PSS) agreement (provided occupancy date occurs within 30 days of enrollment).
- ☐ Copy of most recent utility bill (cable, electric, landline phone, water bill, sewer bill, etc.).
- ☐ Proof of identification of parent/guardian (valid MA driver's license or valid photo ID card, valid Passport or other government issued photo).

If you lease/rent, we require:

- ☐ Copy of most recent utility bill in your name (cable, electric, landline phone, etc.).
- ☐ Fully signed and executed lease and/or rental agreement (must be executed by both parties).
- ☐ Proof of identification of parent/guardian (valid MA driver's license or valid photo ID card, valid Passport or other government issued photo).

If you are living with a relative, we require:

- ☐ Notarized letter from the property owner stating the child is currently living at a Hull address with a copy of the property owner's most recent property tax bill.
- ☐ Copy of most recent car insurance bill or credit card bill in your name mailed to you at the Hull address within the past 45 days.
- ☐ Proof of identification of parent/guardian (valid MA driver's license or valid photo ID card, valid Passport or other government issued photo).

The Hull Public Schools residency policy does not apply to students experiencing homelessness

Please contact our Districts McKinney Vento Liaison, Kristen Ryan, Director of Student Services, for assistance regarding the enrollment process for homeless students. She can be reached at kyryan@town.hull.ma.us or 781-925-4400 x1121.

Without proper proof of residency, the student will not be allowed to enroll in the Hull Public Schools

Parent/Guardian Signature: _____ Date: _____

Student's Name: _____

The above signatures certify that all statements and documents of residency are true and that you agree to periodic checks of residency, if required.

Should your residency change at any time, you must notify the Hull Public Schools immediately.

Resident Verified by: _____ Date: _____

Proof of Residency Submitted: _____