



# 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 \_\_\_\_\_  
DOB (mm/dd/yyyy) \_\_\_\_\_ Gender: Male Female Non-binary  
Student Cell Phone \_\_\_\_\_ Student Email \_\_\_\_\_

### 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 student 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 student during school hours? \_\_\_\_\_

We will release your student to only those whom you designate

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



*Mass Academy Student Forms*  
***Parent Permission Statements***

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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 student at the WPI Health Services or the nearest medical facility.

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

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

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

**II. The WPI Campus:**

I grant my student 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 student 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 audiotape my student during activities at Mass Academy. These photographs, videos, and 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 and promotions. I hereby waive and release on behalf of my student, any rights to compensation for, or ownership of, such images and 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, students must complete the **Anticipated Absence Request Form** found on the Mass Academy website, have it signed by teachers, parents and the Director of the Academy, and submit the signed copy to the Operations Manager one week prior to the anticipated absence for approval. On rare occasions, students may also need to be excused from school for participation in an educational experience or religious obligation that requires their absence for a day or more. Students must complete the **Anticipated Absence Request Form** for these events as well. The Director will review all requests 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 absences will be approved. If approved, the student needs to make arrangements for all 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, a parent and 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 Non-binary

School Last Attended \_\_\_\_\_ Grade Last Completed \_\_\_\_\_

City and Country of Last School \_\_\_\_\_ Language at Last School \_\_\_\_\_

What language did your student learn first? \_\_\_\_\_

What language does your student speak most frequently at home? \_\_\_\_\_

What language does your student speak most frequently with friends? \_\_\_\_\_

What language(s) are spoken in your student's home? \_\_\_\_\_

What is the native language of the student's parents/guardians? 1st: \_\_\_\_\_ 2nd: \_\_\_\_\_

Parent/Guardian Information:

Last (Family) Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Telephone \_\_\_\_\_

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



*Mass Academy Student Forms*  
***Military Questionnaire***

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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 student's name be removed from these lists by selecting the option below and signing this form.

- Please include my student's name on the list for military recruiters.
  
- Please do not include my student's name on the list for military recruiters.

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