



Holliston Public Schools

370 Hollis Street
Holliston, Massachusetts 01746
Phone 508-429-0652 Fax 508-429-0653

To register your student for the Holliston Public Schools please contact the registration specialist at the school your student will attend. This specialist will set up a time for you to visit the school and assist you with the necessary paper work.

The registration specialist at each school is as follows:

Holliston High School Grades 9-12
Lynn Culverwell 508-429-0677 ext.1107

Robert Adams Middle School Grades 6-8
Michelle Meredith 508-429-0657 ext.1121

Fred W. Miller Elementary School Grades 3-5
Shannon Carbino 508-429-0667 ext.1124

Sam Placentino Elementary School Grades pre-k -2
Maureen Ohnemus 508-429-0647 ext.1102

The registration packet can be picked up at any of the schools or can be printed directly from our web page at www.holliston.k12.ma.us . It includes the following forms, which need to be filled out. You may choose to fill them out at the school or can bring in the completed forms prior to registering your student. **These forms must be returned and processed by the school before your child will be enrolled.**

1. Student Registration Form
2. Authorization to Release Information
3. Student Emergency Form
4. School Health Information
5. Home Language Survey
6. Free/Reduced Lunch Form (if necessary)*
7. CORI Form (if interested in volunteering at the school)*

* These forms are optional

Along with completing forms 1-5, (6 and 7 if applicable) you will need to provide a birth certificate and proof of residency to the school. Proof of residency can be obtained by either providing the Superintendent of Schools with the Purchase and Sale agreement or by bringing a copy of the rental agreement to the school. Also, if there are any custody issues pertaining to your student legal documents will need to be provided.



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www.holliston.k12.ma.us

Student Registration Form

Name should be as recorded on birth certificate or other legal document

Student Name: _____ School _____
Full Last Full First Full Middle

Home Address: _____
Number Street Apt. Town State Zip

Mailing Address: _____
If different Number Street Apt. Town State Zip

Home Phone: _____ Grade: _____ Has student ever attended Holliston Schools? Y N

Date of Birth: _____ City/Town of Birth: _____ Gender? M F
MM/DD/YYYY

If the student was born outside of the United States, what was the date of first entry to a U.S. school? _____
In what country was the student born? _____

The Massachusetts Department of Education requires districts to collect the following demographic data for each student.
Ethnicity and race definitions are as defined by the federal Office of Management and Budget (OMB).

Ethnicity - Is student Hispanic or Latino? Select only one

No, not Hispanic or Latino

Yes, Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

What is the student's race? Select one or more

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 Alaskan 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.

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 Philippine Islands, Thailand, and Viet Nam.

Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

First Parent/Guardian Information

Name: _____ Relationship: _____

Address: _____
Number Street Apt. Town State Zip

Home Phone: _____ Cell: _____ Work: _____
Employer: _____

Second Parent/Guardian Information

Name: _____ Relationship: _____

Address: _____
Number Street Apt. Town State Zip

Home Phone: _____ Cell: _____ Work: _____
Employer: _____

With whom does this student reside? Parents Mother Only Father Only Guardian Other _____
Specify

Previous School Information

Last School Attended: _____ City/Town: _____

Please check any additional services the student was receiving:

Student has an Individual Educational Plan

Student is receiving LEP services

Student is receiving Title I services

Student has a 504 plan

Has the student previously taken the MCAS (Massachusetts Comprehensive Assessment System) Test? Yes No

Date of last MCAS: _____ Grade when taken: _____ Where? _____

Parent/Guardian Signature: _____ Date: _____

Registration Checklist:

The following forms should be completed at registration:

- Registration Form
- Emergency Form with required signatures
- School Health Information Form
- Home Language Survey
- Authorization to Release Information (incoming transfer students only)
- Free/Reduced Lunch Application (if applicable)
- School Insurance Application (if applicable)
- Transportation Form
- Discipline Form

Copies of the following documents should be provided at registration:

- Birth certificate or other legal document
- Immunization records
- Proof of residency
- Legal documents regarding custody (if applicable)



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Authorization to Release Information

Name of Student: _____ Grade _____

Please forward cumulative, psychological, medical, special needs and discipline files to be released on the above named student to the school checked below.

- | | |
|---|--------------------|
| _____ Holliston High School | Phone 508-429-0677 |
| Guidance Department | Fax 508-429-8225 |
| 370 Hollis Street | |
| Holliston, MA 01746 | |
| _____ Robert H. Adams Middle School | Phone 508-429-0657 |
| Guidance Department | Fax 508-429-0690 |
| 323 Woodland Street | |
| Holliston, MA 01746 | |
| _____ Fred W. Miller Elementary School | Phone 508-429-0667 |
| 235 Woodland Street | Fax 508-429-3684 |
| Holliston, MA 01746 | |
| _____ Sam Placentino Elementary School | Phone 508-429-0647 |
| 235 Woodland Street | Fax 508-429-0691 |
| Holliston, MA 01746 | |

Last School Attended

Name of School: _____

Address: _____

Parent Signature _____ Date _____



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Student Emergency Information

Last Name: _____ First: _____ Middle: _____

Home Address: _____ Phone: _____

Mailing Address: _____

EMERGENCY CONTACT INFORMATION

Parent Guardian First Contact

Current Information

Change To

Name:		
Relationship:		
Address:		
Home Phone:		
Employer:		
Work Phone:		
Cell Phone:		
E-Mail Address:		

Parent Guardian Second Contact

Current Information

Change To

Name:		
Relationship:		
Address:		
Home Phone:		
Employer:		
Work Phone:		
Cell Phone:		
E-Mail Address:		

In case of accident or illness and I cannot be reached, please contact:

Name:	Address:		
Home Phone:	Work Phone:	Cell Phone:	
Name:	Address:		
Home Phone:	Work Phone:	Cell Phone:	Home Phone:

Student lives with: _____

Who has legal custody of this student? Both Parents Mother Father Guardian Other

Is there any other legal information that the school should be aware of? (Documentation may be required)

**Continued on other side
Please return this form to the School Office.**

Required Signatures

Permission to photograph, audiotape and/or videotape my child by school personnel to note classroom/school events.

* **Yes** I give permission **No** I do NOT give permission

Permission to photograph, audiotape and/or videotape my child by local news to highlight educational activities.

* **Yes** I give permission **No** I do NOT give permission

I have read and understand the Student Handbook. Student handbooks can be found at www.holliston.k12.ma.us/handbooks.

* **Yes** **No**

User Agreement for Participating in Electronics Communication Systems

(refer to School Committee Policy titled Technology Acceptable Use Policy, code IJNDB – <http://www.holliston.k12.ma.us/sc/SCPolicies/IJNDB.pdf>)

I have read, understand & agree to follow the district's Acceptable Use Policy (IJNDB) in the District Handbook.

* **Yes** I give permission **No** I do NOT give permission

Directory Information Release

(Refer to School Committee Policy titled Student Records and Directory Information, Code JRA - <http://www.holliston.k12.ma.us/sc/SCPolicies/JRA.pdf>)

Permission for the release of directory information to school and parent based organizations so that I may receive parent mailings.

* **Yes** I give permission **No** I do NOT give permission

Elementary Only

Contact information for elementary students will be included on an emergency early dismissal class list, which will be shared with the Elementary PTSA coordinator and Room Parent(s). *For the safety of our children, no child will be dismissed from school unless the school or a Room Parent has spoken directly to a parent, guardian or backup contact.*

Yes release my child's contact information **No** do NOT release my child's contact information

HS ONLY – Student Information Release to Military

The "No Child Left Behind Act of 2001" passed certain new requirements with respect to Armed Forces Recruiter access to Students and Student Recruiting Information: Duty to Provide Information to Military Recruiters. Unless the parent otherwise requests the District must provide upon request by military recruiters access to high school student's names, addresses and telephone listings. Either the high school student or the parent of the student may request that the student's names, address and telephone listing not be released without the prior parental consent.

Yes release my student's information to military recruiters **No** do not release my student's information to military recruiters

* Parent Signature: _____

* Student Signature: _____

Other children in Holliston Public Schools:

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

***RESPONSE REQUIRED**

Permission to administer medication (Tylenol, Ibuprofen, Tums)

- Yes** my child may be administered Tylenol or Ibuprofen by the school nurse.
- No** my child may NOT be administered Tylenol or Ibuprofen by the school nurse.
- Yes** my child may be administered an antacid (Tums) by the school nurse.
- No** my child may NOT be administered an antacid (Tums) by the school nurse.

Medications Being Taken

Please list all medications (including over-the-counter or non prescription drugs) taken routinely.

- This child takes NO medication on a routine basis.
- This child takes medication as follows:

Medication #1 _____	Dosage _____	Times Taken _____	Reason _____
Medication #2 _____	Dosage _____	Times Taken _____	Reason _____
Medication #3 _____	Dosage _____	Times Taken _____	Reason _____

Limitations or Restrictions

List and explain any restrictions:

- Dietary _____
- Activity _____
- Other _____

Please provide any additional information about your child's behavior and physical, emotional and mental health about which the nurse/guidance counselor should be aware of.

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment.

In case of emergency or clarification of medication, the school will attempt to contact parent/guardian before calling the student's primary care provider (Physician). Your student will be transported by ambulance to an emergency care facility if necessary.

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

*Parent/Guardian signature is required for any Tylenol/Ibuprofen/antacid to be administered.

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	F <input type="checkbox"/> M <input type="checkbox"/> Gender
_____ Country of Birth	____/____/____ Date of Birth (mm/dd/yyyy)	____/____/____ Date first enrolled in ANY U.S. school (mm/dd/yyyy)	
School Information			
____/____/20____ Start Date in New School (mm/dd/yyyy)	_____ Name of Former School and Town	_____ Current Grade	
Questions for Parents/Guardians			
What is the native language(s) of each parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian)	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?		
Which other languages does your child know? (circle all that apply) _____ speak / read / write _____ speak / read / write	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"/>		
Parent/Guardian Signature: X	____/____/20____ Today's Date: (mm/dd/yyyy)		

HOLLISTON PUBLIC SCHOOLS

Office of the Superintendent

370 Hollis Street

Holliston, Massachusetts 01746

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CORI REQUEST FORM

Holliston Public Schools has been certified by the Criminal History Systems Board for access to all criminal case data including conviction, non-conviction and pending. As an applicant/ employee for the position of _____, I understand that a criminal record check will be conducted for conviction, non-conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature (Date)

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT LEGIBLY)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER _____ - _____ - _____
(Requested but not required)

ID Theft Index PIN (if applicable) _____

MOTHER'S MAIDEN NAME: _____

CURRENT ADDRESS: _____

FORMER ADDRESSES: _____

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: Bradford L. Jackson, Ed.D. Superintendent of Schools
CORI AUTHORIZED EMPLOYEE