

BEDFORD PUBLIC SCHOOLS

(PARENT'S CHECKLIST)

Mandatory Forms for Student Registration

New Student Registration Form (Form A)

(Form A.1 for Hanscom Air Force Base Residents – high school only)

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 3 proofs of residency are required (one from each Column A, B and C on the chart or Column D in lieu of Column B if HAFB residents)

Massachusetts Department of Education Survey (Form B)

Home Language Survey (Form C)

Emergency Contact Form (Form D)

Custodial Parent Waiver Form (if applicable)

Signed Record Release/Request Form (includes transcripts, standardized testing results and IEP/504, immunization history and discipline report)  
(Form F)

Web Page Permission and Release Form (Form Gb)

Newspaper/Media Release Form

Birth Certificate/Passport of child (obligatory)



## NEW STUDENT REGISTRATION FORM Grades K-8

Child's Name: \_\_\_\_\_  
Last Name First Name Middle

Has student previously attended Bedford Schools? ☐ If yes, when? \_\_\_\_\_ Race: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

(P.O. Box is Not Acceptable)

Registration Date: \_\_\_\_\_ Date of Entry/Grade: \_\_\_\_\_ Male: ☐ Female: ☐

City, State and Country of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Parent or Guardian Name:** \_\_\_\_\_ Occupation: \_\_\_\_\_  
(circle one)

Home Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Parent/Guardian Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_

**Parent or Guardian Name:** \_\_\_\_\_ Occupation: \_\_\_\_\_  
(circle one)

Home Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Parent/Guardian Employer : \_\_\_\_\_ Work Phone#: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_

Does child reside with both parents? ☐ If not, with whom does child live? \_\_\_\_\_

Last school attended:  
\_\_\_\_\_

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

Name the language most often spoken at home by both children and adults:  
\_\_\_\_\_

- **Entrance age for admission to kindergarten is five years of age on or before August 31<sup>st</sup> of the year of entrance.**



## **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 9<sup>th</sup> 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:



**Bedford Public Schools**  
**Massachusetts Department of Elementary and Secondary Education (DESE)**  
**Survey**

Student's Name: \_\_\_\_\_  
(Please Print) Last Name First Name

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

Homeroom Teacher: \_\_\_\_\_  
(Learning Group)

Directions: The Massachusetts Department of Elementary and Secondary Education has mandated that all school districts in Massachusetts collect the following data. You are asked to answer each question using the choices provided by the Department. Please call your school principal if you have questions.

**1. Race** (Requested but not Required)

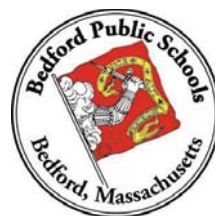
- a) Are you Hispanic or Latino (select only one)
- \_\_\_\_\_ No, not Hispanic or Latino
- \_\_\_\_\_ Yes, Hispanic or Latino—A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central America, or other Spanish culture or Origin, regardless of Race.
- b) What is your Race? (You may select one or more races)
- \_\_\_\_\_ White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- \_\_\_\_\_ Black or African American. A person having origins in any of the black racial groups of Africa
- \_\_\_\_\_ American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- \_\_\_\_\_ Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- \_\_\_\_\_ Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

**2. Immigrant Status** (Requested but not Required)

- \_\_\_\_\_ No. Student born in the U.S.
- \_\_\_\_\_ Yes. The student must:
- Not have been born in any U.S. State; AND
  - Not completed 3 full academic years of school in any U.S. State.
- If Yes, please list the Country of Origin \_\_\_\_\_. Please list the country from which immigrant children have emigrated.

\_\_\_\_\_  
Parent/Guardian 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"/><br>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) _____  | Name of Former School and Town _____   | Current Grade _____   |
| Questions for Parents/Guardians  |  |   |
| What is the native language(s) of each parent/guardian? (circle one)<br><br>_____ (mother / father / guardian)<br>_____ (mother / father / guardian) | Which language(s) are spoken with your child?<br>(include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers)<br>_____ seldom / sometimes / often / always<br>_____ 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)<br>_____ speak / read / write<br>_____ speak / read / write                      | Which languages does your child use? (circle one)<br>_____ seldom / sometimes / often / always<br>_____ 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:<br><b>X</b>   | _____ / _____ /20<br>Today's Date: (mm/dd/yyyy)  |   |

**BEDFORD PUBLIC SCHOOLS**  
Emergency Information Card

**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**

NAME: \_\_\_\_\_

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

## 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) (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: \_\_\_\_\_

## 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 1<sup>st</sup> (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.



## 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 McMahon 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 McMahon 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**

**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.*

*Copyright Massachusetts Association of School Committees All Rights Reserved*

**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.



## INTERNET PUBLISHING FOR STUDENTS GRADES K-5

The Bedford Public Schools embraces the use of technology to promote 21<sup>st</sup> century learning skills. During the school year, students will be engaged in various technology projects that may include publishing on the Internet for the purpose of communication and collaboration.

We need your permission to publish your child's work, image or first name and last initial. This would include postings in school publications such as school newsletters or school websites. Student addresses and/or phone numbers will not be published on the Internet at any time. You will have the following choices for permission at no cost to the district:

**1. Full Permission**

- You agree to allow your child's work to be posted on the Internet including his or her image and first name and last initial.

**OR**

**2. Partial Permission**

- **No Images:** You agree to allow your child's work to be posted on the Internet but do not allow his or her image to be posted.

**AND/OR**

- **No Name:** You agree to allow your child's work to be posted on the Internet but do not allow his or her name to be posted.

**OR**

**3. No Permission**

- You do not agree to allow your child's work to be posted on the Internet.

Further, we authorize the use of his or her images and/or work for an indefinite length of time or until a written request to remove such material is made to the Superintendent.

We understand that our permission waives any liability to the Bedford Public Schools for displaying his or her images and/or work, and we agree not to bring any claims against the Bedford Public Schools or those associated with them for, or on account of, such display.

**Please fill out the attached Parent Consent Form** which indicates your preferences. Be sure to discuss these choices with your child so he or she is aware of your decision while completing school assignments that involve students posting on the Internet.

*Revised Form 4/2009*

Form G(c)

# Parent Consent Form Grades K-5

## 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 \_\_\_\_\_

## B. Internet Publishing Permission and Release

Please indicate your choice(s) below.

### 1. Full Permission

You agree to allow your child's work to be posted on the Internet including his or her image and first name and last initial.

OR

### 2. Partial Permission

**No Images:** You agree to allow your child's work to be posted on the Internet but do not allow his or her image to be posted.

AND/OR

**No Name:** You agree to allow your child's work to be posted on the Internet but do not allow his or her name to be posted.

OR

### 3. No Permission

You do not agree to allow your child's work to be posted on the Internet.

Parent initials \_\_\_\_\_

## C. 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 \_\_\_\_\_

We have not Received the Student/Parent Handbook \_\_\_\_\_  
Parent Initials

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IF YOU DO NOT RETURN THIS FORM, WE WILL ASSUME YOU HAVE NOT GRANTED PERMISSION FOR YOUR CHILD'S WORK TO BE POSTED ON THE INTERNET. WE WILL ALSO ASSUME YOU HAVE RECEIVED THE STUDENT/PARENT HANDBOOK AND ACCEPTABLE TECHNOLOGY USE POLICY.**

Form G(d)

## Newspaper, Radio, Television and Periodical Release Form for Students

In many instances, local and state-wide newspapers, outside publications and television stations ask to use images, art materials, ideas and students' names to be presented in respective school or school related articles. In these circumstances, published images of a student or references to her/his achievements may include the student's name. In addition, the local newspaper publishes the names of students who are on the honor roll and who will graduate from Bedford High School. However, in accordance with Bedford Public School policy and federal and state legislation, no student's address, image and or phone number will be released or used at any time without permission.

### Please choose from the following options:

We GRANT our permission for our son/daughter \_\_\_\_\_'s (Please Print Student's Full Name) image, art materials, ideas and/or name to be displayed in the newspaper, publications and/or by television or radio stations. We understand that our permission waives any liability to the Bedford Public Schools for allowing these images, art materials, ideas and articles and that we understand that the school does not have control over the final edits of outside publications. Furthermore, we agree not to bring any claims against the Bedford Public Schools or those associated with them for, or on account of, such display.

|                                |           |
|--------------------------------|-----------|
| _____                          | _____ and |
| (Signature of Parent/Guardian) | (Date)    |
| _____                          | _____     |
| (Signature of Student)         | (Date)    |

### OR

We DENY our permission for the Bedford Public Schools to allow the use of our son/daughter's name or photo, and/or art materials, images and ideas created or written by \_\_\_\_\_ in a newspaper, publication and/or school-related radio or television story.

|                                |        |
|--------------------------------|--------|
| _____                          | _____  |
| (Signature of Parent/Guardian) | (Date) |
| _____                          | _____  |
| (Signature of Student)         | (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 McMahon 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 <sup>1</sup> | Kindergarten     | Grades 1-6   | Grades 7-12  | College <sup>2</sup>  |
|--|-----------------------------------|------------------|--|--|---|
| <b>Hepatitis B<sup>3</sup></b>         | 3 doses                           | 3 doses          | 3 doses  | 3 doses  | 3 doses for all health science students and full-time undergraduate and graduate students   |
| <b>DTaP/DTP/DT/Td/Tdap<sup>4</sup></b> | ≥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<br>Full-time graduates: 1 dose Td (See Phase-In Schedule)                       |
| <b>Polio<sup>5</sup></b>               | ≥3 doses                          | 4 doses          | ≥3 doses   | ≥3 doses   | NA  |
| <b>Hib<sup>6</sup></b>                 | 1 to 4 doses <sup>6</sup>         | NA               | NA   | NA   | NA  |
| <b>MMR<sup>7</sup></b>                 | 1 dose                            | 2 doses          | Grade 1-3: 2 doses<br>Grades 4-6: 2 doses measles, 1 mumps, 1 rubella<br>(See Phase-In Schedule) | Grades 7-10: 2 doses<br>Grades 11-12: 2 doses measles, 1 mumps, 1 rubella<br>(See Phase-In Schedule) | All health science students and full-time freshmen-seniors: 2 doses<br>Full-time graduates: 2 doses measles, 1 mumps, 1 rubella (See Phase-In Schedule) |
| <b>Varicella<sup>8</sup></b>           | 1 dose                            | 2 doses          | Grade 1-3: 2 doses<br>Grades 4-6: 1 dose<br>(See Phase-In Schedule)                              | Grades 7-10: 2 doses<br>Grades 11-12: 1 dose<br>(See Phase-In Schedule)                              | All health science students and full-time freshmen-seniors: 2 doses<br>(See Phase-In Schedule)  |
| <b>Meningococcal<sup>9,10</sup></b>    | NA                                | NA               | NA <sup>10</sup>   | 1 dose for new full-time residential students <sup>9</sup>   | 1 dose for full-time residential students <sup>9</sup>  |

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

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

<sup>2</sup>**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.

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

<sup>4</sup>**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.

<sup>5</sup>**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.

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

<sup>7</sup>**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.

<sup>8</sup>**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.

<sup>9</sup>**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.

<sup>10</sup>**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   |
|------------------------------|---|---|---|--|
| <b>2 MMR and 2 Varicella</b> | K-3 and 7-10<br>College: full-time freshmen-seniors; all health science | K-4 and 7-11<br>College: full-time freshmen-graduates; all health science | K-5 and 7-12<br>College: full-time freshmen-graduates; all health science | K-12<br>College: full-time freshmen-graduates; all health science        |
| <b>Tdap</b>                  | Grades 7-10<br>College: full-time freshmen-seniors; all health science  | Grades 7-11<br>College: full-time freshmen-graduates; all health science  | Grades 7-12<br>College: full-time freshmen-graduates; all health science  | Grades 7-12<br>College: full-time freshmen-graduates; all health science |



# 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)

| <b>COLUMN A</b>  | <b>COLUMN B</b>  | <b>COLUMN C</b>                                |
|--|--|--|
| <b>Evidence of Residency</b>   | <b>Evidence of Occupancy</b>   | <b>Evidence of Identification (Photo I.D.)</b> |
| Record of recent mortgage payment and/or property tax bill   | Gas/Oil Bill, Electric Bill, Home (not cell) Telephone Bill, Cable Bill, Water Bill<br>(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<br>(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)<br>Provided occupancy date occurs within 30 days of enrollment |  | Other Government issued Photo I.D.             |
| Section 8 Agreement  |  |  |