



Registrar: Ms. Lori Quill, lquill@beverlyschools.org
Telephone: 978-921-6132 Ext. 11103
Fax: 978-921-8537

Instructions and Requirements for Registration
CHECKLIST FOR PARENT OR GUARDIANS (√)

- Completed Registration Forms
- Birth Certificate of student
- Parent identification (Driver's license/Passport)
- Immunization Records and copy of recent physical (within 1 year) *** _____ se
- If entering from a foreign country – visa/passport required
- Recent report card or grades to date
- MCAS Scores and any other Standardized Testing
- Copy of IEP/504 _____ **Distributed**
- Transfer slip (if from MA Public School)
- Discipline records including any court involvement
- Laptop lease paperwork/check _____ **Tech**
- 2 Forms of Proof of residency (copy of purchase and sales agreement, rental contract, a utility, water or tax bill)

*Students who are not living with their own parents must provide a signed, notarized certification stating the name of the responsible adult who accepts financial responsibility for the student's commitments at Beverly High School. This person will also agree to work with the school in the event of any disciplinary action.

Asst. Principal Approval AP: _____

WE CAN COMPLETE THE REGISTRATION PROCESS AND SCHEDULE AN APPOINTMENT WITH THE ASSISTANT PRINCIPAL AND/OR GUIDANCE COUNSELOR WHEN ALL THE ABOVE REQUIREMENTS ARE MET.

*** In compliance with 105CMR 220.000, "Immunization Regulations for Preschool, Elementary, Middle, and High School Students". Before a student can be admitted into school, it is required that all new incoming students must have a current physical examination, within the last 13 months of admission and up to date immunizations. The School Nurse must approve these documents before the child is granted admission to school. The only exceptions are homeless students who can begin school, but they should also meet with the school nurse for assistance with scheduling a free physical examination and immunizations within 30 days of starting school. Parents may also speak to the School Nurse about religious or medical exemptions and complete the proper paperwork. ***

IF YOU HAVE ANY QUESTIONS CALL MRS. QUILL AT THE ABOVE NUMBER

**BEVERLY HIGH SCHOOL
STUDENT REGISTRATION FORM**

School Choice _____ Resident _____ Foreign Exchange _____

DATE _____ GRADE _____ YEAR OF GRADUATION _____

Name (last) _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____, Gender: Male Female Nonbinary

Preferred Phone # _____ BHS will use this # for CONNECT MESSAGES.

Living with: Both Parents Mother Father Co-parent Stepmother Stepfather
(Circle all that apply) Guardian Family/Group care Foster care Other _____

Please note any custodial agreements that BHS needs to be aware of: _____

Name of Primary Contact: _____ Preferred Contact # _____ Other # _____

Address (If different from Student) _____ City _____ State _____ Zip _____

Email address for contact _____ Would you like notices emailed? Y N

Name of Secondary Contact: _____ Preferred Contact # _____ Other # _____

Address (If different from Primary Contact) _____ City _____ State _____ Zip _____

Email address for contact _____ Would you like notices emailed? Y N

If an ESL Student, please list an English speaking contact person: _____ :# _____

Last school attended _____ City-State _____

Has the student ever had or is currently working under an IEP -Individual Education Plan or a 504 Plan? Y N

If inactive and no longer in use, please list end date: _____

Has the student formerly attended Beverly Public Schools? Y N

Name of Beverly school _____ Dates attended _____

Has student ever been expelled? Y N

Has student ever been charged with a felony? Y N

I CERTIFY THAT ALL OF THE INFORMATION PROVIDED IS CORRECT.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

STUDENT SIGNATURE _____ DATE _____

IF THE STUDENT IS UNDER 18 YEARS OF AGE, A PARENT MUST BE PRESENT AT TIME OF REGIATRATION.

STATE MANDATED QUESTIONNAIRE:

Please answer BOTH questions. All school districts must report this information to the Department of Education.

1. Are you Hispanic or Latino? **No**, not Hispanic or Latino.

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

2. What is your race? Please select all that apply.

White – a person having origins in the peoples of Europe, the Middle East or North Africa.

Black/African American – a person having origins in the black racial groups of Africa.

American Indian or Alaskan Native – a person who identifies a tribal affiliation with peoples of the Americas.

Asian – a person having origins in the peoples of the Far East, Southeast Asia or Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipines, Thailand or Viet Nam.

Hawaiian/Pacific Islander – a person having origins in Hawaii, Guam, Samoa or other Pacific Islands peoples.

Last School Attended

	School Name	City	State/Country
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IEP Yes (please provide copy) No

504 Yes (please provide copy) No

LEP Services Yes No
(Limited English Proficiency)

Migrant Status: _____

State Ward Yes No

Military Family Yes (see below) No

Child of Active Duty Member

Child of member/veteran medically discharged/retired for 1 year

Child of member who died on active duty

I hereby certify that the statements here are correct and I am a bonafide resident of Beverly, MA.

Primary Contact Signature: _____ Date: _____

**EMERGENCY FORM
BEVERLY PUBLIC SCHOOLS**

– Please Print Clearly – This Document Provides Vital Information Regarding Your Child –

SCHOOL _____ GRADE _____ TEACHER _____

STUDENT INFORMATION

Last Name _____ First _____ Full Middle _____ Nickname _____

Gender Female Male Date of Birth Month _____ Day _____ Year _____

Home Address _____

Lives with Mother Father Both Other (please specify) _____

PRIMARY CONTACT (Phone #1 will be contacted first in an emergency.)

Parent/Guardian Name _____ Relationship to Student _____

Home Address _____ Email _____

Phone #1 _____ Phone #2 _____ Phone #3 _____
 Cell Home Work Cell Home Work Cell Home Work

SECONDARY CONTACT (Phone #1 will be contacted first in an emergency if unable to reach Primary Contact.)

Parent/Guardian Name _____ Relationship to Student _____

Home Address _____ Email _____

Phone #1 _____ Phone #2 _____ Phone #3 _____
 Cell Home Work Cell Home Work Cell Home Work

REQUIRED: Persons authorized/available to assume responsibility in an emergency if above contacts are not available.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Please list anyone who is NOT authorized to pick up student. Documentation will be required.

Name _____ Relationship _____

MILITARY FAMILY STATUS Yes (Child of: see below) No

Active Duty Member Member/veteran medically discharged/retired for 1 year Member who died on active duty

PLEASE COMPLETE STUDENT MEDICAL INFORMATION ON OTHER SIDE

STUDENT MEDICAL INFORMATION – ALL INFORMATION IS REQUIRED

INSURANCE INFORMATION

Student's Physician _____ Phone _____
Medical Insurance _____ Policy # _____
Student's Dentist _____ Phone _____
Dental Insurance _____ Policy # _____

HEALTH CONDITIONS: Circle all that apply.

ADHD	Allergies	Anemia	Asthma	Celiac/ Stomach Issues	Concussion/ Head Injury	Diabetes
Epilepsy/ Seizures	Fainting	Hearing Loss	Heart Problems	Hepatitis	Kidney Disease	Liver Disease
Psychiatric	Vision	Other (Please Specify) _____				

MEDICATIONS: List any medications taken on a regular basis. Include dosage and frequency.

ALLERGIES

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.

I give permission for the school nurse to administer medication to my child per the Beverly Public School's Medication Protocols. These can be found in each school nurse's office and on the Health Services webpage via the Parents page on the www.beverlyschools.org website.

Parent/Legal Guardian Signature _____ Date _____

In the event of an EMERGENCY during which neither, I, my spouse, nor the person(s) I have designated on the reverse side can be reached, I hereby give permission to the staff of _____ Hospital to administer an anesthetic and to perform such emergency procedures as may be necessary to aid my son daughter other (please specify) _____.

Father's Signature Date

Mother's Signature Date

Father's First and Last Name (Please Print)

Mother's First and Last Name (Please Print)

Legal Guardian(s) Signature Date

Legal Guardian(s) First and Last Name(s) (Print)



RELEASE OF INFORMATION/RELEASE TO COMMUNICATE

I hereby authorize the release of information including all educational, psychological, testing (i.e.MCAS) medical, social, hospital and school information, materials and/or records. *Beverly High School has my permission to contact listed high school by fax, phone, mail and email.*

Regarding: _____

Date of Birth: _____

Please Fax To: 978-921-8537

Beverly High School
Atten: Lori Quill
100 Sohier Road
Beverly, MA 01915

Previous School Attended: _____

Signature: _____ Relationship: _____

Date: _____

NOTICE OF NONDISCRIMINATION

All educational and non-academic programs, activities and employment opportunities at Beverly Public Schools are offered without regard to race, color, sex, religion, national origin, ethnicity, sexual orientation, gender identity, homelessness, age and/or disability, and any other class or characteristic protected by law.

THE MCKINNEY-VENTO HOMELESS EDUCATION ACT

The Federal McKinney-Vento Education Homeless Education Assistance Act is designed to ensure educational rights and protections for students experiencing homelessness. Homelessness is defined as children and youth who “lack a fixed, regular, and adequate nighttime residence.”

Consistent with the Massachusetts Department of Elementary and Secondary Education guidelines, the Beverly Public Schools afford homeless students and unaccompanied youth special consideration in addition to access to the same free, appropriate public education and opportunities thereof, that is provided to all other children and youth living in Beverly. The district will enroll homeless students even if they do not have the documents required for enrollment, such as school records, medical records, or proof of residency. Homeless students and unaccompanied youth are entitled to receive free and reduced school meals, transportation, English language services, vocational and technical services, gifted and talented services, special education, all extra curricular activities and Title 1 services.

Please provide the Beverly Public School Department with the following information:

Student Name	School
Gender: M F	Race: American Indian or Alaskan Asian Black/African American Hawaiian/Pacific Islander Hispanic/Latino White

Do you have a fixed, regular, and adequate nighttime residence? Y N

If no, please circle the description that best describes your primary nighttime residence:

- | | |
|----------------------------|---|
| Shelter | Double-up |
| Unaccompanied Youth | Unsheltered |
| Hotel/Motel | Emergency/Transitional Placement |

* For further information on the services or if you do not feel comfortable identifying yourself as homeless by way of this form, we encourage you to please contact Emily Rockwell, Homeless Coordinator, at 978-921-6100 ext. 747.

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HAZING LAW

THE COMMONWEALTH OF MASSACHUSETTS
In the Year One thousand Nine Hundred and Eighty-five

AN ACT PROHIBITING THE PRACTICE OF HAZING

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

Chapter 269 of the General laws is hereby amended by adding the following three sections:

Section 17. Whoever is a principal organizer or participant in the crime of hazing as defined here in shall be punished by a fine of not more than one thousand dollars or by imprisonment in a house of correction for not more than one hundred days, or by both such as fine and imprisonment.

The term “hazing” as used in this section and in sections eighteen and nineteen, shall mean any conduct or method of initiation into any student organization, whether on public or private property, which willfully or recklessly endangers the physical or mental health of any student or other person. Such conduct shall include whipping, beating, branding, forced calisthenics, exposure to the weather, forced consumption of any food, liquor, beverage, drug or other substance, or any brutal treatment or forced physical activity which is likely to adversely affect physical health or safety of any such student or other person, or which subjects such student or other person to extreme mental stress, including extended deprivation of sleep or rest or extended isolation.

Section 18. Whoever knows that another person is a victim of hazing as defined in section seventeen and is at the scene of such crime shall, to the extent that such a person can do so without danger or peril to himself or others, report such crime to an appropriate law enforcement official as soon as reasonably practicable. Whoever fails to report such crime shall be punished by a fine of not more than five hundred dollars.

Section 19. Each secondary school and each public and private school or college shall issue to every group or organization under its authority or operating on or in conjunction with its campus or school, and to every member, plebe, pledgee, or applicant for membership in such a group or organization, a copy of this section and sections seventeen and eighteen. An officer of each such group or organization, and each individual receiving a copy of said sections seventeen and eighteen shall sign an acknowledgement stating that such group, organization or individual has received a copy of said sections seventeen and eighteen.

NAME / SIGNATURE OF STUDENT

DATE

Beverly Public Schools Acceptable Use of Technology Agreement

Beverly Public Schools is making available to our students electronic technology including, but not limited to, access to the Internet and the World Wide Web, and use of a file server located in each school for storage of student files.

Students are responsible for good behavior on school computer networks just as they are in a classroom or a school hallway. Communications on the network are often public in nature. General school rules for behavior and communications apply.

The network is provided for students to conduct research and communicate with others. Access to network services is given to students who agree to act in a considerate and responsible manner. Parent permission is required. Access is a privilege - not a right. Access entails responsibility. The full text of the district guidelines and requirements are available on the district web site or from the office of the superintendent.

Individual users of the district computer networks are responsible for their behavior and communications over those networks. It is presumed that users will comply with district standards and will honor the agreements they have signed. Beyond the clarification of such standards, the district is not responsible for restricting, monitoring or controlling the communications of individuals utilizing the network.

Network storage areas may be treated like school lockers. Network administrators may review files and communications to maintain system integrity and insure that users are using the system responsibly. Users should understand that files stored on district servers are not private.

Within reason, freedom of speech and access to information will be honored. During school, teachers will guide students toward appropriate materials. Outside of school, families bear the same responsibility for such guidance as they exercise with information sources such as television, telephones, movies, radio and other potentially offensive media.

Students are prohibited from:

- Using another's password or allowing someone else to use their password.
- Trespassing in another's folders, work or files
- Sending or displaying offensive messages or pictures
- Using obscene language

- Agreeing to meet with someone you have met online without the approval of your parents. You will report any contact of this nature, or any message you feel is inappropriate to the school authorities immediately.
- Responding to unsolicited on-line contacts
- Purchasing goods or services on-line through the Beverly Public School networks
- Re-posting messages sent to them without the permission of the person who sent the message.
- Posting private information about themselves or another person
- Downloading any files unless it is required for school related work
- Posting chain letters or ‘spamming’, that is, sending an annoying or unnecessary message to other people
- Copying ideas or writings of others and presenting them as if they were your own as it is plagiarism and will be treated as such
- Harassing, insulting or attacking others
- Intentionally wasting system resources
- Attempting to bypass system security measures
- Damaging computers, computer systems or computer networks
- Employing the network for commercial purposes
- Violating any federal, state, local or common law, criminal statute or laws including but not limited to copyright, libel and
- Slander laws

Students will:

Immediately report to a teacher or system administrator any possible security problems they have identified. However, students will not look for security problems as this may be construed as an illegal attempt to gain access.

Violations may result in a loss of access as well as other disciplinary or legal action.

BEVERLY PUBLIC SCHOOLS
ACCEPTABLE USE POLICY AGREEMENT for STUDENTS under AGE 18

1. I have received and am responsible for the Acceptable Use Policy for the Beverly Public Schools.
2. I understand that this access is designed for educational purposes.
3. I recognize that some controversial materials exist on the Internet.
4. I understand that the level of my child's independent access to the Internet depends on my child's grade level, as explained in the acceptable Use Policy.
5. I give permission for my son/daughter to have access to the Internet that corresponds with his/her grade level.
6. I have discussed with my son/daughter his/her responsibilities regarding the use of the Beverly Public Schools Network and Internet access.
7. My son/daughter understands and agrees to follow the Acceptable Use Policy of Beverly Public Schools.
8. I understand that any violation by my son/daughter of the terms of this Acceptable Use Policy may result in suspension or revocation of his/her email account or independent access to the World Wide Web, school disciplinary action and, if warranted, referral to law enforcement authorities.
9. I will not hold Beverly Public Schools liable or responsible for any materials my son/daughter accesses, acquires, or transmits via Beverly Public Schools Computer network and/or Internet connection.

Student's Name: _____

School: Beverly High School

Parent/Guardian Name: _____

Signature: _____

Date: _____



Elizabeth Taylor, Interim Principal
 100 Sohier Road
 Beverly, MA 01915
 978-921-6132

BEVERLY HIGH SCHOOL

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
	/ /	/ /
Country of Origin <small>(mm/dd/yyyy)</small>	Date of Birth (mm/dd/yyyy)	Date first enrolled in ANY U.S. school
Has your child completed three (3) academic school years in any state of the United States? Y <input type="checkbox"/> N <input type="checkbox"/>		

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? <small>(include relatives -grandparents, uncles, aunts, etc. - and caregivers)</small> _____ 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? <small>(circle all that apply)</small> _____ 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? <input type="checkbox"/> <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)

The Mission Statement Of Beverly High School

The mission of Beverly High School is to provide a safe, respectful environment where all students are challenged to reach their academic and social potential and become active, responsible citizens.

Academic Expectations

Beverly High School students will:

Communicate clearly through a variety of media

Read, understand and interpret materials

Apply a variety of problem-solving skills

Obtain, evaluate, analyze and apply data

Pursue and participate in modes of artistic and creative expression

Social/Civic Expectations

Beverly High School students will:

Practice responsible citizenship

Respect self and others

Accept responsibility

Work cooperatively