

NORTH ANDOVER HIGH SCHOOL

GUIDANCE DEPARTMENT 430 Osgood Street North Andover, MA 01845 Tel - 978-794-2090; Fax - 978-794-2097

NAHS PARENT/GUARDIAN PROCEDURES TO REGISTER STUDENTS FOR GRADES 10, 11, 12

		Go online to pre-register a new or returning student on the North Andover Public Schools district registration portal:					
	https:	https://www.northandoverpublicschools.com/about-us/student-registration					
		Once you pre-register your student you will receive an email instructing you to login or create a Powerschool Parent Account.					
	While	Thile in your Powerschool Parent Account, complete the following required registration forms:					
	2. 3. 4. 5. 6. 7. 8.	most r Home Demo Addre Previo Guard Birth Permi Service	Information & Medical Authorizations - including upload of immunization record and recent physical Language Survey graphics ss & Residency - including upload of required documents listed in Powerschool ous Enrollment and Records Release ians & Contacts Verification - including upload of birth certificate or passport ssions & Agreements es History wledgement of Completion				
	email t	The following documents need to be submitted directly to the NAHS Guidance Office: Either scan and email them to Debbie Conti at contid@northandoverpublicschools.com or drop them off in the Guidance Office at the high school.					
	1.	MIAA	MIAA Transfer Rule - Short Form (for students who want to play a sport at NAHS) - Attached				
		follow	RE a student can meet with their guidance counselor to select classes, the ing documents must be provided by the parent or previous school. See attached Records e Request Form.				
			An up-to-date copy of student's transcript and current grades				
			A copy of student's full year course schedule from previous school if available				
	3.	Is the	student currently on an IEP or 504 plan? Yes No				
			If you answered yes to the above question, would you like the student to receive similar services at North Andover High School? Yes No				
			If you answered yes to the above question, we will need a copy of the IEP or 504 plan, as well as a copy of the neuropsychological testing in support of the plan.				
	Once you have completed these steps, Mrs. Conti, will reach out to you to schedule an appointment to meet with a guidance counselor and set up a class schedule. Rev: 4/6/2022						

MIAA Transfer Rule - Short Form

For student athletes who would like to play sports at NAHS

Student Name:		Grade: _	Date of Enrollr	ment:				
Date of Birth:	Home Address	s:						
Student's reason for	r transfer:			N'				
Name of school you	are coming from:							
Please list ALL athletic participants since first entering Grade 9 below (include level of play, e.g: F, JV, V, AAU etc. and school)								
led s	Grade 9 year	Grade 10 year	Grade 11 year	Grade 12 year				
Fall:				18				
School name								
Winter:		8"						
School name								
Spring:								
School name				1,				

North Andover High School 430 Osgood Street North Andover, MA 01845

Phone: 978-794-2090 FAX: 978-794-2097

RECORDS RELEASE REQUEST

The student listed below has recently enrolled at North Andover High School. Please forward their school records as soon as possible.

Name of Student:					
Date of Birth:		Current Grade:			
School Last Attended: School Address:					
Records to be included:	*				
	Class schedule for nex	including grades to date at academic year, if applicable MCAS results, if applicable ance Records cords, if applicable Plans			
☐ Please forward this information by Email to: Debbie Conti at contid@northandoverpublicschool					
☐ Please forward this in	formation by mail to:	North Andover High School Guidance Department 430 Osgood Street North Andover, MA 01845			
I authorize the release of the	requested information	to North Andover High School.			
Print Name:	5	Date:			
Signature:					