

HANOVER HIGH SCHOOL
287 CEDAR STREET
HANOVER, MA 02339

MATTHEW MATTOS

Principal

JACLYN ROONEY

Assostant Principal



www.hanoverschools.org

NICK HANNIGAN

Dean of Students

OFFICE 781-878-5450
GUIDANCE 781-878-3990
FAX 781-871-0590

MATTHEW PLUMMER

Curriculum Director

MEGHAN CAMPIA

Special Education Administrator

Dear Parent/Guardian and New Student:

Welcome to Hanover High School. It is incumbent upon the Hanover Public Schools to act diligently to ensure that only Hanover residents attend the Hanover Public Schools. In light of this, we ask your patience and cooperation in supplying the school with the essential documents for registration. The administrative and guidance teams will work hard to make your application and entry process uncomplicated. We are thrilled to have you join us and hope to make the registration process as easy as possible. Begin by contacting the High School Guidance Office to schedule a registration appointment at 781-878-3990.

Use this checklist as your guide for registering your student. It is best to gather the required documents below prior to your appointment. Please be aware of the following requirements for admission. Your application is not complete until ALL documents are submitted.

- The student's original birth certificate
- Two documents that prove residency in Hanover. (see file below on the documents we accept)
- An up-to-date Health and Immunization record
- Photographic identification of the parent/guardian, such as a driver's license, passport, etc; (individual must be recognized in photo)
- Legal documents authorizing guardianship, as necessary
- Custody agreements, if applicable
- IEP or 504 if applicable
- School Transcript
- Guidance Records
- Attendance Records
- MCAS results
- Student Discipline Report

The administration, faculty and staff wish you a successful and enjoyable educational experience at Hanover High School. If you have provided all of the above requested information, the registration process should move along quickly. Please contact us at 781-878-3990 with any questions or concerns pertaining to registration requirements.

Hanover Hawks will Soar and Succeed Without Limits

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DISCIPLINE RELEASE FORM INCOMING STUDENT

STUDENT _____

(FROM) SCHOOL _____

Under the Education Reform Act, Section 37.50L of Chapter 71, Hanover High School is requesting information relative to discipline. (One of the following should be checked.)

_____ The above named student had no issues relative to discipline.

_____ The above named student has no issues relative to discipline as defined by Section 37.50L of Chapter 71.

_____ The above named student had issues relative to discipline. A copy of the discipline record is attached.

_____ The above named student has issues relative to discipline as defined by section 37.50L of Chapter 71. A copy of this discipline record has been attached to this form.

Assistant Principal

Education Reform Act of 1993

Section 37.50L of said Chapter 71 of the General Laws as appearing in the 1990 Official Edition is hereby amended by adding the following:

"A Student transferring into a local system must provide the new school system with a complete school record of entering student. Said record shall include but not be limited to, any incidents involving suspension or violation of criminal acts or any incident reports in which such student was charged with any suspended act."(revised 9/2005)

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Date _____

Student's Name _____

This is to certify that I am not at the present time, nor have I ever been, under indictment for a felony.

Student signature _____

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Guidelines for Acceptable Documentation for Residency Requirements

PROOF OF RESIDENCY

To establish proof of residency, a parent/guardian should provide at least **TWO** documents from the following:

- Copy of deed and record of most recent mortgage payment
- Copy of lease and record of most recent payment
- Legal affidavit from landlord affirming tenancy and record of most recent payment
- Gas bill dated within 30 days
- Oil bil dated within 30 days
- Electric bill with past 30 days
- Valid MA driver's license of valid MA photo ID card
- Valid Passport
- W-2 dated within the past year
- Hanover property tax bill dated within the past year
- Excise tax bill dated within the past year

Parent(s)/guardian(s) who are unable to furnish two documents listed above to establish their residence in the Town of Hanover should be referred to the Superintendent's Office if they desire further clarification or elaboration.



Hanover Schools
188 Broadway
Hanover, MA 02339

Student Registration Form

☐ Cedar School ☐ Middle School
☐ Center School ☐ High School

(Updated October 2019)

First Name										Middle Name										Last Name																																																																					
Hanover, MA 02339										Home										Cellular																																																																					
Street										Town										State										Zip										Telephone																																																	
Original Birth Certificate										Date of Entry										Year of Graduation										Date of Birth										Place of Birth																																																	
Guardian check one										Both Parents										Parent 1										Parent 2										Guardian										State Ward										Other indicate																													
Student lives with →										Both Parents										Parent 1										Parent 2										Guardian										Other Please indicate with whom student lives																																							
Custody Restrictions										Yes – please name custodial parent										No										Joint Custody										Yes										No																																							
																														Restraining Order										Yes										No																																							
										Name of Custodial Parent																				Affidavit										Yes										No																																							
Parent 1										Work Place/Address										Telephone(s)										Occupation										Email										Military Status																																							
Parent 2										Work Place/Address										Telephone(s)										Occupation										Email										Military Status																																							
Family History										Number of Siblings										Name(s) of Sibling(s)										Birthdate(s)										If they attend school which school do they attend																																																	
										use other side if necessary																																																																															
Do you have a family portal logon?																				If you do have a Family Portal logon would you please share your username?																																																																					
Personal Health										Excellent										Good										Fair										Poor										Chronic Ailments please list																																							
Special Needs										Yes										No										If YES - List services received																																																											
Free or Reduced Lunch Program										Yes										No										Primary Language spoken at home																																																											
Not Hispanic or Latino										Hispanic or Latino										Male										Female										White										Black or African										Asian										Native Hawaiian or Other Pacific										American Indian or Alaska Native									
Ethnicity																				Gender																				Race																																																	
State Assigned Student Identification Number [SASID]																				Prior School Name and Address																																																																					
Yes										No																																																																															
Previously enrolled in Hanover Schools										If Yes, Name(s) of School(s) and										Dates of Attendance																																																																					
Signature																				Date																																																																					

Hanover Public Schools

Matthew Ferron
Superintendent of Schools



Michael Oates
Director of Student Services

Deborah St. Ives
*Assistant Superintendent
for Curriculum & Instruction*

Michael Perrone
Business Manager

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
		Gender F <input type="checkbox"/> M <input type="checkbox"/>
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 of Former School and Town	Current Grade
Questions for Parent(s)/Guardian(s)		
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 - <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? _____	
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 <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language? _____	
Parent/Guardian Signature: X _____	_____ Today's Date: (mm/dd/yyyy)	

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RELEASE OF RECORDS FOR INCOMING STUDENTS

I hereby authorize the release of all school records for my son/daughter:

Student Name (please print) _____ Grade: _____

To any public or private school which requests the following or copies of the following:

- ☐ Cumulative Records file
- ☐ Attendance Report
- ☐ Discipline Report
- ☐ Report Card
- ☐ Transcript
- ☐ Health Records
- ☐ Testing results, including MCAS
- ☐ Special Needs file (if applicable)

Parent/Guardian Signature: _____ Date: _____

Please forward these records to: _____

Student's new home address: (if applicable) _____

Student's last day at Hanover High School: _____

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Hanover Schools MEDICAL HISTORY FORM			
Student Name		Student Address	
		Date of Birth	
Please list any health concerns or pertinent information which you think would be helpful for the school nurse to know. <i>If you would prefer to discuss privately, please contact the school nurse.</i>			
<i>If your child has a history of asthma, please fill out the asthma questionnaire.</i>			
Has your child ever had a serious illness/hospitalization/surgery/seizure disorder? <i>If yes, please explain.</i>		YES	NO
Does your child take medicine at home on a regular basis? <i>If yes, please explain.</i>		YES	NO
<i>If your child will need medication in school, please obtain a medication consent/doctor order form and return it to the school nurse.</i>			
Please list any allergies?			
<i>If your child has an EpiPen, please obtain an EpiPen medication consent/doctor order form and return it to the school nurse.</i>			
Does your child have any visual difficulties? <i>If yes, please explain.</i>		YES	NO
Does your child wear glasses? If yes, please answer the following:		YES	NO
<input type="checkbox"/> All the time? <input type="checkbox"/> Distance only? <input type="checkbox"/> Reading only?			
Vision Specialist			
	Name of Vision Specialist		
	Address	Phone Number	
Does your child have any hearing difficulties? <i>If yes, please explain.</i>		YES	NO
Does your child have ear tubes? <i>If yes, please answer the following:</i>		YES	NO
<input type="checkbox"/> Both ears? <input type="checkbox"/> Right ear only? <input type="checkbox"/> Left ear only?			
Ear Specialist			
	Name of Ear Specialist		
	Address	Phone Number	
Is your child able to participate fully in physical education or school sports program?		YES	NO
Physician Information			
	Name of Physician		
	Address	Phone Number	Date of Last Exam
Dentist Information			
	Name of Dentist		
	Address	Phone Number	Date of Last Exam
Parent/Guardian Signature		Date	