



# 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 <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary		Date of Birth		City/Town & State of Birth	
Race (Please check all that apply)				Ethnicity	
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Asian		<input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> 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 <input type="checkbox"/> Has Legal Custody <input type="checkbox"/>	
Is Parent/Guardian 1 an Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Has Legal Custody <input type="checkbox"/>	
Is Parent/Guardian 2 an Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Has Legal Custody <input type="checkbox"/>	
Is Other/Guardian 3 an Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Child resides with? (Please check one) <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____					
Are there any legal custody issues? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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

## 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