



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) _____ Male Female

Parent/Guardian 1

Parent/Guardian 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) _____

Primary Physician _____ Phone _____

Does your child have the following? (check all that apply)

- diabetes seizures allergies prescription medication other

If so, please describe _____

Describe any medical or emotional concerns that the school should be aware of:

To whom may we release your child during school hours? _____

We will release your child to only those whom you designate

Parent Signature _____ Date _____



Mass Academy Student Forms
Parent Permission Statements

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Student First Name _____ M.I. ____ Last Name _____

Please review the following and sign where indicated.

I. Medical Care:

In the event that the Academy Staff cannot reach parents or the designated contact person, I grant the Academy permission to seek medical care for my son/daughter at the WPI Health Services or the nearest medical facility.

Parent Signature _____ Date _____

I also give the nurse/staff of the MA Academy permission to administer over the counter medications, Ibuprofen/Tylenol if and when the need arises.

Parent Signature _____ Date _____

II. The WPI Campus:

I grant my son/daughter permission to leave the Academy premises to utilize the WPI facilities, work with Stem Mentors and Stem II clients, with administrative approval.

Parent Signature _____ Date _____

III. Field Trips:

I grant my son/daughter permission to leave the Mass Academy to attend teacher supervised field trips during the course of the junior and senior academic year.

Parent Signature _____ Date _____

IV. Photo, Media and Copyright Release:

I grant Mass Academy permission to photograph, videotape, and /or audiotape my student during activities at Mass Academy. These photographs/videos/audios will remain the property of Mass Academy and may be used in advertising or marketing campaigns on Mass Academy websites, and for promotional and informational material including but not limited to flyers, brochures, newsletters, emails, advertisements, newspapers articles, TV or cable interviews/ promotions. I hereby waive and release on behalf of my child, any rights to compensation for, or ownership of, such images and /or sounds.

Parent Signature _____ 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 Name _____

Per regulations established by the Civil Rights Review of the Academy, we must determine the first and subsequent language proficiencies of students at the Academy.

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 _____ Grade Last Completed _____

City and Country of Last School _____ Language at Last 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? _____

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 Name _____

Relationship to Child _____ Telephone _____

Parent Signature _____ Date _____



Mass Academy Student Forms
Military Questionnaire

85 Prescott Street
Worcester, MA 01605
Phone: 508-831-5859
Fax: 508-831-5880

Student First Name _____ M.I. ____ Last Name _____

Grade: 11, 12

Please indicate if your student is a member of a military family. Yes No

Parents should be aware that, under the “No Child Left Behind Act,” all military recruiters are entitled to a list of the names, addresses, and telephone numbers of tenth, eleventh, and twelfth graders. We are required under the law to provide these lists to them upon request. Parents may, however, request that their child’s name be removed from these lists by selecting the option below and signing this form.

- Please include my child’s name on the list for military recruiters.

- Please do not include my child’s name on the list for military recruiters.

Parent Signature _____ Date _____