

## INSTRUCTIONS

### FOR NEW / RETURNING STUDENTS FOR STONEHAM HIGH SCHOOL

#### DESCRIPTION FOR EACH PAGE

Page 1: **Stoneham Biographical Information**-This is information for the Front Office.

Page 2: **Withdrawal Letter**- This is requested with our Release of Record from your previous school. Some schools will not release the records to us unless we have it to send to them.  
(You will need to print out)

Page 3: **Temporary Record**-This form is used to put test score labels on and gets attached to the student's Permanent Record card.

Page 4: **MIAA Transfer Rule 200**-This is what our Athletics department will need completed.

Page 5: **Emergency Information Form**-This is for the School Nurse.

**STONEHAM HIGH SCHOOL  
Stoneham Biographical Information**

<b>STUDENT INFORMATION</b>	
First Name:	Year of Graduation:
Full Middle Name:	Incoming Grade:
Last Name:	Gender:
Address: <input type="checkbox"/> Unit: <input type="checkbox"/> or N/A <input type="checkbox"/>	Birthdate:
City, State & Zip:	Emergency Phone #:
Previous Home Address:	Country of Birth:
Previous School Attended:	

<b>#1 PARENT/GUARDIAN INFORMATION</b>	
Name:	Active Military: <input type="checkbox"/> YES <input type="checkbox"/> NO
Address: <input type="checkbox"/> Unit: <input type="checkbox"/> or N/A <input type="checkbox"/>	
City, State & Zip:	
Email (Required): <i>Email will be ranked #1 for primary calls for nurse, attendance &amp; weather alerts</i>	
Phone Number (Required): <i>Phone will be ranked #1 for primary calls for nurse, attendance &amp; weather alerts</i>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Relationship to Student:	If other, please explain:
Legal Status to Student:	If other, please explain:
<b>Must complete: Check one box for each question (Only Parent or Guardian can dismiss students from school.)</b>	
Lives with student: <input type="checkbox"/> YES <input type="checkbox"/> NO	Can dismiss student: <input type="checkbox"/> YES <input type="checkbox"/> NO
Receives Mail: <input type="checkbox"/> YES <input type="checkbox"/> NO	Can receive student: <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>#2 PARENT/GUARDIAN INFORMATION</b>	
Name:	Active Military: <input type="checkbox"/> YES <input type="checkbox"/> NO
Address: <input type="checkbox"/> Unit: <input type="checkbox"/> or N/A <input type="checkbox"/>	
City, State & Zip:	
Email (Required): <i>Email will be ranked #1 for primary calls for nurse, attendance &amp; weather alerts</i>	
Phone Number (Required): <i>Phone will be ranked #1 for primary calls for nurse, attendance &amp; weather alerts</i>	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Relationship to Student:	If other, please explain:
Legal Status to Student:	If other, please explain:
<b>Must complete: Check one box for each question (Only Parent or Guardian can dismiss students from school.)</b>	
Lives with student: <input type="checkbox"/> YES <input type="checkbox"/> NO	Can dismiss student: <input type="checkbox"/> YES <input type="checkbox"/> NO
Receives Mail: <input type="checkbox"/> YES <input type="checkbox"/> NO	Can receive student: <input type="checkbox"/> YES <input type="checkbox"/> NO

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

Dear Registrar,

Effective date of \_\_\_\_\_, my student \_\_\_\_\_  
will be withdrawing from your School and Special Education services (if applicable).

**My new phone number will be:** \_\_\_\_\_ **No Number Change**

**My Stoneham home address will be:**

\_\_\_\_\_  
\_\_\_\_\_ **No Address Change**

Sincerely,

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

**TEMPORARY RECORD**

**Year of Graduation:** \_\_\_\_\_

**STUDENT'S NAME:** \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_ (City/Town) \_\_\_\_\_ (State) \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_ (Circle one) **PARENT/GUARDIAN:** \_\_\_\_\_ (Circle one)

**WORKPLACE:** \_\_\_\_\_ **WORKPLACE:** \_\_\_\_\_

**PHONE (Home)** \_\_\_\_\_ **PHONE (Home)** \_\_\_\_\_ **Rank #** \_\_\_\_\_ **Rank #** \_\_\_\_\_

**(Cell)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_ **Rank #** \_\_\_\_\_ **Rank #** \_\_\_\_\_

**(Work)** \_\_\_\_\_ **(Work)** \_\_\_\_\_ **Rank#** \_\_\_\_\_ **Rank#** \_\_\_\_\_

**TESTING: (MCAS, ACT, PSAT, SAT)**



**THIS FORM MUST BE FULLY EXECUTED PRIOR TO PARTICIPATION** - In the case of a student who transfers into your school after the start of that practice season, this form can NOT render approval. You must request a waiver & include Form 200.

**TRANSFER RULE ~ FORM 200 (Reference MIAA Rule 57)**

**A. The Receiving School Principal completes this section and then forwards to the Sending School Principal.**

1. Receiving Principal: Bryan Lombardi School Information: Stoneham HS, 149 Franklin Street, Stoneham, MA 02180  
School Phone Number: 781-279-3810 School Fax Number: 781-279-2070
2. Student's Name: \_\_\_\_\_  
Grade: \_\_\_\_\_ Date of enrollment (*New school fills out*): \_\_\_\_\_  
Student's Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
3. The student wishes to participate in the following sports:  
Fall:  Winter:  Spring:
4. Student's reason for transfer: \_\_\_\_\_
5. Name of sending school (school coming from): \_\_\_\_\_

**B. The sending School Principal & Athletic Director complete this section & returns to Receiving School Principal.**

1. Sending Principal \_\_\_\_\_ School \_\_\_\_\_ Phone \_\_\_\_\_

2. List ALL athletic participation since first entering grade 9 (include level of play, e.g.: F, JV, V, AAU, etc. & school)

	Grade 9 yr:	Grade 10 yr:	Grade 11 yr:	Grade 12 yr:
<b>Fall:</b>				
School				
<b>Winter:</b>				
School				
<b>Spring:</b>				
School				

3. The Sending School Principal and Athletic Director certify the following by initialing each (complete section 3a-e OR check off box next to section 4):

- a. To our knowledge recruitment, was not involved in any way: \_\_\_\_\_
- b. At the time of transfer, the student was in good standing: \_\_\_\_\_
- c. The student would be academically eligible at our school: \_\_\_\_\_
- d. We have no knowledge that the transfer was related to athletics which would cause our objection to eligibility: \_\_\_\_\_
- e. The transfer student would be eligible at our school to participate in athletics: \_\_\_\_\_
- f. Comments: \_\_\_\_\_

4.  (Please DO NOT check this box if you completed #3 above). We support the MIAA Transfer Rule 57.1: A student who transfers from any school to an MIAA member high school is ineligible to participate in any interscholastic athletic contest at any level for a period of one year in all sports in which that student *participated at the varsity level or its equivalent* during the one-year period immediately preceding the transfer.

5. Has this student had any Chemical Health Violations?  
No \_\_\_ Yes \_\_\_ If yes, please list if penalty: has been served or needs to be served (circle one)
6. Sending School A.D.'s signature: \_\_\_\_\_ Date \_\_\_\_\_
7. Sending School Principal's signature: \_\_\_\_\_ Date \_\_\_\_\_

**C. APPROVED (may only be approved when B,3 a through e - ALL have been initialed)**

1. The Receiving School Principal certifies (ref. B,3, a-f) Transfer Rule eligibility on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
2. The student also is eligible under all other MIAA and local eligibility standards: \_\_\_\_\_ yes \_\_\_\_\_ no
3. Receiving School Principal's signature: \_\_\_\_\_ Date: \_\_\_\_\_
4. Receiving School A.D.'s signature: \_\_\_\_\_ Date: \_\_\_\_\_

**D. DENIED (must be denied if B,3 a through e - one or more NOT initialed - OR if box next to number 4 is checked)**

1. The Receiving School Principal does not certify (ref. B,3, a-e) Transfer Rule eligibility: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
2. Receiving School Principal's signature: \_\_\_\_\_ Date: \_\_\_\_\_
3. Receiving School A.D.'s signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT RETURN THIS FORM TO THE MIAA (unless applying for a waiver) PLEASE RETAIN AT THE RECEIVING SCHOOL**

Sent to school on: \_\_\_\_\_ or  N/A \_\_\_\_\_

**EMERGENCY INFORMATION CARD FOR NURSE**

Date of Birth: \_\_\_\_\_

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

**PLEASE PRINT**

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

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street, Town Zip Code Home Phone

**PARENT INFORMATION**

Parent/Guardian Name & Email #1	Employer	Phone Numbers
		Work# _____ Cell# _____
<b>@ Mandatory Parent Email (Print):</b>		

Parent/Guardian Name & Email #2	Employer	Phone Numbers
		Work# _____ Cell# _____
<b>@Mandatory Parent Email (Print):</b>		

List two (2) neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached (No Parent or Guardian names below)

Emergency Contacts - (Neighbors or Relatives)	Relationship	Phone Number
#1		Cell or Home Number: _____
#2		Cell or Home Number: _____

Today's Date: \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the **doctor indicated below** to follow his instructions.

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

\*Remarks: \_\_\_\_\_  
\_\_\_\_\_

\*Allergies if any: No  or Yes  If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

\*Other Conditions: \_\_\_\_\_

Local Doctor's Name: \_\_\_\_\_

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

Office Tel. No.: (\_\_\_\_) \_\_\_\_\_ Other Tel. No.: (\_\_\_\_) \_\_\_\_\_