



## REGISTRATION INSTRUCTIONS

- Please use this registration packet only if you are unable to access the online registration through Aspen. More information can be found here:  
<https://www.hwschools.net/family-resource-ctr/registration>
- Before completing the registration packet, **please download and save it to your computer.**
- The forms in the packet are fillable.
- Where the form asks for a signature, please just type in your full name, including middle initial if applicable. Your completion of the field will serve as your official signature. By completing these forms and emailing them back to us, you agree and certify that all information you have provided therein is true and accurate.
- When the registration packet is complete, please **attach** it to an email (do not insert into the body of the email) and send to [registration@hwschools.net](mailto:registration@hwschools.net), also including the required supporting documents. We cannot accept partial registrations without all required documents attached.
- Supporting documents (described in the Registration Checklist included in the packet) should be saved preferably as **PDFs** and be attached to the email along with your completed registration packet. If unable to submit as a PDF, we will currently accept a picture, provided it is in a format we are able to open, easily read, and save. Like the completed registration packet, supporting documents should also be sent as attachments with the same email and not in the body of the email as we are unable to work with them if they are sent in that manner.
- If you do not have other acceptable Evidence of Residency as specified on the Registration Checklist, you will be required to submit a notarized Affidavit of Residency. This form must be completed by the landlord/owner of the property where you reside. It must be signed in the presence of a Notary Public.



## **REGISTRATION CHECKLIST**

### **REQUIRED**

#### **Registration Packet:**

- ☐ Registration Forms (first 2 pages of packet)
- ☐ School Records Release Form
- ☐ Emergency Medical Card
- ☐ One Time Consent to Allow School District to access MassHealth (Medicaid) Benefits
- ☐ Affidavit of Residency (only if unable to produce mortgage statement or lease; **form to be completed by property owner**)
- ☐ Certification of Address
- ☐ Custody/Legal documentation (if applicable)
- ☐ McKinney-Vento Homeless Education Act
- ☐ Home Language Survey
- ☐ Picture/Video Release Form
- ☐ Safe Homes Pledge
- ☐ Internet Access Acceptable Use Policy

#### **Student Documents:**

- ☐ Child's *Original* Birth Certificate or Passport (we will make a copy)
- ☐ Most recent Physical examination (within one year)
- ☐ Immunization Record (see website for Immunization Requirements)
- ☐ Evidence of Lead Paint Screening

#### **Evidence of Residency (must provide most recent copy of ONE of the following):**

- ☐ Mortgage Statement
- ☐ Lease or Rental Agreement
- ☐ Section 8 Agreement
- ☐ Property Tax Bill

#### **Evidence of Occupancy (must provide most recent copy of ONE of the following):**

- ☐ Excise Tax Bill
- ☐ Pay Stub
- ☐ Utility bill (electric, water; not cell phone or cable)

#### **Evidence of Identity of Parent/Guardian (must provide ONE of the following valid government-issued photo identifications):**

- ☐ Driver's License
- ☐ Passport
- ☐ Government-issued photo ID

### **RECOMMENDED (including these with registration packet will help to expedite your child's enrollment)**

- ☐ Transcript or current report card
- ☐ Discipline records
- ☐ MCAS Scores
- ☐ IEP or 504 plan (if applicable)



# HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT

## STUDENT REGISTRATION FOR ENROLLMENT: SCHOOL YEAR \_\_\_\_\_ (To register for Kindergarten, your child must be 5 years old by August 31.)

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

Grade student will be entering:

PK K Gr1 Gr2 Gr3 Gr4 Gr5 Gr6 Gr7 Gr8 Gr9 Gr10 Gr11 Gr12

STUDENT INFORMATION										
First Name				Middle Name				Last Name		
Date of Birth (mm/dd/yyyy)				Place of Birth (City/State/Country)						
Home Address	City/State/Zip									
Student Email					Primary Phone					
Gender	Male	Female	Non-Binary	Student lives with: Other:	Both Parents	Mother	Father	Guardian		
PARENT 1/GUARDIAN INFORMATION										
First Name				Last Name						
Home Address										
City/State/Zip					Primary Phone					
Primary email					Relationship to student					
Occupation				Employer				Work Phone		
PARENT 2/GUARDIAN INFORMATION										
First Name				Last Name						
Home Address										
City/State/Zip					Primary Phone					
Primary email					Relationship to student					
Occupation				Employer				Work Phone		
Custodial Agreement	Yes No (If yes, provide a copy.									
Guardian Status	<input type="checkbox"/> Yes <input type="checkbox"/> No		State Ward Status	Yes No		If yes, social worker's contact information:				
Has your child been determined to qualify for Special Education services?	Yes No		If yes, what are those services?							
Does the student have a Section 504 Plan?	Yes No		Has the student been expelled or suspended from school? If yes, please explain on separate sheet and attach to this form.						Yes No	

The following 2 questions for Students Entering Kindergarten-Grade 3 Only	
Has your child ever attended pre-school?	Yes      No      If yes, which one:
Has your child participated in the Coordinated Family & Community Engagement (CFCE) Activities?	Yes      No

<u>Consent to obtain student's records/communicate:</u> I hereby authorize the Hamilton-Wenham Regional School District to obtain any and all records or reports, verbal or written, pertaining to the above-named student and family which may be necessary for the diagnostic study of the child, or professionally deemed helpful as part of the evaluation, study, adjustment of program or for the welfare of the student. This includes access to school records, assessments, phone communications and special education records (if applicable).			
Parent/Guardian Signature:			
Has the student previously attended school in the Hamilton-Wenham Regional School District?	Yes No	If yes, please provide approximate years, and grade levels.	
List the most recent school your child has attended.	School Name:		Principal:
Address:			Phone:
Does your child have a sibling attending Hamilton-Wenham schools?	Yes      No	If yes,      Buker      Cutler      MRMS      HWRHS Winthrop	
Sibling Information			
Name		Date of Birth	
Name		Date of Birth	
Name		Date of Birth	
State-Mandated Information: Ethnicity (choose one)			
		Hispanic	Non-Hispanic
State-Mandated Information: Race (choose all that apply)			
American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Pacific Islander
Caucasian (White)			
Military Family (choose one of the following statements)			
Yes, child of active duty member		No, not a member of a military family	
Yes, child of member or veteran who are medically discharged or retired for one year		Yes, child of member who died on active duty	
Is the student eligible for the free lunch program?	Yes	No	
Is the student eligible for the reduced lunch program?	Yes	No	
Is the student eligible for food stamps?	Yes	No	
Does the student have Mass Health Insurance?	Yes	No	



### **School Records Release Form**

#### **TO WHOM IT MAY CONCERN:**

**This is to inform you that it is my wish that you release all the school records and health records pertaining to my child to the school named below. Your prompt attention to this matter would be appreciated.**

#### **Name & Address of School Child Previously Attended:**

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#### **Name of Child/Children - Grade**

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I hereby authorize the Hamilton-Wenham Regional School District to obtain any and all records or reports, verbal or written, pertaining to the above-mentioned student(s) and family which may be necessary for the diagnostic study of the child, or professionally deemed helpful as part of the evaluation, study, adjustment of program or for the welfare of the student. This includes access to school records, assessments, phone communication and special education records.

#### **Signature of**

**Parent/Guardian**

**DATE**

#### **Below to be completed by the HWRSD requesting records:**

School  
Name \_\_\_\_\_ Attn: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Hamilton-Wenham Regional School District****EMERGENCY MEDICAL CARD**

\* please use black ink to complete \*

Student \_\_\_\_\_

Student ID \_\_\_\_\_ Gender \_\_\_\_\_

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

Thank you for completing this medical information section as thoroughly as possible. In the unlikely event that your child requires medical transport during school hours, this information could be vital to both the emergency transport and hospital team in caring for your child until you arrive. All medical information provided is maintained with the utmost confidentiality.

Student: \_\_\_\_\_ DOB \_\_\_\_\_ Address: \_\_\_\_\_

Contact 1: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Contact 3: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Contact 4: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Do you have medical insurance? Yes \_\_\_ No \_\_\_ Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_

\* If you don't have insurance and would like information about obtaining coverage, contact your school's Health Office.

**Does your child have any allergies (medication, food, environmental) that we should know about?**

Does your child have an Epi-Pen? Yes \_\_\_ No \_\_\_

**Medications:**

Please list any medications that your child takes on a daily, or as needed basis. Please include medication that your child takes either at school or outside of school hours, including doses and frequency. (For medications taken at school, you must complete the required forms, available from the Health Office and online.)

**Please check any illness or condition your child has ever had, past or present:**

ADD ADHD Anemia Anxiety Tuberculosis Depression Asthma inhaler needed for school

Autism Diabetes Eating Disorder Heart Disease/Surgery Hypertension

(please specify) \_\_\_\_\_ Kidney/Liver Disease (please specify) \_\_\_\_\_

Seizures (if yes, specify, ex. Childhood febrile, epileptic, etc.) \_\_\_\_\_

Behavioral Disorder (please specify) \_\_\_\_\_ Other: \_\_\_\_\_

Hearing and/or Vision Deficit \_\_\_\_\_

I hereby authorize the Hamilton-Wenham Regional School District, through its medical staff and/or local hospital, its physicians and staff, to act in the best interest of my son/daughter in the event of injury or need for immediate medical attention.

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

TB RISK ASSESSMENT	YES	NO
Was the child born in Africa, Asia & Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, the Caribbean or Middle East? In what country was the child born?		
Has the child lived or traveled in Africa, Asia & Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, the Caribbean or the Middle East for more than one month? Which country? _____		
In the last 2 years, has the child lived with or spent time with someone who has been sick with TB?		
Have any members of the child's household come to the United States from another country? Which country? _____		
Does the child have any history of immunosuppressive disease or take medications that might cause immunosuppression?		

I agree that the school nurse may administer Acetaminophen, Ibuprofen, Benadryl/diphenhydramine, Antacid, and Cough Drops as appropriate per the school physician's standing orders. Exceptions include \_\_\_\_\_ Yes No

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

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

*School District Name and Code:* Hamilton-Wenham Regional School District 0675

*School/District Contact:* Stacy Bucyk, Director of Student Services 978-468-5303

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):



# HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT

## AFFIDAVIT OF RESIDENCY

### INSTRUCTIONS:

Any applicant for the Hamilton-Wenham Schools **who cannot produce a property deed or lease** must ask the **owner or lessee of the property where the applicant lives to complete and have notarized** this legal affidavit. It is the responsibility of the applicant (not the person who completes this affidavit) to attach a record of recent rent payment, unless this affidavit affirms in #3 below that the tenancy does not require payment of rent.

(Please complete and certify all items and sign below (in the presence of a Notary Public.)

My name is \_\_\_\_\_ and I hereby depose and certify as follows:  
(Property owner name)

1. I am the owner/lessee of property located at:

\_\_\_\_\_

2. \_\_\_\_\_ who is the parent/legal guardian of \_\_\_\_\_  
(Parent Name) (Student Name)

leases or subleases this property as their principal residence from me, without a written lease, in a tenancy at will, from month to month.

### 3. CHECK ONE:

☐ I have received within the last thirty (30) days rental payment for the lease or sublease of these premises.

OR

☐ Alternatively, I hereby state that the party named above resides with me at the address above with no payment of rent.

**Signed under the pains and penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_ (Year) \_\_\_\_\_**

(Property Owner Signature) \_\_\_\_\_ (Printed Name) \_\_\_\_\_

(Address) \_\_\_\_\_

### NOTARY PUBLIC

County of Essex, Commonwealth of Massachusetts, personally appeared and subscribed and sworn before me, this, the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission expires on \_\_\_\_\_

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All educational and non-academic programs, activities and employment opportunities at the Hamilton-Wenham Regional School District 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.





# HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT

## CERTIFICATION OF ADDRESS

In order to be certain of the correct names, address, and legal residences of students and parents or guardians, it is necessary for each person with legal custody of a student attending the Hamilton-Wenham Regional Schools to certify names and addresses. This information will be used to assure compliance with the law respecting residency requirements.

I verify that the following information is true and correct under penalty of perjury:

1. Name of student: \_\_\_\_\_

2. Address where student lives [Sleeps a majority of nights, eats morning and evening meals]

\_\_\_\_\_

3. Name of person with legal custody [Parent(s), Guardian, or person assigned custody by court]

\_\_\_\_\_

4. Address where person with legal custody lives:

\_\_\_\_\_

5. If the student is not living with legal guardian named in No. 3, provide the name, relationship and address for the adult with whom the student lives:

\_\_\_\_\_

6. Name and signature of building management or owner of the property where the student lives:

\_\_\_\_\_

Printed Name

Signature

**Knowledge**

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**Responsibility**

•

**Respect**

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**Excellence**

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# HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT

## 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 Hamilton-Wenham Regional School District 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 Hamilton or Wenham. 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 service, vocational and technical services, gifted and talented services, special education, all extra-curricular activities and Title I services.

Please provide the Hamilton-Wenham Regional School District with the following information:

Student Name \_\_\_\_\_

School \_\_\_\_\_

Gender:

M

F

N

Race:

American Indian or Alaskan

Black/African American

Hawaiian/Pacific Islander

Asian

White

Hispanic/Latino

Do you have a fixed, regular, and adequate nighttime residence? Yes No

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

Shelter Unaccompanied Youth Hotel/Motel Double-up Unsheltered

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, Stacy Bucyk, Homeless Coordinator, at 978-468-5303, in order to receive services made available through the McKinney-Vento Homeless Education Act.**

**Knowledge**



**Responsibility**



**Respect**



**Excellence**

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# HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT

## 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 _____ Date first enrolled in ANY U.S. school _____
School Information	
Start Date in New School _____	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 - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____
What language did your child first understand and speak? _____	Which language do you use most with your child? _____ seldom / sometimes / often / always
How many years has the student been in U.S. Schools? (not including pre-kindergarten) _____	Which languages does your child use? _____ 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? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what language? _____
Parent/Guardian Signature: X _____	Today's Date: _____



## Picture/Video Release Form

Dear Parent/Guardian:

This is a “blanket” permission slip for use during the school year. Reporters or staff members may take pictures and/or videos of students engaging in learning activities. Please complete this form with your child's full name and submit with the school registration packet.

Thank you for your cooperation.

**Yes,** \_\_\_\_\_ **DOES** have my permission to participate in activities which involve his/her picture being taken and/or videos for public release.

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

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

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

**No,** \_\_\_\_\_ **DOES NOT** have my permission to participate in activities which involve his/her picture being taken and/or videos for public release.

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

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

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# HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT

## SAFE HOMES PLEDGE

The Hamilton-Wenham Regional School District has a Safe Homes program. Safe Homes is a community of families who have made a commitment to provide youth with safe, drug and alcohol-free activities. The pledge involves activities held in the home. Parental support of drug-free activities is one step in demonstrating to youth that parents and schools are working together to provide fun activities without the use of drugs and alcohol.

Good communication and commitment are the keys. Safe Homes is a vehicle in which parents talk to their children about expectations. Safe Homes parents communicate with other parents to confirm plans and details about specific events. Inform your children that you have joined Safe Homes and discuss it with them.

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### SAFE HOMES PLEDGE

I, the undersigned, make the following commitment:

1. There will be visible parent supervision at any parties given by my child/children.
2. To the best of my knowledge, there will be no drugs or alcohol used by or served to minors in my home.
3. I will be receptive to, and encourage communication from, other parents: a) any time a child is invited to my house, and b) regarding any issue where they may be concern.

Where applicable both parents should sign.

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Signature

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Signature

Address: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_

Child's name \_\_\_\_\_

Grade \_\_\_\_\_

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# HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT

## Internet Access Acceptable Use Policy Student Acceptable Use Agreement

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### Parent/Guardian Section

**The following section must be signed if the student is under eighteen (18) years of age.**

As the parent or guardian of \_\_\_\_\_, I have read and discussed the Hamilton-Wenham Regional School District Acceptable Use Policies for Internet Access, Electronic Communication, and Web Authoring with my child. These policies are available for viewing in student handbooks and on-line.

I hereby release the Hamilton-Wenham Regional School District, its School Committee, personnel, and any institutions with which it is affiliated, from any and all costs, liabilities or damages of any nature arising from my child's use of, or inability to use, the District's system, 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 in addition to the restrictions set forth in the District Internet Access Acceptable Use Policy. I will emphasize to my child the importance of following the rules for personal safety.

I give permission to the Hamilton-Wenham Regional School District to issue an Internet account for my child with the understanding that the District has my consent to monitor my child's communication on the internet.

**I certify that the information contained in this form is correct.**

(Required if a student is under age 18)

Parent or Guardian Signature \_\_\_\_\_

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

Students 18 years or older are required to sign below.

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

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

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