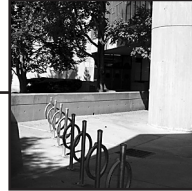


CPS

Cambridge Public Schools



Annual Required Student Forms

ALL enclosed forms must be completed and
this booklet returned with students
ON THE FIRST DAY OF SCHOOL
to their homeroom teacher.

Forms are available in English, Portuguese, Haitian Creole, Spanish,
Chinese and Korean at the Family Resource Center and in the schools.

The Family Resource Center is located at 15 Upton Street, Cambridge, MA 02139.
The office can be reached by phone at (617) 349-6551.

Annual Required Student Forms Checklist:

- PARENT AND STUDENT AGREEMENT INSIDE COVER
- STUDENT ATTENDANCE POLICY ACKNOWLEDGMENT 1
- ACCEPTABLE USE POLICY ACKNOWLEDGMENT 1
- AUTHORIZATION FOR RELEASE OF ACADEMIC INFORMATION TO CITY OF
CAMBRIDGE MANAGED OUT-OF-SCHOOL/AFTER SCHOOL PROVIDER..... 1
- WEAPONS POLICY ACKNOWLEDGMENT 2
- STUDENT DIRECTORY INFORMATION OPT-OUT..... 2

For high school students only:

- ACKNOWLEDGMENT OF RECEIPT OF ANTI-HAZING LAW 2
- RELEASE OF BASIC CONTACT INFORMATION OPT-OUT..... 3

For students in grades K-8 requiring a different afternoon bus:

- AFTERNOON BUS SCHEDULE FORM 3
- MEDIA RELEASE FORM..... 4
- AUTOMATED TELEPHONE NOTIFICATION 4
- PARENTAL CONSENT TO ACCESS MEDICAID 5
- MEALS APPLICATION FORM..... 7
- UNIVERSAL STUDENT EMERGENCY CARD 9

Instructions:

Please review each form carefully. When a form references a policy included in this guide, a page number is provided for your reference after the title for that form. Please provide all information requested. If you have any questions about the forms contained in this booklet, please contact the school clerk or Family Liaison at your student's school.

PLEASE PRINT ALL INFORMATION.

LAST UPDATED AUGUST 2010

PARENT & STUDENT AGREEMENT

Name of Student: _____

Name of Parent/Guardian: _____

School: _____ Grade: _____ Homeroom: _____

I have received and reviewed a copy of the *Guide to Policies for Students & Parents* and understand that it contains important information on codes of conduct, discrimination laws and other school rules and policies. I also have reviewed the *Guide to Policies for Students & Parents* with my son/daughter and explained that it contains important information on codes of conduct, discrimination laws and other school rules and policies. I agree to work with school staff to be sure that the student identified above attends school every day, except for excused absences; completes homework and follows the Codes of Conduct and school-based rules. I have read this Parent and Student Agreement and the other required student forms and understand their terms.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

(Grades 6-12 only)

Cambridge Public Schools **Annual Required Student Forms**

WEAPONS POLICY ACKNOWLEDGMENT [PAGE 11]

I hereby acknowledge that I have received and read the Cambridge Public Schools Weapons Policy.

My signature below indicates that I understand the Cambridge Public Schools Weapons Policy and agree to comply with the mandates as written.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

STUDENT DIRECTORY INFORMATION OPT-OUT [PAGE 2]

Student Name: _____

I, the parent/guardian of the student identified above hereby acknowledge that I have been notified by the Cambridge Public Schools through its *Guide to Policies* that the Cambridge Public Schools treats a student's name, class or grade, participation in officially recognized activities, membership on athletic teams, degrees, honors and awards and post high school plans as 'directory information' which may be released without the consent of the parent/guardian of the student. I also acknowledge and understand that I may opt out of having this information released by completing the form set forth below:

- I do NOT want my child's name, class or grade or other information that is specified in the Cambridge Public Schools *Guide to Policies* on page 2 in the student records section released without my prior written consent.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____
(If student is over 14)

ACKNOWLEDGMENT OF RECEIPT OF ANTI-HAZING LAW [PAGE 8]

FOR HIGH SCHOOL STUDENTS ONLY

I hereby acknowledge that I have received and read a copy of M.G.L. Chapter 269, Sections 17-19, An Act Prohibiting the Practice of Hazing. I understand that a copy of this law must be distributed to members, plebes, pledges and applicants for membership of each student group, team and/or student organization at my school. I also understand and agree to comply with this law.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Cambridge Public Schools **Annual Required Student Forms**

**RELEASE OF BASIC CONTACT INFORMATION TO UNITED STATES MILITARY RECRUITERS,
PROSPECTIVE EMPLOYERS, COLLEGES AND UNIVERSITIES [PAGE 3]**

FOR HIGH SCHOOL STUDENTS ONLY

A provision of the *No Child Left Behind Act of 2001*, a federal law, requires secondary schools, upon a receipt of a request, to release the names, addresses and telephone numbers of students attending the high school to United States military recruiters, colleges, universities and other educational institutions and prospective employers. **You have the option of NOT having this information released by completing the form below.**

I acknowledge and understand that I may opt out of having my son/daughter's contact information released to United States military recruiters, colleges, universities and other educational institutions and prospective employers. Accordingly, **I hereby request that Cambridge Rindge and Latin School NOT DISCLOSE my son/daughter's basic contact information (name, address and telephone number) during the current school year to the entities checked below without my prior permission:**

- United States military recruiters
- Prospective employers
- Colleges, universities and other educational institutions

Please note that if this form is NOT signed and returned by October 1st, the basic contact information WILL be released in accordance with the applicable provisions of the *No Child Left Behind Act of 2001*.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

AFTERNOON BUS SCHEDULE FORM

FOR STUDENTS IN GRADES K-8 REQUIRING A DIFFERENT AFTERNOON BUS

Student: _____ School: _____

Morning Bus: _____ Stop: _____

Afternoon Program: _____ Phone: _____

Address: _____

Afternoon Bus: _____ Stop: _____

If schedule changes during the week, please complete:

M _____ Tu _____ W _____ Th _____ F _____

Parent Signature: _____ Date: _____

Cambridge Public Schools **Annual Required Student Forms**

MEDIA RELEASE FORM

I hereby agree and give my permission for the Cambridge Public Schools and/or an individual School (the "School") to record, film, photograph, audiotape or videotape my child's name, image, likeness, spoken words, student work, performance and movement, in any form (hereinafter collectively referred to as "Works"), and to display, publish, distribute or exhibit these Works or any part thereof for the purpose of and in connection with any material that may be created by the Cambridge Public Schools and/or the School for the Cambridge Public Schools and/or the School, including, without limitation, for posting on the Cambridge Public Schools and/or School's website and/or for broadcasting on television including Cambridge Educational Access (CEA).

I hereby further agree that the Cambridge Public Schools is the sole owner of all rights, title and interest, including copyrights in such Works and any parts thereof for all purposes, as the Cambridge Public Schools and/or the School shall determine in their sole discretion without limitation, reservation or compensation to me or my child.

By entering into this informed consent and release and granting the permission as stated herein, I am expressly authorizing Cambridge Public Schools and/or the School to use, in whole or in part, my child's name, likeness, image, spoken words, student work, performance and movement in connection with any materials for the Cambridge Public Schools and/or the School, including without limitation the Cambridge Public Schools' and/or the School, in all manner and media, as Cambridge Public Schools and/or the School determines in their sole discretion.

I also understand that Cambridge Public Schools and/or the School shall own all rights, title and interest, including the copyright(s), in and to the materials, to be used and disposed in perpetuity without limitation as Cambridge Public Schools and/or the School shall determine in their sole discretion.

By entering into this informed consent and release and granting the permission as stated herein, I also am releasing the Cambridge Public Schools and/or the School and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to my son/daughter's participation in any media events, including, without limitation, television broadcasts, promotional materials or website projects.

I have read this Informed Consent and Release and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

AUTOMATED TELEPHONE NOTIFICATION

The Cambridge Public Schools utilize a computerized telephone system to reach parents with important school news and attendance issues. Please designate which phone number should be used for each of the following notifications.

1. **Attendance Notification:** If my child is absent from school, please notify me via:

- a. home phone b. work phone c. cell phone

CIRCLE ONE ONLY: **Parent/Guardian 1:** a. b. c. **Parent/Guardian 2:** a. b. c.

2. **School Outreach:** I wish to receive school news and information via:

- a. home phone b. work phone c. cell phone

CIRCLE ONE ONLY: **Parent/Guardian 1:** a. b. c. **Parent/Guardian 2:** a. b. c.

PARENTAL CONSENT TO ACCESS MEDICAID

Dear Parent,

Cambridge Public Schools (CPS) provides many health related services to its students that may include Speech Therapy, Occupational Therapy, Physical Therapy or Counseling services. If your child receives one or more of these services through an Individualized Education Program (IEP) CPS may be eligible to receive funding from MassHealth (Medicaid) to cover the cost of some of the service(s).

In order for CPS to receive payment from MassHealth, we have to provide them with some basic information about your child. This will include the following:

- Student Name
- School ID number
- Date of Birth
- Address
- Type, and amount, of service provided under the IEP.

The information provided is used for this purpose only and remains confidential.

By checking 'YES' below you will help make more funding available to the school district and to your child's school for the current services that CPS provides.

Please be advised that checking 'YES' or 'NO' will not affect your eligibility for MassHealth benefits or your child's receipt of health related services through CPS.

If you have any further questions please contact the Office of Special Education at 617-349-6500. Alternatively you may contact Public Consulting Group, our Medicaid billing support, at 1-888-455-6883.

Sincerely,
Dr. Jeffrey Young
Superintendent of Schools

Please check one and complete the other information noted below:

- YES, I give permission for CPS to provide my child's information to MassHealth. I may cancel this permission at any time by contacting CPS in writing.
- NO, I do not give my permission for CPS to contact MassHealth with my child's information.

Parent Signature: _____ Date: _____

Student Name: _____ School: _____

2010-11 MEALS APPLICATION

How Students Get Their Meals

Breakfast and lunch are served in every school. If a school bus is late, breakfast is still served and students are not penalized for being late to their homeroom. Lunch is available at a free or reduced price for those families whose income qualifies them for this benefit.

Payment for Meals

For reduced price and full-pay lunch, prepayment can be made at all schools on a daily, weekly or monthly basis. The Food Services Department uses an electronic payment system. Most schools use electronic meal cards. Each card contains a unique bar code assigned to a student meal account, providing privacy regarding the price level of a student's meal. Prepayment is expected for full-pay and reduced price accounts. Contact your school office if you have questions regarding payment. You can pay by cash or check. We encourage parents to pre-pay for meals, but will accept payment on a daily basis at the time your child purchases a meal. To prepay you may mail payment to the Food Service address below. You may also pay at your child's school by leaving payment in a special envelope with the food service staff.

Frequently Asked Questions About Applying for Free and Reduced Price School Meals

1. *Do I need to fill out an application for each child?* Yes.
2. *Who can get free or reduced price meals?* Children in households receiving Food Stamps or TANF and most foster children can receive free meals regardless of your income. If your household income is within the limits on the Federal Income Chart, your children can get free or reduced price meals. You do not have to be a U.S. citizen to qualify for free or reduced price meals.
3. *Will the information I give be verified?* We may ask you to send written proof of the information you provide. Approximately three percent of applications will be verified as spot checks.
4. *What if I stop getting Food Stamps or TANF?* If your child qualifies because you listed a Food Stamp or TANF case number, you must tell the school when you no longer receive Food Stamps or TANF.
5. *What if my household size or income changes?* Please call 617-349-6858 to let us know.
6. *If I don't qualify now, may I apply again later?* Yes. You may apply at any time during the school year.
7. *What if I disagree with the school's decision about my application?* You can request a hearing by calling (617-349-6858).
8. *Who should I include as members of my household?* You must include yourself and all people living in your household, related or not.

Meal Prices 2010-11

	Elementary Schools		High School	
	Standard	Reduced	Standard	Reduced
Breakfast	1.00	0.30	1.50	0.30
Lunch	2.50	0.40	2.75	0.40
Milk	0.35	0.25	0.50	0.30

For questions or concerns, contact:
 Jack Mingle, Director of Food Service
 Food Service Department,
 Kennedy Longfellow School
 158 Spring Street
 Cambridge, MA 02141
 617-349-6858
 jmingle@cpsd.us

2010-11 MEALS APPLICATION

1. ALL FAMILIES MUST COMPLETE THIS SECTION. List all children in your household who attend school and enter their school and current grade. Please use a separate application for EACH foster child. (Do not include foster children with the family application.)

STUDENT (Last, First, MI)	SCHOOL	GRADE
1.		
2.		
3.		
4.		
5.		

IF YOU ARE NOT APPLYING FOR FREE OR REDUCED MEALS, SKIP TO STEP 5.

2. IF YOU CURRENTLY RECEIVE FOOD STAMPS OR TANF:

APPLICATION CAN NOT BE PROCESSED
WITHOUT FOOD STAMP OR TANF CASE #.

CHECK THIS BOX AND ENTER CASE #

(12-digit # on bottom right of MASS EDTA stamp card), THEN SKIP TO STEP 5.

3. FOSTER PARENT(S): If this application is for a child who is the legal responsibility of a welfare agency or court, check the box below and enter the amount of the child's personal use monthly income:

\$ THEN SKIP TO STEP 5.

4. IF YOU ARE APPLYING FOR FREE/REDUCED PRICE LUNCH: List ALL other persons living in the home.

1. NAME (LAST, FIRST)		
INCOME:	FROM WORK (BEFORE DEDUCTIONS)	TOTAL OTHER (NON-WORK) INCOME **
CHECK IF NONE <input type="checkbox"/>	\$ _____ PER CIRCLE ONE: W B M A*	\$ _____ PER CIRCLE ONE: W B M A*
2. NAME (LAST, FIRST)		
INCOME:	FROM WORK (BEFORE DEDUCTIONS)	TOTAL OTHER (NON-WORK) INCOME **
CHECK IF NONE <input type="checkbox"/>	\$ _____ PER CIRCLE ONE: W B M A*	\$ _____ PER CIRCLE ONE: W B M A*
3. NAME (LAST, FIRST)		
INCOME:	FROM WORK (BEFORE DEDUCTIONS)	TOTAL OTHER (NON-WORK) INCOME **
CHECK IF NONE <input type="checkbox"/>	\$ _____ PER CIRCLE ONE: W B M A*	\$ _____ PER CIRCLE ONE: W B M A*
4. NAME (LAST, FIRST)		
INCOME:	FROM WORK (BEFORE DEDUCTIONS)	TOTAL OTHER (NON-WORK) INCOME **
CHECK IF NONE <input type="checkbox"/>	\$ _____ PER CIRCLE ONE: W B M A*	\$ _____ PER CIRCLE ONE: W B M A*

Listing NO
INCOME makes
your status
TEMPORARY. This
application then
expires in 45 days.

* FREQUENCY:
W=Weekly,
B=Bi-weekly
(every 2 weeks),
M=Monthly,
A=Annually

** OTHER INCOME:
child support,
welfare, pension,
Social Security,
second job, etc.

5. ALL FAMILIES MUST COMPLETE THIS SECTION: I certify that all the information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify the information. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

An adult household member must sign the application. You must also supply your Social Security number (or check the box indicating that you do not have a Social Security number) for your application to be processed.

SIGNATURE _____

ADDRESS _____ PHONE _____

SOCIAL SECURITY NUMBER (if applying) _____ - _____ - _____

OR: I do not have a Social Security number I am not applying

OFFICE USE ONLY: VERIFICATION SIGNATURE _____

Cambridge Public Schools **Annual Required Student Forms**

Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless your child's food stamp or OWF case number is provided, you must include the Social Security Number of the adult household member signing the application or indicate that the household member does not have a Social Security Number. Provision of a Social Security Number is not mandatory, but if a Social Security Number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The Social Security Number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or OWF benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

If you have other questions or need help, call 617-349-6858. Si necesita ayuda, por favor llame al teléfono: 617-349-6858.
Si vous voudriez d'aide, contactez nous au numero: 617-349-6858.

UNIVERSAL STUDENT EMERGENCY CARD

PLEASE PRINT ALL INFORMATION.

Student Last Name	Student First Name	Grade	Room
Address	Zip Code	Home Phone	Date of Birth
<input type="checkbox"/> Check here to indicate that student has ____ sibling(s) at this school. Name(s)/Grade(s): _____			

1. Parent/Guardian 1

Name	Relationship to student		
Home Phone	Work Phone	Cell Phone	
Email Address*	Address (If different from above)		

2. Parent/Guardian 2

Name	Relationship to student		
Home Phone	Work Phone	Cell Phone	
Email Address*	Address (If different from above)		

3. Local Emergency Contact 1 (If a parent/guardian can not be reached, this person has permission to pick up student.)

Name	Relationship to student		
Home Phone	Work Phone	Cell Phone	

4. Local Emergency Contact 2 (If a parent/guardian can not be reached, this person has permission to pick up student.)

Name	Relationship to student		
Home Phone	Work Phone	Cell Phone	

Contact Notes: If your work schedule varies, or you would like to provide additional information regarding how best to get in touch with you during school hours, please use this section to let us know.

Medical Information: If your child has a medical condition or is on regular medication, please specify:

Medical Doctor	Address	Phone
Dentist	Address	Phone
Does your child have Health Insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company	Child's ID #

Please note that in the event your child is injured or becomes ill and the School cannot contact you, the Cambridge Public Schools reserves the right and may, if necessary, seek, obtain and authorize the administration of medical treatment for your child and/or have your child transported to a medical facility for medical treatment, and that you solely will bear the cost and expense of any medical treatment your child may receive.

* Your email address is needed to alert you to urgent information regarding your child and your child's school. You may also receive occasional news alerts via email titled 'CPS News Flash' from the Cambridge Public Schools.

Signature of Parent/Guardian _____ Date _____

CPS

Cambridge Public Schools

159 Thorndike Street, Cambridge, MA 02141