



## Student Registration Grades 1-12

We would like to welcome you to our school district. In order to help your student enroll as quickly as possible, we have developed the following list of information you will need to provide us prior to your student being officially enrolled.

### **APPOINTMENTS ARE REQUIRED FOR REGISTRATIONS.**

**For registration appointments, forms and information,  
please visit our website at [www.whrsd.org](http://www.whrsd.org)**

**Please see the helpful checklist on page 2  
for required registration documents.**

**No student shall be enrolled without a completed registration packet.**

The Registrar's office is located on the 2<sup>nd</sup> floor of the High School, Central Office. Directions to the High School are below.

#### **Directions**

Whitman-Hanson Regional High School is located at 600 Franklin Street (Route 27) on the town line of Whitman and Hanson.

**From the North:** It may be reached from Rte 3 to Rte 18S (Weymouth) follow Rte 18S to Rte 58 (Rte 58 starts at the town line of Weymouth and Abington). Take a left onto Rte 58, follow Rte 58 through Abington into Whitman, go to the Whitman Rotary, proceed as if there was no rotary and leave the rotary at 12:00 from where you entered at 6:00. You will now be off of Rte 58, follow that road to the end. Take a left onto Rte 27, it will take almost an immediate hard right, follow Rte 27 around that right, the school is two miles from that point on the left.

**From the West:** Take Rte 27 from Brockton and follow it until you get to the school, the school is on the east side of Whitman.

**From the South:** Take Rte 18N, after leaving Bridgewater, Rte 18 will join with Rte 106 for a short distance. Take a right where Rte 106 branches off Rte 18 (it is at the bottom of a hill and there is a restaurant located at the intersection.) Follow that road to a stop sign. Take a left (you are now off Rte 106), follow that road to the top of the hill; you will see East Bridgewater Common, take the right at the top of the hill keeping the Common to your left. At the next stop sign, take a right, this is Central Street, follow Central Street all the way for about 4 miles, it will eventually come down a small hill and join with Rte 27, take a left onto Rte 27, it will cross Rte 14 and the school will be on your right approximately one mile up Rte 27.

**From the East:** - Take Rte 14 until you get to Rte 27 intersection, take a right, school is on your right approximately one mile.

Whitman Hanson Regional School District

**PROCEDURES FOR  
ENROLLMENT AND PROOF OF RESIDENCY**

Under MGL, Chapter 76, Section 5, every person “shall have the right to attend the public school of the town where she/he actually resides.” The following procedures will be followed in order to verify a student’s residency:

**Before any student is enrolled in the Whitman-Hanson Regional School District, the student’s parent or legal guardian\* must prove legal residence in the towns of Whitman or Hanson.** Children whose primary residence is outside of Whitman or Hanson are not eligible to attend the Whitman-Hanson Regional School District. Residency means the domicile where a child spends the majority of her/his time. The standard Whitman-Hanson uses is simple: The law is very clear that the determination for residency lies in the establishment of “domicile” – where the student resides, as determined by the establishment of where the center of her/his domestic, social and civic life is, and this is where one is to attend school. This standard must be the first step met before a family seeks to demonstrate the residency of the child.

All applicants must submit at least **three proofs of residency**.

The documents must be pre-printed with the name and address of the student’s parent or guardian. \* When registering a student for Whitman-Hanson Public Schools, the district Registrar will confirm residency. These documents also will be required for any **change of address**.

All applicants must submit at least <b>one document from <u>each</u> of the following columns:</b>		
Column A	Column B	Column C
<p><i>Must be showing Whitman or Hanson current address**</i></p> <ul style="list-style-type: none"> <li>• Valid driver’s license</li> <li>• Valid Massachusetts photo Identification card</li> <li>• Valid passport, dated within the past year</li> </ul> <p><b><u>If license/ID does not show current address, you can go online to <a href="http://www.massdot.state.ma.us/rmv">www.massdot.state.ma.us/rmv</a> and click on Change of Address, they will email you a receipt. Please submit a copy to the registrar.</u></b></p>	<ul style="list-style-type: none"> <li>• Copy of lease</li> <li>• Mortgage Statement</li> <li>• Section 8 Agreement</li> <li>• Legal affidavit from landlord affirming tenancy</li> <li>• Copy of deed or purchase and sales agreement</li> </ul>	<p><i>A utility bill or work order dated within the past 60 days including.</i></p> <ul style="list-style-type: none"> <li>• Gas bill</li> <li>• Oil bill</li> <li>• Electric bill</li> <li>• Home telephone bill (no cell phone)</li> <li>• Cable bill</li> </ul> <p><i>Please note that utility companies provide online access to download your bills/statements.</i></p>

**\*Legal guardianship requires additional documentation from a court or agency.**

The WHRSD residency policy does not apply to homeless students. (McKinney-Vento Act)

**Report residency fraud!** You will remain anonymous – call 781-618-7412

Residency fraud impacts all tax payers

*I/we understand that all applicants must reside in Whitman or Hanson (Massachusetts General Laws, Chapter 76, sec 5 every person shall have a right to attend the public schools of the town where he/she actually resides, subject to the following section. No School Committee is required to enroll a person who does not actually reside in the town unless said enrollment is authorized by law or by the School Committee. **Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly attended public schools.** No person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, religion, national origin or sexual orientation.*

*Amended by st.1971, c.622, c.1; st.1973, c.925, s.9A, st.1993, c.282; st.2004, c.352, s.33)*

**WHITMAN-HANSON REGIONAL SCHOOL DISTRICT**  
**REGISTRATION PROCESS**

We would like to welcome you to our school district. In order to help your child enroll as quickly as possible, we have developed the following list of information you will need to provide us prior to your student being officially enrolled.

We recommend you check the boxes below after you have completed each step.

**NO REGISTRATIONS WILL BE PROCESSED UNTIL ALL OF THE FOLLOWING MATERIALS HAVE BEEN RECEIVED**

1.  **Legal birth certificate** (hospital birth certificate is not legal)
2.  **Custody agreements/court orders if applicable**
3.  **Proof of Residence** – see form on next page for required documentation.
4.  **Current physical examination and immunization history (including a lead test and record of a vision screening completed by your child’s physician)**. If your child’s immunizations are not up to date, please contact your child’s doctor immediately for an appointment. Children will be excluded from attending kindergarten in the Fall if they do not have all the required immunizations.
5. **Complete the enclosed forms listed below:**
  - Form #1 - Student Emergency Information
  - Form #2 – Registration Form/Student Census Enrollment Information
  - Form #3 - Student Health Information Update
  - Form #4 - Infinite Campus Parent Portal Agreement and Application Form
  - Form #5 - Student Network Access Agreement

**Optional Forms (use only if applicable to your student’s situation)**

- Form #8 - Verification of Student Residency Form\*\* (**use only if parent/guardian AND student are residing with family members and do not own or rent where they are living**)

**\*\*Please note-if parent/guardian and the student are residing with a family member and do not own or rent the residence where they are living, you must provide the following:**

- Notarized Verification of Student Residency Form from head of household stating that child and parents/guardians are residing at stated address. (Local police departments and school security will make periodic checks to ensure student is living at declared address).
- Mass. Driver’s License/Mass ID for the head of that household with current address as well as Mass. Driver’s License/Mass ID for Parents/Guardians
- Proof of residency as stated in #2 above

**\*\*Nonstandard registrations may require additional documents be provided to the Registrar. Please call the Registrar at 781-618-7481 for information.**



Whitman Hanson Regional School District
Confidential Student Emergency Information Form

Student Name: Last First Middle Entering Grade M F Non-binary

Address: City/Town: Home Tel.

Emergencies such as a sudden illness or accident often occur at school. In the event of an emergency, your child will be transported to the nearest local hospital.

Please complete the following information:

Legal Guardian's Name Address if Different City/Town/Zip Email
Work Phone Cell Phone

Legal Guardian's Name Address if Different City/Town/Zip Email
Work Phone Cell Phone

Child lives with: Both ( ) Father ( ) Mother ( ) Guardian ( ) (Please supply Court Docs if applicable)
Mother/Stepfather ( ) Father/Stepmother ( ) Is contact with non-custodial parent allowed? Yes No (documentation required)
Please arrange for two other responsible adults to care for your child in the event that you cannot be reached

Name Address
City/Town Phone Relationship to Student

Name Address
City/Town Phone Relationship to Student

List other children living in the home

Table with 3 columns: Name/Relation, Date of Birth, Name of School

Confidential Records/Student Pictures If I wish for my child's records to be confidential or I do not wish for my child's picture to be taken while at school, I understand that I must send a letter to the attention of the building principal requesting so.

Military Family Status (Please check if appropriate): A parent or step-parent is an active duty member of the uniformed services, National Guard and Reserve on active duty orders OR a member or veteran who was medically discharged or retired within the last 12 months OR a member who died on active duty.

Athletic/Extra Curricular Permission

I give my child permission to participate in all athletic and extra-curricular activities offered at Whitman-Hanson. I understand the athletic department requires an online permission slip which utilizes an electronic signature and that I have the right to receive a hard copy of the permission slip which I may obtain by contacting the athletic director.

Parent/Guardian Signature: Date:

# Home Language Survey

Form 1

## Whitman-Hanson Regional School District

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

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Country of Birth Date of Birth (mm/dd/yyyy) Date entered U.S. 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 primary language used in the home, regardless of the language spoken by the student?  
 \_\_\_\_\_

Which language(s) 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?  
 \_\_\_\_\_

How many years has the student been in U.S. Schools? (not including pre-kindergarten)  
 \_\_\_\_\_

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  N

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

If yes, what language? \_\_\_\_\_

If yes, what language? \_\_\_\_\_

Parent/Guardian Signature:

X

\_\_\_\_\_ / \_\_\_\_\_ /20  
 Today's Date: (mm/dd/yyyy)



## Whitman-Hanson Regional School District

Please answer the following questions:

1. Is this student Hispanic or Latino? (choose only one)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture of Origin, regardless of race.

2. What is the student's race? (choose one or more)

- 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 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 Philippine Islands, Thailand, and Vietnam).
- Black or African American** (A person having origins in any of the black racial groups of Africa).
- Native Hawaiian or other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).

### Special Education Services Information

- Is your child receiving special education services?    Yes     No     IEP     504
- Is your child being tested for Early Intervention    Yes     No



Whitman-Hanson Regional School District

**Student Health Information Update Form (Please Print)**

**Parent/Guardian: To ensure accurate response in the event of a medical issue, please complete all fields listed below.**

Student's Name: \_\_\_\_\_  
Last First Middle

Birth Date (MM/DD/YYYY): \_\_\_\_\_ Grade \_\_\_\_\_

**MEDICAL INFORMATION**

Physician Name: \_\_\_\_\_ Tel #: \_\_\_\_\_ Dentist Name: \_\_\_\_\_ Tel#: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_  
 Public Insurance  Private Insurance  Mass Health  No Insurance

If you have no health insurance, the Commonwealth of Massachusetts has a health insurance plan that will provide uninsured children with affordable health care (restrictions may apply). If you are interested in more information about this program, please contact the school nurse.

**Consent for Release of Information to Access Medicaid Reimbursement for Health-Related Support Services**  
Our school district continues to participate in a system whereby the Federal Government's Medicaid program reimburses local school districts for a portion of the costs of health-related special education services provided to Medicaid-eligible children. Your child continues to receive services at no cost to you under this system. This initiative simply helps us optimize federal funds in support of local education, as well as offset some of the costs of special education paid for by the local taxes. The information you voluntarily allow to be released by completing this consent form will only be used for the purposes identified. Our district has contracted the services of MSB™ to confidentially administrate our Medicaid Program.

As parent/guardian of the child named above, I give permission to disclose personally identifiable information concerning health-related support services in my child's present and/or future Individualized Education Plan (IEP) to school districts and designees, State, and Federal Medicaid administration representatives for the sole purpose of claiming MEDICAID reimbursement. I understand and agree that the School District may access my or my child's Medicaid benefits to pay for health-related support services in my child's present and/or future IEP.

This permission is authorized now and in the event that my child becomes eligible in the future for purpose of the release of information relative to the above services. I also understand that if I refuse to consent to the release of this information, my refusal does not relieve the school district of its responsibility to provide the above IEP-ordered services at no cost to me (34 C.F.R. §300.154 (2013)). I also understand that this consent is voluntary and may be revoked at any time, but that such revocation would not be retroactive (34 C.F.R. §300.9 (2006)).

Allergies: \_\_\_\_\_

Current Health Conditions: \_\_\_\_\_

**PERMISSION FOR OVER THE COUNTER MEDICATIONS**

**If you do not consent to your student using hand sanitizer please notify the school nurse immediately.**

My child has permission to receive non-aspirin medications at the discretion of the school nurse, and the standing orders authorized by the Whitman-Hanson Regional School District school physician:  YES  NO

**RELEASE OF INFORMATION**

I authorize the school nurse to contact the above physician, when appropriate, for a 2-way exchange of medical information. I understand that I will be contacted prior to this communication  YES  NO

**PERMISSION FOR TREATMENT**

In the event of a serious illness/injury, I hereby authorize the school to contact my child's physician and/or to seek emergency medical care including transportation to a medical facility. I hereby authorize the physician and emergency room staff to administer care that is deemed necessary. **I understand that every effort will be made to contact the family and emergency contacts first.**

YES  NO

**SHARING OF HEALTH INFORMATION**

I give permission to the school nurse to share health information with the school personnel as determined appropriate for my child's health and safety.  YES  NO

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Whitman-Hanson Regional School District**  
**Student Health Information (Please Print)**  
**Confidential Information, please return to the Health Office**

Does your child have any allergies (food, bees/insects, medication, environmental)?

Yes  No

If yes, does your child have an Epi Pen?

Yes  No

Please list allergies and your child's reaction and symptoms:

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Does your child have any medical/mental health conditions that health services should be aware of, such as Diabetes, Asthma, Seizures, Heart Condition, Anxiety, Depression etc.

Yes  No

If yes: What is the medical condition and date of diagnosis \_\_\_\_\_

Symptoms your child may have that would alert us that he/she is having a problem related to his/her condition:

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Please list any current medications:

Medication Name \_\_\_\_\_ Dose \_\_\_\_\_ Time of Dose \_\_\_\_\_

Medication Name \_\_\_\_\_ Dose \_\_\_\_\_ Time of Dose \_\_\_\_\_

Is there any other information that would be helpful for health services to know about your

child? \_\_\_\_\_

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

School District Name and Code: Whitman-Hanson Regional School District 07800000

School/District Contact: **Michael Losche**

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:

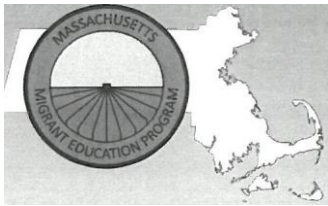
1. The school district cannot require you to sign up for MassHealth in order for your child to receive the health-related and/or special education services to which your child is entitled.
2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or 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):

Add more children



MASSACHUSETTS MIGRANT EDUCATION PROGRAM  
50 Terminal Street, Suite 315  
Boston, MA 02129  
TEL: 978.657.8331  
FAX: 978.657.0227

Dear Parent/Guardian,

Please answer the following questions and return to your school in order to be screened for Migrant Education Program Services. If your family qualifies, you may be eligible for services like:

- Tutorial Services
- English Classes
- Migrant Summer Programs
- Enrichment Activities
- Referrals to a Variety of Community-based Services

Erick J. Gonzalez  
Director of Identification & Recruitment  
Massachusetts Migrant Education Program

1. Have you moved to this town within the last 3 Years?

YES  NO

2. Are you currently working or looking for work in any of the following industries:



Fish Processing



Agriculture



Food Processing



Dairy Industry

(Please check )

Please call me to see if I qualify for your program.

My name is: \_\_\_\_\_

My phone number(s): \_\_\_\_\_

Please return this form to your school.

Thank You.



**\*\*\*\*Submit this form if you do not have an existing account**

**Whitman-Hanson Regional School District  
Infinite Campus Parent Portal  
Agreement and Application Form**

I am requesting to review my child(ren)'s student information on the Whitman-Hanson Regional School Districts website. I understand that in the interest of security, the District reserves the right to change user passwords or deny access at anytime.

By signing this agreement, I as parent/guardian, release the Whitman-Hanson Regional School District from any and all liability for damages arising out of the unauthorized access to my parent/guardian account.

I also agree to abide by the following guidelines:

- I agree that I will not share my password or allow anyone other than myself to use the account including my own child (ren).
- I agree to protect any information printed or transferred to my computer, or destroy the documentation generated from this site.
- I understand that three unsuccessful logins will disable my account. If my account becomes locked I will contact the Helpdesk at 781-618-7438 or email Helpdesk@whrsd.org and request the account to be unlocked. I will answer any questions to verify my identity. At the sole discretion of the District, the account may be unlocked, but I understand that it may take up to three school days to have my account unlocked.

**Parent/Guardian Information**

By my signature below, I affirm that there are **no legal restrictions** that would preclude me from accessing student's information. By my signature below, I have read and understood the terms of the Infinite Campus Parent/Guardian Portal Acceptable Use and Safety Policy and agree to adhere to its terms.

\_\_\_\_\_  
Parent/Guardian Name (1)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (2)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Town

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email Address Parent/Guardian (1)

\_\_\_\_\_  
Email Address Parent/Guardian (2)

List the name (s) of your child (ren) currently enrolled that you have guardianship rights to. The information given on this form must match the enrollment information provided during registration.

Child's Last Name	Child's First Name	Date of Birth	School	Relationship to Child
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Important: Once the above information is verified and processed, you will receive your Infinite Campus user name and password along with directions on how to access the site and create your own Password.*

**Please send my username and password by:** \_\_\_\_\_ **Email** (Parent/Guardian 1) **OR** \_\_\_\_\_ **Mailing Address**  
 \_\_\_\_\_ **Email** (Parent/Guardian 2) **OR** \_\_\_\_\_ **Mailing Address**

**TECHNOLOGY USE ONLY**

**Date Received** \_\_\_\_\_ **Username/Password Provided** \_\_\_\_\_ **Initials** \_\_\_\_\_

**Whitman-Hanson Regional School District**  
**Infinite Campus Parent/Guardian Portal Acceptable Use and Safety Policy**

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Infinite Campus, a web based student management application, has developed a parent portal tool to allow parents/guardians to view the records of their child(ren) via the internet.

Whitman-Hanson Regional School District will provide parents/guardians of currently enrolled students the privilege of free access to the Parent Portal.

### **Purpose**

Whitman-Hanson Regional School District has opened the Parent Portal to enhance communication between the district and parents/guardians. Users of the Parent Portal will have access to the following information about their children:

- Personal data and contact preferences
- Attendance
- Student Schedule
- Transportation routing information
- Behavior
- Report Cards
- Transcripts
- Graduation Requirements

Whitman-Hanson Regional School District reserves the right to add or remove any of the above functions from the Parent Portal at any time.

### **Use of Parent Portal**

Access to the Parent Portal on the school district's system is a privilege, not a right. Users of the Parent Portal are required to adhere to the following guidelines:

- User will act in a responsible, legal and ethical manner.
- User will not attempt to harm or destroy data, the school or district network.
- User will not attempt to access data or any other account owned by another user.
- User will not use the Parent Portal for any illegal activity, including violation of data and privacy laws.  
Anyone found to be in violation of these laws may be subject to civil and/or criminal prosecution.
- Users who identify a security problem with the Parent Portal must notify the Technology Services Department immediately without demonstrating the problem to someone else.
- Users will not share their password with anyone, including their own children.
- Users will not set their own computer to automatically log-in to the Parent Portal.
- Users identified as a security risk to the Parent Portal or the Whitman-Hanson Regional School District network will be denied access to the Parent Portal.

### **System Requirements**

Computer: Pentium 2 or higher recommended & Macintosh  
Windows Operating System: Windows 98 or higher / Mac OS

Software: Internet Explorer 5.5 or higher  
Adobe Acrobat Reader: minimum version 8 (free download [www.adobe.com](http://www.adobe.com))

Internet Connection: High Speed Cable/DSL recommended – minimum 56K

Monitor: Best viewed with resolution set at a minimum of 800x600

### **Technical Issues with the Parent Portal**

Technical issues should be directed to the Parent Information Center Helpdesk at 781-618-7438 or email [Helpdesk@whrsd.org](mailto:Helpdesk@whrsd.org)

### **Student Record Information**

Student Information issues should be directed to your child's school main office.

If you are interested in taking advantage of this new technology, we are asking you to follow the steps below:

Please forward completed form to Registration Office at High School, fax to 781-618-7069 or scan and email to [helpdesk@whrsd.org](mailto:helpdesk@whrsd.org).

Technology Services will contact you via email or regular mail and give you the URL for the Parent Portal along with your unique username and password. You will need your username and password to access the portal.

We will also give you instructions on how to log into the Parent Portal for the first time, where you will be able to set your own password. **You will need only one user account to access all the children in your household.**



# Whitman-Hanson Regional School District Technology Services Department

Central Administration Offices  
600 Franklin Street  
Whitman, MA 02382

Contact: [HelpDesk@whrsd.org](mailto:HelpDesk@whrsd.org)

Voice: 781-618-7438 Fax: 781-618-7087

## 10.0 Student Network Access Agreement

Date \_\_\_\_\_

### Student Section

Student Name (print): \_\_\_\_\_

Grade: \_\_\_\_\_

I have read the District Network Use Policy Letter. I agree to follow the rules contained in this Policy. I understand that if I violate the rules my access can be terminated and I may face other disciplinary measures.

Student Signature: \_\_\_\_\_

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

### Parent or Guardian Section

I have read the District Network Use Policy. I hereby release the Whitman-Hanson Regional School District, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the Whitman-Hanson Regional School District Data Network, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the Network Use Policy. I will emphasize to my child the importance of following the rules for personal safety.

I give permission for my child to access the Internet and certify that the information contained in this form is correct.

Parent/Guardian Name (print): \_\_\_\_\_



Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\*

This space reserved for System Administrator

REQ #: \_\_\_\_\_ Account: \_\_\_\_\_ Domain: \_\_\_\_\_

Login: \_\_\_\_\_ FireWall: \_\_\_\_\_ Remote: \_\_\_\_\_

By: \_\_\_\_\_

**Form 8**

**\*\*\*Only Use if Student and Parent/Guardian are living with a Family Member**



Student ID#: (To be filled out by school) \_\_\_\_\_

**Whitman-Hanson Regional School District**

**Verification of Student Residency**

(FOR STUDENT AND PARENT/GUARDIAN RESIDING/LIVING WITH FAMILY MEMBER)

I \_\_\_\_\_, hereby attest that the following individual(s) currently  
(Head of Household)  
reside in my home located at the following address: \_\_\_\_\_

In the town of \_\_\_\_\_, MA. Telephone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Relationship to Head of Household: \_\_\_\_\_

Name of Student(s): \_\_\_\_\_

*I/we understand that all applicants must reside in Whitman or Hanson (Massachusetts General Laws, Chapter 76, sec 5 every person shall have a right to attend the public schools of the town where he/she actually resides, subject to the following section. No School Committee is required to enroll a person who does not actually reside in the town unless said enrollment is authorized by law or by the School Committee. **Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly attended public schools.** No person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, religion, national origin or sexual orientation.*

*Amended by st.1971, c.622, c.1; st.1973, c.925, s.9A, st.1993, c.282; st.2004, c.352, s.33)*

*I certify that all statements made on this form are correct to the best of my knowledge.*

**Head of Household signature**

**Date**

The term "residence" or residency" refers to your legal residence as determined by government issued documents-primarily your driver's license or state ID card. Supporting documentation may be required in addition to your license. Review the list of residency documents. Parent/Guardian as well as Relative will need to submit residency information.

**Acknowledgement of signature**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he/she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Massachusetts Notary Public

\_\_\_\_\_  
Notary Print Signature Here

**Form 6**



**Whitman-Hanson Regional School District**

**Student Record Release Form**

State law requires students and/or their parents to provide a complete school record upon enrollment in a new district. Please sign below to permit release of all school records for the named student to complete enrollment in the Whitman-Hanson Regional School District.

Please release the complete school record for \_\_\_\_\_,  
**Name of Student**

\_\_\_\_\_  
**Date of Birth**

Last School Attended: \_\_\_\_\_,  
**Name of prior school system or Third Party**

Address: \_\_\_\_\_,  
**Address of prior school system or Third Party**

Including :

- \_\_\_\_\_ Transfer Card or Discharge Letter
- \_\_\_\_\_ Health records (immunizations, birth certificate)
- \_\_\_\_\_ Academic Records (objective test data)
- \_\_\_\_\_ Other Special Education/Evaluation Reports (psychological, I.E.P.,etc.)
- \_\_\_\_\_ Attendance
- \_\_\_\_\_ Discipline Record
- \_\_\_\_\_ MIAA Transfer Rule-Form 200 (High School Students Only)
- \_\_\_\_\_ All of the above

**Please forward to:** **Whitman-Hanson Regional School District**  
**Central Office**  
**610 Franklin Street**  
**Whitman, MA 02382**  
**Attn: Registrar – Charlene Guzman**  
**Phone: 781-618-7481**  
**PLEASE EMAIL: charlene.guzman@whrsd.org**



\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

The Whitman-Hanson R.S.D. guarantees all students regardless of race, gender sexual orientation, color, religion, national origin or disability, equal and unbiased treatment in, and access to, all aspects of public school education. This policy of nondiscrimination extends to and includes admission to programs and activities in accordance with Title 1X of the Educational Amendments of 1972, Chapter 622 of the Acts of 1971, Chapter 766 of the Acts of 1972 and Section 504. If you have any equity questions relating to students, please contact Section 504 Coordinator at 781-618-7428 or Title IX Coordinator at 781-618-7412.