

BEDFORD PUBLIC SCHOOLS
(PARENT'S CHECKLIST)
Mandatory Forms for Student Registration
(Grades 9-12)

- ❑ New Student Information Form (*Form A.1*)
- ❑ Massachusetts Department of Education Survey (*Form B*)
- ❑ Home Language Survey (*Form C*)
- ❑ Emergency Contact Form (*Form D*)
- ❑ Verification of Residence (P.O. Box is Not an Acceptable Address)
 - Form E.1 Residency Procedure
 - Form E.2 Occupancy Statement/Affidavit
 - Form E.3 Residency Statement (if applicable)At least three proofs of residency are required (one from each Column A, B and C on the chart attached).
- ❑ Birth Certificate/Passport of child (obligatory)
- ❑ Signed Record Request Form (includes transcripts, standardized testing results and IEP/504 and discipline report) (*Form F*)
- ❑ Homeless Student Notification (Form H)
- ❑ Physical and immunization records (MA Immunization Guidelines – Form I)
- ❑ Custodial Waiver Form (if applicable to you)

Please refer to the Bedford High School Student/Parent Handbook regarding the Acceptable Technology Use Policy.

**SCHOOL NURSE EMERGENCY FORM
BEDFORD HIGH SCHOOL**

Please fill out this Emergency Form to be filed in the School Nurse's office. It is essential that we have this up-to-date information each year for your child in order to reach you promptly if needed. Thank you for your cooperation.

Student's Last Name _____ First _____ Initial _____

Address _____

Date of Birth _____ Grade _____ Bus # _____ School Year 2012-2013

IN CASE OF ACCIDENT OR SUDDEN ILLNESS, PLEASE COMPLETE ALL ITEMS:

Father's Name _____ Home # _____ Work# _____

Cell# _____

Mother's Name _____ Home# _____ Work# _____

Cell# _____

Other relatives or neighbor who could assume responsibility:

1. _____ Home# _____ Work# _____

2. _____ Home # _____ Work# _____

In the event that the parents cannot be reached, I request that(Check one)

_____ The school contact the person indicated who will assume responsibility for my child.

_____ The school contact the person indicated who will assume responsibility only if the school determines that immediate care is required.

Doctor _____ Office # _____

Dentist _____ Office # _____

_____ My child has specific health considerations, i.e. medications, food, drug or bee allergies, acute
YES NO or chronic diseases.

If yes, please explain _____

These health considerations may be shared with teachers having direct contact with your child. YES ___ NO ___
In case of illness or accident, the school will give first aid until family or physician can be reached.

I authorize the school nurse to dispense and/or administer acetaminophen (generic Tylenol) to my child as indicated by the school protocol.

YES _____ NO _____

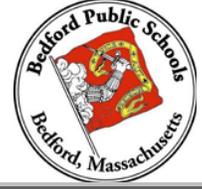
I authorize the school nurse to dispense and/ or administer Ibuprofen to my child as indicated by the school protocol. YES _____ NO _____

Comments: _____

Parent/Guardian Signature _____ Date _____

Please return to: Nancy Thorsen, RN
Bedford High School
781-275-1700 ext.1113 or fax to 781-275-6664

2012 - 13
Bedford Public Schools Student Registration Form



STUDENT INFORMATION

Student's Last Name	First Name	Full Middle Name	M or F	Date of Birth
City, State and Country of Birth:		Registration Date:		Race
Telephone Number:		Date of Entry/Grade:		State
Address, City, State, Zip Code (P.O. Box is not acceptable)		Zip Code		
Is the above address on federal property? (Military Housing or LRHP) If yes, please complete federal information block <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has student previously attended Bedford Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____				
Last school attended:				
School	Address	City	State	Phone Number

PARENT OR GUARDIAN INFORMATION:

Parent/Guardian's Last Name	First Name and M.I.	Home Address:	
Address of Parent/Guardian's Employer (If property is located on Federal Property please complete Federal Information Block)		Occupation:	Home Phone: _____ Work Phone: _____ Cell Phone: _____

PARENT OR GUARDIAN INFORMATION:

Parent/Guardian's Last Name	First Name and M.I.	Home Address:	
Address of Parent/Guardian's Employer (If property is located on Federal Property please complete Federal Information Block)		Occupation:	Home Phone: _____ Work Phone: _____ Cell Phone: _____

Does student reside with both parents? Yes No If not, with whom does the child live? _____

Is there a non-custodial parent? Yes No If yes, please complete Custodial Parent Waiver Form and provide information if applicable.

FEDERAL INFORMATION

PL 874 (if applicable) Please check which of the following applies:

Parent or Guardian on Active Duty Name of Military Member: _____ Rank: _____

Branch of Service:

Air Force Marine Corps Army Navy US Coast Guard Foreign Military/Government Official
 National Guard/Reserve activated by order of the President

Federal Civil Service Employee:

DoD Federal Service Employee Non-DoD Federal Civil Service Employee or Contractor
 An official of, and accredited by, a foreign government and is a foreign military officer

Is the home address on federal property

Yes No

Name of federal property

Hanscom AFB Lower Mills Apts. Ausonia Homes
 Hassan Apts. Spring St. Apts Patricia White Apts.
 Roslyn Apts. Bellflower St. Apts. Commonwealth Apts.
 Peabody Square Malone Apts. Hampton House Apts.
 Franklin Field Other LRHP Housing _____

Is the employer address on federal property?

Yes No

Name of federal property

Hanscom AFB
 VA Hospital, Bedford
 VA Hospital, Jamaica Plains Natick Dev Center
 Dept of Army, Boston, MA Moakley Courthouse, Boston, MA
 Kennedy Federal Office Bldg, Government Center
 Federal Building, Causeway Street, Boston, MA
 Other Federal Property not listed: _____

Students residing on Hanscom Air Force Base must provide a copy of the sponsors orders or appropriate civilian identification upon enrolling at Bedford High School. If the status of the sponsor of a currently enrolled student, grades 9-12 changes and the student is no longer eligible for enrollment, the student may be allowed to complete the current school year. The parent/sponsor must contact the Superintendent to request permission for the student to complete the school year. The sponsor must notify the school of the status change. Verification of enrollment eligibility is subject to review the beginning of each school year by Superintendent. If the student will be moving onto the 12th grade (basically for 11th graders only) the sponsor may petition the Superintendent to ask permission to remain at BHS for their senior final year and graduate with their class. Request for petition must be received by the Office of the Superintendent 30 calendar days prior to the end of the current academic year.

➔Signature of Parent/Guardian_____ ➔Date_____

For Office Use Only

Proof of Residency

Column A Type of Identification _____
 Column B Type of Identification _____
 Column C Type of Identification _____
 Column D Type of Identification _____

Signature: _____ Date: _____



Bedford Public Schools 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 _____
		F <input type="checkbox"/> M <input type="checkbox"/> Gender
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) _____ / _____ /20_____	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? (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?	
Which other languages does your child know? (circle all that apply) _____ 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? Y <input type="checkbox"/> N <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)	

BEDFORD PUBLIC SCHOOLS
Emergency Information Card

NAME: _____

STUDENT NAME: _____ GRADE _____ ROOM # _____ BUS # _____
(Last) (First) (Middle)

HOME ADDRESS: _____ (Street) (City/Town) (Zip Code)

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ STATE WARD: Yes ___ No ___

With Whom Does Child Reside: _____ Relationship: _____

PARENT'S FULL NAME: _____ HOME #: _____ WORK #: _____
MOBILE PHONE #: _____ E-MAIL ADDRESS: _____
ADDRESS: (If different than the student) _____
OCCUPATION: _____ EMPLOYER: _____

PARENT'S FULL NAME: _____ HOME #: _____ WORK #: _____
MOBILE PHONE #: _____ E-MAIL ADDRESS: _____
ADDRESS: (If different than the student) _____
OCCUPATION: _____ EMPLOYER: _____

GUARDIAN'S FULL NAME: _____ HOME #: _____ WORK #: _____
MOBILE PHONE #: _____ E-MAIL ADDRESS: _____
ADDRESS: (If different than the student) _____
OCCUPATION: _____ EMPLOYER: _____

SIBLINGS ATTENDING BEDFORD SCHOOLS (Name & Grade): _____

In case of accident, sudden illness or crisis, name of person who could assume responsibility if you cannot be reached (Please notify person):

1. _____ HOME #: _____ WORK #: _____ MOBILE #: _____

2. _____ HOME #: _____ WORK #: _____ MOBILE #: _____

In the event that the parents cannot be reached, I request that (Check one):

_____ The school contact the person indicated above who will assume responsibility for my child.

_____ The school contact the person indicated above who will assume responsibility only if the school determines there is an emergency.

Form D – Rev. 2-2010

GRADE: _____

Medical Information: **Student Name:** _____ **School:** _____

Does your child have specific health considerations? i.e., allergic to bee stings, other allergies?

Yes ___ No ___ Please specify: _____ (Please contact School Nurse with specifics)

Other Information: _____

Please complete: Child's Insurance Plan: _____ Plan #: _____

Doctor: _____ Office #: _____

Dentist: _____ Office #: _____

Medical Treatment Permission:

In the case of illness or accident, first aid and appropriate care will be provided. Your signature below indicates permission for said first aid and appropriate care to be given until family or physician can be reached.

Signature

Date



RESIDENCY PROCEDURE

The Bedford Public School Committee has adopted a policy regarding the residency and admission of students. The staff is directed to ensure that all forms and regulations are fully executed and conforms to this policy (attached).

RESIDENCY (Legal Reference: M.G.L. Chapter 776, Section 5)

In order to attend the Bedford Public Schools, a student must actually reside in Bedford, unless an exception as noted in the School Committee policy applies. The residence of a minor child is ordinarily presumed to be the legal residence of the child's parent or legal guardian having physical custody of the child. A student's actual residence is considered to be the place where he or she lives permanently. In determining residency, Bedford Public Schools (BPS) retains the right to require the production of a variety of records and documentation and to investigate where a student actually resides.

A determination that a student does not actually reside in the Town of Bedford renders the student ineligible to enroll in Bedford Public Schools or, if the student is already enrolled in the Bedford Public Schools, shall result in the termination of such enrollment. A parent, legal guardian, or student who has reached the age of majority (18) who is aggrieved by a determination of residency, may appeal the determination to the Superintendent of Schools, whose decision shall be final.

VERIFICATION OF RESIDENCY

Before any student is enrolled in Bedford Public Schools, his or her parent or legal guardian must provide:

- A signed Statement/Affidavit of Occupancy or Residency
- Proof of Residency in Bedford (3 documents from chart attached)

All applicants for enrollment must submit at least one document each from Column A, B, and C and any other documents that may be requested, including but not limited to those from Column A, B, and C. (*See Chart attached*) A Bedford High School student whose lives on Hanscom AFB with his/her parent or guardian may use Column D in lieu of Column B. A parent, guardian, or student who is unable to produce the required documents should contact the Superintendent of Schools.

The principal, or his/her designee, shall verify the home address and home telephone number of each student at least once during the school year. Any irregularities shall be reported promptly to the Superintendent of Schools. Parents/Guardians are required to notify the school of any changes of their address or the address of the student within five business days of the change.

ENFORCEMENT

Should a question arise concerning any student's residency elsewhere while attending the Bedford Public Schools, the student's residency will be subject to further inquiry and/or investigation. Such questions concerning residency may arise on the basis of incomplete, suspicious, or contradictory proofs of address; anonymous tips; correspondence that is returned to Bedford Public Schools because of an invalid or unknown address, or other grounds.

The Superintendent may request additional documentation, may use the assistance of the School's Resource Officer (SRO), and/or may obtain the services of police or investigative agency personnel to conduct investigations into student residence. The SRO will report his or her findings to the Superintendent of Schools, who shall make final determination of residency.

Upon an initial determination by the Superintendent of Schools that a student is actually residing in a city or town other than Bedford, the student's enrollment in Bedford Public Schools shall be terminated immediately.

PENALTIES

In addition to termination of enrollment and the imposition of other penalties permitted by law (M.G.L. Chapter 76, Section 5), the Bedford Public Schools reserves the right to recover restitution based upon the costs of educational services provided during the period of non-residency.

EXCEPTION

The Residency Requirements shall not apply to the following:

- Students who are entitled to attend the Bedford Public Schools under the McKinney-Vento Homeless Assistance Act.
- Seniors already enrolled in the Bedford Public Schools who move out during their senior year as stipulated in the Residency Policy, provided they have made the Superintendent of Schools aware of the change of residence within 5 business days of the actual move.
- Students whose parents divorce or separate and share physical custody, provided one custodial parent remains a resident of Bedford and the student resides at least 50% of the time with the parent who resides in Bedford. (Legal documentation must be provided to the school office.)

POTENTIAL WAIVER WHEN RESIDENCY IS IN TRANSITION

For students whose residency is in transition, the following exceptions to the general policy may apply, with prior written approval from the Superintendent of Schools:

- Pending purchase of a Dwelling
The children of families who have signed and accepted a Purchase and Sale Agreement to purchase and reside in a dwelling in the Town of Bedford may be enrolled up to 30 calendar days in advance of the time actual physical residence occurs.
- Construction of a New Dwelling
Children of families that are building a primary residence in Bedford may enroll in the Schools at the beginning of the school year if they have obtained a certificate of occupancy from the Town.

Legal Reference: M.G.L. Chapter 76, Section 5

RESIDENCY

The schools of Bedford are open to those students who qualify as residents under the laws of the State of Massachusetts and in accordance with the prevailing common rule. A pupil who lives within the system permanently, or with no present intention of removal, whether with a guardian, one who stands in loco parentis, or an emancipated minor is entitled to all school privileges as a resident of the system. Students who do not actually reside in the Town of Bedford will be excluded unless the superintendent or designee allows attendance due to special circumstances.

The Superintendent may allow attendance of those students for their senior year of high school who have been previously a student in the Bedford Senior High School, based on actual residency, since 9th grade.

The Superintendent may admit students to the Bedford Schools upon presentation of evidence of intent to become a resident of Bedford within a reasonable time. This evidence may be a rental agreement, property lease, contract to build a house, or such other evidence as clearly indicates intent. If residency does not occur, even after such evidence is presented, in a reasonable time frame, the admittance shall be revoked.

The Superintendent, upon request, may also allow students to finish a school year even though a change of residence has taken place. Such a request will require the approval of the Principal where the child attends school.

In special cases, the Superintendent may allow students to attend school if they are not actual residents of the town.

LEGAL Ref.: M.G.L. 71:6; 71:6A; 74:8; 76.6; 776:12; 76



**BEDFORD PUBLIC SCHOOLS
OCCUPANCY STATEMENT/AFFIDAVIT**

I/We, the parent(s), legal guardian(s) of: _____
Print student's full name

Hereby certify as follows:

1. I/We wish to enroll the above named student in the Bedford Public Schools. I/We understand that pursuant to Massachusetts General Law (Chapter 76, Section 5) and Bedford Public School's Policy, students who actually reside in the Town of Bedford may attend the Bedford Public Schools and students who do not actually reside in the Town of Bedford may not attend the Bedford Public Schools.
2. I/We hereby certify that effective _____, 20____, the above named student is/will be residing at the following address in Bedford, Massachusetts, with:
Printed name of Parent/Guardian: _____
Address: _____ Bedford, MA 01730
Home Telephone #: _____ Cell Phone #: _____
Work Phone: _____
3. I/We acknowledge that I am/we are required to notify the Bedford Public Schools or the above student's school, in writing. Of any change in said student's address within five (5) business days of such change of address.
4. I/We understand that this Occupancy Statement will be relied upon by the Bedford Public Schools for the purpose of determining the above student's eligibility to attend the Bedford Public Schools based upon the information provided. If it is subsequently determined that the student does not actually reside in Bedford, I/we understand that the student's enrollment in the Bedford Public Schools will be promptly terminated and I/we will be jointly liable to the Bedford Public Schools for the student's tuition for the full academic year(s).
5. I/We further certify that I am/we are the parent(s), legal guardian(s) of the above named student.

6. I/We understand that all applicants must reside in the Town of Bedford as outlined in Massachusetts General Laws Chapter 76, Section 5 which states:

Every person shall have a right to attend the public schools of the town where he/she actually resides, subject to the following section. No school committee is required to enroll a person who does not actually reside in the town unless said enrollment is authorized by law or by the school committee. Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly attended public schools. No person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex religion, national origin or sexual orientation (Amended by st. 1971, c622, c.1.; st 1973, c.925, s.9A, st. 1993, c282; st.2004, c.352, s.33)

Signed under the pain and penalties of perjury on this ____ day of _____, 20__.

Signature of Parent/Guardian (Please circle Relationship)

Signature of Parent/Guardian (Please circle Relationship)

This form must be accompanied by proof of residency which is at least one document from each of the following three columns: A, B, and C or D if student is a Hanscom AFB Resident. (See Chart Attached.)

Statement of Notary Public:

Commonwealth of Massachusetts

Middlesex County, ss.

On this ___ day of _____, 20__, before me, the undersigned notary public,

personally appeared _____, proved to me through
(Name of Parent/Guardian who signed form)

satisfactory evidence of identification, which were _____,
to be the person whose name is signed on the preceding or attached document, and

acknowledged to me that he/she signed it voluntarily for its stated purpose.

Notary Public
My Commission Expires:



**BEDFORD PUBLIC SCHOOLS
RESIDENCY STATEMENT/AFFIDAVIT**

This form is to be completed by a Landlord/Property Owner* of said property of which the enrolling student(s) reside.

I, _____, swear under oath, that the

(Please Print Your Name)

following information is true:

List all school age children: _____

is/are living at: _____ Bedford, MA 01730,

Address

Of which I am the owner* of said property on record.

I understand that the Bedford Public Schools reserves the right to investigate residency if they feel that temporary residency was established for the sole purpose of attending the Bedford Public Schools. I further understand that according to Massachusetts General Law (Chapter 76, Section 5) *“Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly-attended public schools.”*

Signed under the pain and penalties of perjury on this ___ day of _____, 20 ___:

Signature Date Printed Name

*Bedford Public Schools reserves the right to validate property ownership by the Principal, or his/her designee, through the on-line Middlesex Registry of Deeds.

Statement of Notary Public:

Commonwealth of Massachusetts

Middlesex County, ss.

On this ___ day of _____, 20___, before me, the undersigned notary public,

personally appeared _____, proved to me through

(Name of Parent/Guardian who signed form)

satisfactory evidence of identification, which were _____,

to be the person whose name is signed on the preceding or attached document, and

acknowledged to me that he/she signed it voluntarily for its stated purpose.

Notary Public

My Commission Expires:



RECORDS RELEASE/REQUEST FORM

In compliance with State and Federal laws, permission is required of a parent or legal guardian for the release of any school records. My signature below authorizes the release of my child's school records to the:

Name and Address (including zip code) of School Last Attended or Transferring to

Student's Full Name

I hereby grant permission to release/obtain the following documents:

- Health Record
- Massachusetts Transfer Card
- Transcript of grades
- Standardized Test Results – (Shared with Skills Center Faculty)
- Special Education Records (if applicable) – When **obtaining** Special Education records please have them sent to: Bedford Public Schools, Special Education Office, 97 McMahan Road, Bedford, MA 01730. Information requested could include all special education records, i.e., I.E.P./Amendments, Evaluations, Testing, Report Cards, Progress Reports. This will also authorize the pertinent staff member to discuss my son/daughter, by telephone, between schools. **Special Education records may only be released by Bedford Special Education Central Office.**
- 504 Records (if applicable) – When **obtaining** 504 records please have them sent to the 504 Coordinator/Assistant Superintendent, Bedford Public Schools, 97 McMahan Road, Bedford, MA 01730. **504 records may only be released by the Assistant Superintendent's Office.**
- Key to your grading system in percent (including passing grades) (high school only)
- Key to leveling of courses (high school only)
- Discipline records (If a student is entering Bedford Public Schools we require a statement from your previous school's principal/assistant principal/dean attesting to any and all discipline actions. If there are no discipline issues, a short, simple statement signed by one of the above individuals attesting to this fact can be submitted.)

Signature of Parent/Guardian
(High School Student over 18 may sign)

Date

Parent Consent Form Grades 9-12

A. Acceptable Technology Use Policy Agreement

As the parents/guardians of a child attending Bedford Public Schools, we hereby acknowledge receipt of a copy of the Acceptable Technology Use Policy. We have read and reviewed its contents with our child and our family understands the policy.

Parent initials _____ Student initials _____

B. Student and Parent Handbook Confirmation

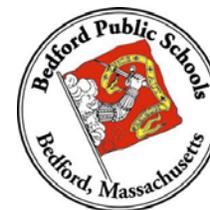
We have received the Student/Parent Handbook and have read and understand the Attendance Procedures and Code of Conduct.

Parent initials _____ Student initials _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Student Name: (Please Print) _____



BEDFORD PUBLIC SCHOOLS

Jon Sills, Superintendent of Schools
MaryLou Sallee, Assistant Superintendent

97 McMahon Road
Bedford, MA 01730
Tel: 781-275-7588
Fax: 781-275-0885
WWW.bedford.k12.ma.us

YOU HAVE A RIGHT TO GO TO SCHOOL

IF YOU LIVE IN ONE OF THE FOLLOWING SITUATIONS:

- In a shelter, motel, vehicle or campground
- On the street
- In an abandoned building or trailer
- Doubled-up with friends or relatives

THEN YOU HAVE A RIGHT TO GET HELP FROM A DISTRICT LIAISON TO:

- ✓ Immediately enroll in school
- ✓ Choose your old school or the school closest to where you are staying now
- ✓ Get transportation to and from school
- ✓ Get automatic free breakfast and lunch
- ✓ Receive the same services as other students
- ✓ Attend classes even while the school and you seek to resolve a dispute over enrollment

If you have questions or need assistance registering your children in Bedford Schools, call:

- Grades K-2, Lt. Eleazer Davis Elementary School, Beth Benoit, Principal, 781-275-6804
- Grades 3-5, Lt. Job Lane Elementary School, Rob Ackerman, Principal, 781-275-7606
- Grades 6-8, John Glenn Middle School, Kevin Tracey, Principal, 781-275-3201
- Grades 9-12, Bedford High School, Heather Galante, Principal, 781-275-1700
- Assistant Superintendent, MaryLou Sallee, [Homeless Liaison for District](#), 781-275-7588

OR CALL YOUR MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY SCHOOL, STATE COORDINATORS:

- Sarah Slautterbach, 781-338-6330

OR CALL ONE OF THESE ORGANIZATIONS:

- Massachusetts Coalition for the Homeless,
Toll-Free: (866-205-1700, ext. 100)
- Greater Boston Legal Services, (617-603-1654)
- New England Network for Children, Youth & Family Services, (978-266-1998)

(Updated 10/16)

Bedford Public Schools Annual Notice The Family Education and Privacy Act Massachusetts Student Records Regulations



The Family Educational Rights and Privacy Act (FERPA) and the Massachusetts Student Records Regulations (“Regulations”) together provide parents and eligible students (those who have reached that age of 14 or who have entered ninth grade) certain rights with respect to the student's education records. A general overview of those rights is provided below. Parents and students may obtain a complete copy of their rights under the Massachusetts Student Record Regulations by contacting their building principal.

- (a) The **right to access** the student's education records. Parents or eligible students should submit their request for access to the building principal. Access is generally provided within ten days of a request. However, Massachusetts General Laws c. 71, §34H (“Section 37H”) law provides specific procedures that must be followed prior to release of records to a parent who does not have physical custody of a child. Information about these procedures can be obtained from the building principal.
- (b) The **right to request amendment** of the student's education records. Parents or eligible students should direct their request to the principal, clearly identifying the part of the record they wish to have amended, and why.
- (c) The **right to consent to disclosures** of personally identifiable information contained in the student's education records, except to the extent that FERPA and the Massachusetts regulations authorize disclosure without consent. One exception that permits disclosure without consent is disclosure to school officials with legitimate educational interests in the records. Such school officials include professional, administrative and clerical staff who are employed by or under agreement with the Bedford Public Schools and who need access to a record in order to fulfill their duties. The Bedford Public Schools also discloses student records without parent/eligible student consent to officials of other elementary or secondary schools in which a student enrolls, or seeks, intends, or is instructed to enroll upon receipt of a request from such school officials.

As required by federal law, the Bedford Public Schools routinely releases the name, address and telephone listing of secondary school students to military recruiters and to institutions of higher learning upon request. In the event a parent or eligible student objects to the release of any of the above information, the parent/eligible student may state that objection in writing to High School Principal. Absent receipt of a written objection for the parent or eligible student by October 1st (initial notification sent September 2005), this information will be released without further notice or consent.

- (d) The right to file a complaint concerning alleged failures by the District to comply with the regulations and laws governing student records. Complaints may be filed at the Massachusetts Department of Education, 350 Main Street, Malden, MA 02148. In addition, complaints relative to federal statutes and regulations governing student records may be filed with the Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue SW, Washington DC.

RESIDENCY/OCCUPANCY EVIDENCE CHART

COLUMN A	COLUMN B	COLUMN C	COLUMN D Residents of Hanscom AFB (ONLY)
Evidence of Residency	Evidence of Occupancy	Evidence of Identification (Photo I.D.)	Evidence of Occupancy Residents of Hanscom AFB (ONLY)
Record of recent mortgage payment and/or property tax bill	Gas/Oil Bill, Electric Bill, Cable Bill, Water Bill (note: Bill must be dated within the past 45 days and address and name must be stated)	Valid MA Driver's License	Students residing with a parent/guardian on Hanscom AFB are required to show verification of one of the following employment statuses: Evidence of Active Military, Reservist/National Guard, Department of Defense-Federal Civil Service employee, Non-Department of Defense-Federal Civil Service Employee, Base Contractor, Foreign Military Officer, Active Duty Military Identification Card, Federal Employee Identification Card, Current SF-50
Fully signed and executed Lease and/or Rental Agreement (Must be executed by both parties.)	Recent bill dated within the past 45 days showing Bedford address and name (Note: A Residency Statement/Affidavit is required with this option.)	Valid MA Photo I.D. Card	
Landlord/Owner of Property Affidavit (see Residency Statement/Affidavit form)	Occupancy Statement/Affidavit must be notarized If a bill cannot be provided prior to student's enrollment. (See Column D for Hanscom AFB Residents.)	Valid Passport	
Fully signed and executed Purchase and Sale (P&S Agreement) (provided occupancy date occurs within 30 days of enrollment)		Other Government issued Photo I.D.	
Section 8 Agreement			



Bedford High School New Student Referral Form

The H.O.S.T Program's mission is to provide support and friendship to new students when they join the Bedford High School community.

Please fill out this form with thought. We will use the information on this form to match you up with a student guide during your first two days at Bedford High School. We are looking forward to meeting you!

Background Information

Name: _____ Male/Female
Year of Graduation: _____ Email address: _____

Where are you moving from? _____
If you have lived in a number of places, what are they? _____
Where will you be living? Bedford/Hanscom Air Force Base/Boston

What do you like to do when you have free time?

School Information

What classes were you taking at your previous school this year? What is your favorite subject?

What clubs have you belonged to, if any? What activities would you be interested in participating in? To see a list of activities available at Bedford High School click here: <http://www.bedford.k12.ma.us/bhs/activities/pdfs/stdactivities.pdf>

What sports have you played, if any? What sports would you be interested in learning about? The following link will give you specific information about the athletic opportunities at Bedford High School.
<http://www.bedford.k12.ma.us/bhs/athletics/index.html>

Other Information: Please feel free to share with us any other information about you.

**BEDFORD PUBLIC SCHOOLS
ACCEPTABLE TECHNOLOGY USE POLICY FOR STUDENTS**

Student use of technology in the Bedford Public Schools is solely for the enhancement of teaching and learning. All students are expected to read this Acceptable Use Policy and are required to sign the Acceptable Use Policy Agreement Form. Adherence to this policy is a condition for a student's use of technology.

Acceptable Uses - Including but not limited to:

Students must...

- Identify themselves in Internet communications
- Post/send only useful and appropriate information
- Only access their own account and keep their passwords private
- Only alter their own work, unless they have permission from the owner
- Only use the e-mail account provided by the Bedford Schools while on the school network (Bedford e-mail accounts may also be accessed at anytime from outside the school network.)

Students should...

- Check e-mail frequently and delete old mail
- Take care in using humor, avoid sarcasm, and don't unreasonably criticize, or "flame" others
- Credit the original author when quoting someone else's work
- Remove their old files when they are no longer needed

Students must not...

- Engage in harassment, libel, or slander of any kind
- Use the Internet for commercial or political purposes
- Use the Internet to access sexually explicit or pornographic materials
- Use the Internet for illegal activities including, but not limited to, copyright violations and illegal distribution of software
- Give out their own or another individual's personal information such as address or phone number
- Post audio, video or any material of or created by another student or faculty member without that individual's permission
- Engage in spamming (sending massive, inappropriate and unsolicited information) or flooding (transferring data without intent of meaningful communication)
- Use equipment without permission
- Alter the configuration of school technology, except as educationally appropriate
- Download or install software of any kind
- Illegally copy software

Sanctions

Network access is a privilege, not a right. The Bedford Public Schools will review alleged violations of this Acceptable Use Policy. Violations could result in the following:

- Loss of access privileges
- Additional disciplinary action at the building level in accordance with the discipline code in the student handbooks.
- Referral to appropriate law enforcement agencies

Disclaimer of Liability

The Bedford Public School system denies responsibility for the accuracy or quality of information obtained from the Internet. The Bedford Public School system cannot guarantee that access will always be available and is not responsible for any damage a user suffers or for the loss of data obtained via the Internet.

Privacy

Users should not have an expectation of privacy or confidentiality in the context of electronic communications or of other files sent, received and/or stored on the district's network. The Bedford Public School System also reserves the right to examine all data sent, received and/or stored on the district's network. All communications including text and images may be disclosed to law enforcement or other third parties without prior consent of the sender or receiver. Electronic communications may be archived for a period of up to three years.

**BEDFORD PUBLIC SCHOOLS
WEB PAGE POLICY**

The District's Web Page Policy is as follows:

1. District Web Site

- A. The district will establish a web site. Materials appropriate for placement on the district web site may include: district information, school information, teacher or class information, student projects, and student extracurricular organization information. All published pages and corresponding links stored on the school department servers must be related to Bedford's educational goals and objectives or related to school-sponsored activities. Personal, non-educationally related information will not be allowed on the district web site.
- B. All material must also be approved by the building principal and/or the appropriate administrator or their designee prior to publication on the webserver.

2. Curriculum Web Pages

Teachers may establish web pages for teaching and learning purposes, such as use with class activities or to provide a resource for other teachers. Teachers will be responsible for maintaining their class educational resource sites. Such pages will be subject to the approval, consistency, content, and procedural requirements as described in sections 1, 4, and 5 of this policy.

3. Extracurricular Organization Web Pages

- A. With the approval of the building principal, extracurricular organizations may establish web pages. Material presented on the organization's web page must relate specifically to school organization activities.
- B. Organization web pages must include the following notice: "This is an extracurricular organization web page. Opinions expressed on this page shall not be attributed to the Bedford Public Schools."

4. Web Page Requirements

- A. All District Acceptable Technology Use Policy provisions will govern material placed on the Internet.
- B. Web Pages shall not:
 - i. Contain the address, or phone number of students.

- ii. Display materials such as photographs, audio or videos of any identifiable individual(s) without a signed release and without permission from the identifiable individual(s). Releases for students under the age of 18 must be signed by their parent or guardian and be kept on file.
 - iii. Contain copyrighted or trademarked material belonging to others unless written permission to display such material has been obtained from the owner. There will be no assumption that the publication of copyrighted material on a web site is within the fair use exemption.
- C. First names or first names and the first letter of the last name may be used where appropriate for grades K-5. Student's grades 6-12 may be identified by their full name.
 - D. Material placed on the web site is expected to meet academic standards of proper spelling, grammar, and accuracy of information.
 - E. Students may retain the copyright on the material they create that is posted on the Internet. District employees may retain the copyright on material they create and post if appropriate under district policies.
 - F. It will not be considered a violation of free speech to require removal of material that fails to meet established educational objectives or that is in violation of any provision of the Acceptable Technology Use Policy (attached).

5. Content Standards

The intended audience of the school and/or district web site is primarily members of the school community, citizens of Bedford, and people interested in moving to the area. All subject matter on the school web pages shall relate to curriculum, instruction, and school-authorized activities and general information of interest to the intended audience. Pages should include, but not be limited to, factual information about the school or school population, philosophy or vision statement and staff listing.

6. Concerns

Concerns about the content of any pages created by staff should be directed to the building administrator.

The "Official Version" of the school district's policies is maintained at the Office of the Superintendent of Schools. In the event of a conflict between an electronic text and the "official version", the "official version" shall prevail.

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NON-CUSTODIAL PARENT'S RIGHTS

As required by Massachusetts General Law Chapter 71, Section 34H, a non-custodial parent may have access to the student record in accordance with law and Department of Education Regulations. The school district will follow the law and the regulations developed by the Massachusetts Department of Education to standardize the process by which public schools provide student records to parents who do not have physical custody of their children ("non-custodial parents").

As required by M.G.L. c. 71, § 34H, a non-custodial parent may have access to the student record in accordance with the following provisions.

- (a) A non-custodial parent is eligible to obtain access to the student record unless the school or district has been given documentation that:
 1. The parent has been denied legal custody or has been ordered to supervised visitation, based on a threat to the safety of the student and the threat is specifically noted in the order pertaining to custody or supervised visitation, or
 2. The parent has been denied visitation, or
 3. The parent's access to the student has been restricted by a temporary or permanent protective order, unless the protective order (or any subsequent order modifying the protective order) specifically allows access to the information contained in the student record, or
 4. There is an order of a probate and family court judge which prohibits the distribution of student records to the parent.
- (b) The school shall place in the student's record documents indicating that a non-custodial parent's access to the student's record is limited or restricted pursuant to 603 CMR 23.07(5)(a).
- (c) In order to obtain access, the non-custodial parent must submit a written request for the student record to the school principal.
- (d) Upon receipt of the request the school must immediately notify the custodial parent by certified and first class mail, in English and the primary language of the custodial parent, that it will provide the non-custodial parent with access after 21 days, unless the custodial parent provides the principal with documentation that the non-custodial parent is not eligible to obtain access as set forth in 603 CMR 23.07 (5)(a).
- (e) The school must delete all electronic and postal address and telephone number information relating to either work or home locations of the custodial parent from student records provided to non-custodial parents. In addition, such records must be marked to indicate that they shall not be used to enroll the student in another school.
- (f) Upon receipt of a court order which prohibits the distribution of information pursuant to G.L. c. 71, §34H, the school shall notify the non-custodial parent that it shall cease to provide access to the student record to the non-custodial parent.

LEGAL REF.: M.G.L. 71:34D; 71:34H
603 CMR 23.07 (5) Access Procedures for Non-Custodial Parents
20 U.S.C. §1232g Family Education Rights and Privacy Act (FERPA)

SOURCE: MASC REVISED: October 9, 2007



**Bedford Public Schools
Custodial Parent Waiver Form**

Please read the following concerning non-custodial parent rights to student records:

Massachusetts General Laws allow non-custodial parents access to their student's records when requested in writing to the building principal unless a court order indicates any of the following:

- The non-custodial parent has been denied legal custody or has been ordered supervised visitation based on a threat to the safety of the student and the threat is specifically noted in the order pertaining to custody and/or visitation;
- The non-custodial parent has been denied visitation;
- The non-custodial parent's access to the student has been restricted by a temporary or permanent protective order (unless the protective order specifically allows access to the information contained in the student record); or
- There is a court order from a Probate and Family Court judge that prohibits the distribution of student records to the non-custodial parent.

If none of the above apply, you may sign below indicating that you are allowing the non-custodial parent immediate access to your student's records without a written request.

Custodial Parent Signature: _____

Date: _____

School Nurse Emergency Information

School Year _____

Teacher/Grade _____

Student emergency contact information should be accurate and current. This form needs to be completed upon registration and at the start of each school year. Thank you for your cooperation.

Student's Name _____ Sex _____ Birth date _____

Home Address _____ Home phone _____

Parent/Guardian _____ Address _____ Cell phone _____

Employer _____ Work phone _____

Parent/Guardian _____ Address _____ Cell phone _____

Employer _____ Work phone _____

In an Emergency, if parents cannot be reached, the school is authorized to contact:

Name _____ Address _____ Relationship _____ Phone _____

Name _____ Address _____ Relationship _____ Phone _____

Pediatrician _____ Phone _____

Dentist _____ Phone _____

Please list medications your child regularly takes at home or school _____

Please check all that apply to your child:

Severe allergy requiring EpiPen (food/insects/meds/environmental) _____

Allergies - other _____

Asthma Diabetes Seizures Migraines Heart Condition ADD/ADHD

Vision problem glasses contacts Hearing problem Right ear Left ear

Any significant illness/injury/surgery in the past year _____

Other health condition- specify (please use reverse side if needed) _____

If your child requires medication or special care at school, please contact the nurse. A signed order from a licensed prescriber and written parental permission is required for medicine or treatment given at school (except as noted below).

I give permission for the School Nurse to administer the following medication to my child per Physician Standing Orders:

Acetaminophen (Tylenol) Yes No

Ibuprofen (Motrin/Advil) Yes No

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school and/or emergency medical emergency personnel when needed to meet my child's health and safety needs. Yes No N/A

Parent signature _____ Date _____

Bedford Public Schools
Student Health History

Dear Parents:

We would like your child to gain the most from his/her school experience. Please fill out this brief health history form on your child. This information will help the nurse to better understand your child and assist in the transition into school life. Please complete this form and return it with a copy of your child's most recent physical exam and immunizations (please see health requirements checklist).

Student Name _____ Birth Date _____

1. Does your child have any of the following conditions?

- | | | |
|----------------------|-----------------------|----------------------------|
| ___ Asthma | ___ Allergies | ___ Hearing Problems |
| ___ Diabetes | ___ ADD/ADHD | ___ Ear tubes |
| ___ Seizure Disorder | ___ Bleeding Disorder | ___ Stomach/Bowel Problems |
| ___ Heart Condition | ___ Vision Problems | |

If you have checked yes to any of the above, please explain: _____

2. Does your child have any other medical conditions? _____

3. Will your child need any medication during the school day? If so, please list: _____

4. Does your child take medication routinely at home? If so, please list: _____

5. Has your child ever been hospitalized? If so, please explain: _____

6. Has your child ever had surgery? _____ Date of surgery: _____ Type of surgery: _____

7. Do you have concerns about your child's vision or hearing? _____

8. Do you have other children that have been diagnosed with a chronic illness? _____

9. Do you have any concerns about your child's mental, social/emotional health or adjustment concerns?

10. Please list other children in household (name/age): _____

Parent/Guardian signature _____ Date _____

If your child has a health condition that will require further conversation, please call the school nurse to schedule a meeting.

New Student Registration Health Requirements Checklist

Please bring the following information to your child's kindergarten screening or registration appointment:

Physical Examination

___ A copy of your child's most recent physical exam. A physical exam done within one year of school enrollment date is required.

Immunizations

___ 5 doses of DTaP/DTP (Diphtheria, Tetanus, Pertussis)

___ 4 doses of IPV (Polio)

___ 3 doses of Hepatitis B

___ 2 doses of MMR (Measles, Mumps and Rubella)

___ 2 doses of Varicella or physician-certified history that your child has had the chicken pox

___ 1 dose of Tdap for grades 7th-11th

Completed Health Forms

___ School Nurse Emergency Information Form

___ Health History Form

Screenings

___ Lead screening test is required for Kindergarten students only; documentation of having a lead test at any age prior to Kindergarten entry is acceptable.

Please be sure that all the above requirements are submitted to the school nurse's office prior to the start of school. Thank you for your cooperation.

Davis School
Tracy Fernald RN
410 Davis Rd.
Bedford, MA 01730
781-275-6804 ext. 3
fax 781-275-7639

Lane School
Kathy Webster RN
66 Sweetwater Ave.
Bedford, MA 01730
781-275-7623
fax 781-275-4722

John Glenn Middle School
Carol Eaton RN
99 McMahan Rd.
Bedford, MA 01730
781-275-3165
fax 781-275-7632

Bedford High School
Nancy Thorsen RN
9 Mudge Way
Bedford, MA 01730
781-275-1700 ext. 5
fax 781-275-6664

Massachusetts School Immunization Requirements for School Year 2014-2015*

	Child Care/Preschool ¹	Kindergarten	Grades 1-6	Grades 7-12	College ²
Hepatitis B³	3 doses	3 doses	3 doses	3 doses	3 doses for all health science students and full-time undergraduate and graduate students
DTaP/DTP/DT/Td/Tdap⁴	≥4 doses DTaP/DTP	5 doses DTaP/DTP	≥4 doses DTaP/DTP or ≥3 doses Td	4 doses DTaP/DTP or ≥3 doses Td; plus 1 dose Tdap (See Phase-In Schedule)	All health science students and full-time freshmen-seniors: 1 dose Tdap Full-time graduates: 1 dose Td (See Phase-In Schedule)
Polio⁵	≥3 doses	4 doses	≥3 doses	≥3 doses	NA
Hib⁶	1 to 4 doses ⁶	NA	NA	NA	NA
MMR⁷	1 dose	2 doses	Grade 1-3: 2 doses Grades 4-6: 2 doses measles, 1 mumps, 1 rubella (See Phase-In Schedule)	Grades 7-10: 2 doses Grades 11-12: 2 doses measles, 1 mumps, 1 rubella (See Phase-In Schedule)	All health science students and full-time freshmen-seniors: 2 doses Full-time graduates: 2 doses measles, 1 mumps, 1 rubella (See Phase-In Schedule)
Varicella⁸	1 dose	2 doses	Grade 1-3: 2 doses Grades 4-6: 1 dose (See Phase-In Schedule)	Grades 7-10: 2 doses Grades 11-12: 1 dose (See Phase-In Schedule)	All health science students and full-time freshmen-seniors: 2 doses (See Phase-In Schedule)
Meningococcal^{9,10}	NA	NA	NA ¹⁰	1 dose for new full-time residential students ⁹	1 dose for full-time residential students ⁹

*These requirements also apply to all new “enterers.” NA = no vaccine requirement for the grades indicated.

¹**Child Care/Preschool:** Minimum requirements by 24 months; immunize younger children according to their age.

²**College:** Requirements apply to: 1) all full-time undergraduate and graduate students; 2) all full-time and part-time health science students; and 3) any full-time or part-time student attending any postsecondary institution while on a student or other visa, including foreign students attending or visiting classes as part of a formal academic visitation or exchange program.

³**Hepatitis B:** 3 doses required for child care attendance and preschool entry, kindergarten-12th grade, and college (see footnote 2 above). Laboratory proof of immunity is acceptable.

⁴**DTaP/DTP/DT/Td/Tdap:** ≥4 doses required for child care attendance and preschool entry; 5 doses of DTaP/DTP required for school entry unless the 4th dose is given ≥ the 4th birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP/DTP. **One dose of Tdap is required for all students entering grade 7-10, full-time college freshmen-seniors and all health science students.** If it has been <5 years since the last dose of DTaP/DTP/DT/Td, Tdap is not required but is recommended regardless of the interval since the last tetanus-containing vaccine. See Phase-In Schedule below.

⁵**Polio:** ≥3 doses required for child care attendance and entry into preschool. 4 doses required for school entry, unless the 3rd dose is given on or after the 4th birthday, and ≥ 6 months following the previous dose, in which case only 3 doses are needed. Administer the final dose in the series on or after the 4th birthday and ≥ 6 months following the previous dose. If 4 doses are administered before age 4 years, a 5th dose is recommended at age 4 - 6 years.

⁶**Hib:** Required for child care attendance and preschool entry. The number of doses is determined by vaccine product and age the series begins.

⁷**MMR:** 1 dose of MMR is required for child care attendance and preschool entry; **2 doses are required for kindergarten-grade 3, grade 7-10, college freshmen-seniors and all health science students.** Laboratory proof of immunity is acceptable. **For college students, except health science students, birth before 1957 in the U.S. is also acceptable.** See Phase-In Schedule below.

⁸**Varicella:** 1 dose required for child care attendance and preschool entry; **2 doses required for kindergarten-grade 3, grade 7-10, and college freshmen-seniors and all health science students, unless they have a reliable history of chickenpox.** A reliable history includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designee; or 2) laboratory proof of immunity. **Birth before 1980 in U.S. is acceptable for college students, except health science students.** See Phase-In Schedule below.

⁹**Meningococcal:** 1 dose MCV4, or a dose of MPSV4 in the last 5 years, is required for 1) newly enrolled full-time students attending a secondary school with grades 9-12 (in ungraded classrooms, those with students ≥ 13 years) who will live in a dormitory or comparable congregate living arrangement approved by the secondary school; and 2) newly enrolled full-time undergraduate and graduate students in a degree program at a postsecondary institution (e.g., college) who will live in a dormitory or comparable congregate living arrangement approved by the institution.

Students may decline the vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form provided by their institution. These requirements apply to newly-enrolled full-time residential students, regardless of grade and year of study.

¹⁰**At residential schools with lower grades:** The requirements apply to residential students in grades pre-K through 8 only if the school combines these grades in the same school with students in grades 9-12

Phase-In Schedule for MMR, Varicella, and Tdap Vaccines 2014 - 2017

	2014	2015	2016	2017
2 MMR and 2 Varicella	K-3 and 7-10 College: full-time freshmen-seniors; all health science	K-4 and 7-11 College: full-time freshmen-graduates; all health science	K-5 and 7-12 College: full-time freshmen-graduates; all health science	K-12 College: full-time freshmen-graduates; all health science
Tdap	Grades 7-10 College: full-time freshmen-seniors; all health science	Grades 7-11 College: full-time freshmen-graduates; all health science	Grades 7-12 College: full-time freshmen-graduates; all health science	Grades 7-12 College: full-time freshmen-graduates; all health science

COLUMN A	COLUMN B	COLUMN C
Evidence of Residency	Evidence of Occupancy	Evidence of Identification (Photo I.D.)
Record of recent mortgage payment and/or property tax bill	Gas/Oil Bill, Electric Bill, Home (not cell) Telephone Bill, Cable Bill, Water Bill (note: Bill must be dated within the past 45 days and address and name must be stated.)	Valid MA Driver's License
Fully signed and executed Lease and/or Rental Agreement (Must be executed by both parties)	Recent bill dated within the past 45 days showing Bedford address and name (Note: A Residency Statement/Affidavit is required with this option.)	Valid MA Photo I.D. Card
Landlord/Owner of Property Affidavit (See Residency Statement/Affidavit form)	Occupancy Statement/Affidavit must be notarized (If a bill cannot be provided prior to student's enrollment.)	Valid Passport
Fully signed and executed Purchase and Sale (P&S Agreement) Provided occupancy date occurs within 30 days of enrollment		Other Government issued Photo I.D.
Section 8 Agreement		