

Mass Academy Student Forms **Emergency Information**

85 Prescott Street Worcester, MA 01605 Phone: 508-831-5859

Fax: 508-831-5880

Student First Name	M.I Last Name		
Student Cell Phone	DOB (mm/dd/yyyy)		○ Female
Parent/Guardi	an 1	Parent/Guard	lian 2
Name	Name		
Address	Address		
Email Address	Email Address		
Home Phone	Home Phone		
Cell Phone	Cell Phone		
Work Phone	Work Phone		
Work Place	Work Place		
Work Address	Work Address		
Relationship	Relationship		
Additional Emergency Contact Name _		Relationship	
Address		Phone	
Health Care Provider (HMO or Insurance	7A)		
Primary Physician			
Does your child have the following? (ch			
		medication () other	
Describe any medical or emotional conc			
To whom may we release your child dur	ring school hours?		
	We will release your c	hild to only those whom	you designate
Parent Signature		Date	



Parent Signature

Mass Academy Student Forms Parent Permission Statements

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Student First Name M.I	I Last Name
Please review the following and sign where indicated	d.
I. Medical Care:	
· · · · · · · · · · · · · · · · · · ·	parents or the designated contact person, I grant the y son/daughter at the WPI Health Services or the nearest
Parent Signature	Date
I also give the staff of the MA Academy permiss Ibuprofen/Tylenol if and when the need arises.	ion to administer over the counter medications,
Parent Signature	Date
II. The WPI Campus:	
I grant my son/daughter permission to leave the A Stem Mentors and Stem II clients, with administra	Academy premises to utilize the WPI facilities, work with rative approval.
Parent Signature	Date
III. Field Trips:	
I grant my son/daughter permission to leave the I during the course of the junior and senior academ	Mass Academy to attend teacher supervised field trips nic year.
Parent Signature	Date
IV. Photo, Media and Copyright Release:	
at Mass Academy. These photographs/videos/aud be used in advertising or marketing campaigns of informational material including but not limited to	, videotape, and /or audiotape my student during activities dios will remains the property of Mass Academy and may n Mass Academy websites, and for promotional and to flyers, brochures, newsletters, emails, advertisements, motions. I hereby waive and release on behalf of my child, such images and /or sounds.

Date



Mass Academy Student Forms Junior Attendance Policy

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Student First Name M.I. Last Name

Attendance Policy for Juniors

Regular attendance at school is essential to academic success. This is especially true in a program such as that of the Academy. Although the classroom experience is not easily replicated, all students are responsible for missed work. Please note the following:

- Students not signed in by 7:40 AM will be considered tardy. Tardiness negatively affects student performance and disrupts classroom activities. Students and parents should respect the rights of all members of the Academy community by being on time.
- If a student is too ill to attend school, a parent/guardian must call the Academy office at (508) 831-5859 before 7:30 AM on **each** day that the student will be absent. On the day the student returns to school, a parent/guardian note must be received by the office, explaining the absence to the Academy.
- Please do not make medical, dental or personal appointments during the school day. If an unavoidable appointment necessitates dismissal for any period during the school day, a parent/guardian must notify the Academy in writing in advance. The student must discuss the situation with his/her teacher(s) concerning the class(es) s/he will miss, and make arrangements for missed work.
- On rare occasions, students may be excused from school for participation in an educational experience or religious obligation that requires their absence for a day or more. Students must notify the school prior to the anticipated period of absence and submit a request to the Administrators for approval. They will review the request and consider such factors as the nature of the activity, the student's academic standing, and the student's attendance record before deciding whether or not such an absence will be approved. If approved, the student needs to make arrangements for missed work.
- Vacations outside of those noted on the school calendar are strongly discouraged because of the interruption of the educational process at the Academy.

Violation of this attendance policy will result in written notification to parents/guardians, a parent/student conference with the Director and a review by faculty to ascertain the suitability of this student continuing in the program.

I have read the Junior Attendance Policy and understand that violations of this policy may result in academic consequences. This form must be signed by both student and parent/guardian.

Student Signature	Date
Parent Signature	Date



Mass Academy Student Forms Home Language Survey

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Student First Name M.I Last I	Name		
Per regulations established by the Civil Rights Review of the Acasubsequent language proficiencies of students at the Academy.	demy, we must de	etermine the firs	st and
Student's City and Country of Birth DOB (mm/dd/yyyy)			
Student Home Address			
City	State	_ Zipcode	
Grade: 11 School Enrollment Date: August of Year		○ Male	○ Female
School Last Attended	Gra	ade Last Compl	leted
City and Country of Last School	Language at Last	t School	
What language did your child learn first?			
What language does your child speak most frequently at home? _			
What language does your child speak most frequently with friends	s?		
What language(s) are spoken in your child's home?			
What is the native language of the child's parent/guardians? 1st: _		2nd:	
Parent/Guardian Information:			
Last (Family) Name First Na	ame		
Relationship to Child Teleph	one		
Parent Signature		Date	



Mass Academy Student Forms Military Questionnaire

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Student First Name	M.I	Last Na	me _					
Grade: 11, 12								
Please indicate if your student is a member of a	ı military fa	amily.	\bigcirc	Yes	\bigcirc	No		
Parents should be aware that, under the "No list of the names, addresses, and telephone under the law to provide these lists to them name be removed from these lists by selections."	numbers of upon reque	tenth, electrical est. Parents	ventl s ma	n, and to y, howe	welfth ever, re	graders. quest tha	We are r	equired
O Please include my child's name on the	e list for m	ilitary recr	ruiter	·s.				
O Please do not include my child's name	e on the lis	t for milita	ary re	ecruiter	S.			
Parent Signature					Da	ate		