

Cambridge Public Schools

2019-20 Annual Student Forms

Please Return on the First Day of School

These forms are very important. Translations of these documents can be found on the CPS website: www.cpsd.us or ask your child's school for assistance. Please return these forms with your child on the first day of school.

Estos formularios son muy importantes. Puede consultar la versión traducida de estos documentos en el sitio web de CPS: www.cpsd.us o solicite ayuda en la escuela de su hijo/pupilo. Devuelva estos formularios el primer día de clases.

እነዚህ ቅጾች አጭግ አስፈላጊ ናቸው። የእነዚህ ሰነዶች ትርጉሞች በ CPS ድርግብ፣ www.cpsd.us ላይ ይገኛሉ። ወይም የልጅዎን ትምህርት ቤት አገዛ ይጠይቁ። አባቱም እነዚህን ቅጾች ከልጅዎ ጋር ሆነው በትምህርት ቤት መክፈቻ የመጀመሪያው ቀን የመልሱ።

এই ফর্মগুলি অত্যন্ত গুরুত্বপূর্ণ। এই নথিগুলি অনুবাদ CPS ওয়েবসাইটে পাওয়া যাবে: www.cpsd.us অথবা আপনার সহায়তার জন্য আপনার সন্তানকে স্কুলে জিজ্ঞাসা করুন। অনুগ্রহ করে আপনার সন্তানকে প্রথম স্কুলের দিনে এই ফর্মগুলি ফিরে দান।

Fòmilè sa yo enpòtan anpil. Ou kapab jwenn tradiksyon dokiman sa yo nan sitwèb CPS la: www.cpsd.us, sinon mande lekòl pitit ou pou ede ou. Tanpri remèt fòm sa yo ak pitit ou premye jou lekòl.

这些表格非常重要。可在 CPS 网站 www.cpsd.us 上找到这些文档的翻译，也可向您的孩子所在的学校寻求帮助。请在您的孩子入学的第一天上交这些表格。

Estes formulários são muito importantes. As traduções destes documentos podem ser encontradas no website da CPS: www.cpsd.us ou solicite o auxílio da escola do seu filho. Retorne estes formulários através de seu filho no primeiro dia de aulas.

Foomamkan waa kuwo aad muhiim u ah. Foomamkan turjuman waxaa laga heli karaa websaykeena CPS www.cpsd.us ama caawinaad weydiiso dugsiga canugaada. Fadlan foomamkan dugsiga kusoo celi maalinta koowaad ee dugsiga.

이 서식들이 매우 중요합니다. 번역본들은 CPS 웹사이트 www.cpsd.us 에서 찾을 수 있으며 귀하는 자녀의 학교에서도 도움을 받을 수 있습니다. 학교 첫날에 이 서식들을 자녀와 함께 보내주시시오.

تكتسب هذه الاستمارات أهمية بالغة. يمكن العثور على ترجمات لهذه المستندات في موقع CPS على الويب: www.cpsd.us، أو يمكنك الاتصال بمدرسة الطفل للحصول على المساعدة. يُرجى إعادة هذه الاستمارات مع الطفل في اليوم الأول من العام الدراسي.



Cambridge Public Schools
159 Thorndike Street
Cambridge, MA 02141
www.cpsd.us

LAST UPDATED AUGUST 2019

Instructions

PLEASE REVIEW, SIGN & RETURN ALL FORMS ON THE FIRST DAY OF SCHOOL.

Name of Form	Location
<input type="checkbox"/> Arrival & Dismissal Survey	Page 2
<input type="checkbox"/> Policy Acknowledgements	Page 3
<input type="checkbox"/> Military Family Status.....	Page 3
<input type="checkbox"/> General Media Release	Page 4
<input type="checkbox"/> Social Emotional Screener Opt-Out.....	Page 4
<input type="checkbox"/> Student “ <i>Directory Information</i> ” Opt-Out.....	Page 5
<input type="checkbox"/> (<i>Kindergarten Only</i>) Library Card Opt-Out.....	Page 5
<input type="checkbox"/> (<i>High School Only</i>) Release of Information to Military, Employers, and Universities	Page 6
<input type="checkbox"/> Contact Information Update Form.....	Last Page
<input type="checkbox"/> Health Information Form & Update.....	<i>Separate (Blue) Sheet</i>

Stay informed!

There are many ways to stay in touch with the Cambridge Public Schools



Cambridge Public Schools (Official Site)



@Cambridge_CPSD



cambridgepublicschools



Cambridge Public Schools



Download the CPS App
from Google Play or the App Store

Check out our website:

www.cpsd.us

- Latest News
- Calendars & events
- Curriculum information
- Forms & policies
- Online tools for families
- Job opportunities
- More!

Arrival & Dismissal Survey



Student Name: _____ Grade: _____ (CRLS) LC: _____ Teacher/Homeroom: _____

A (ALL GRADES) PLEASE HELP US UNDERSTAND HOW FAMILIES GENERALLY TRAVEL TO/FROM SCHOOL
 On a typical day, assuming good weather, how will your student travel to school in the morning and get home in the afternoon? Please circle only 1 option for AM and 1 for PM.

	(choose 1)	(choose 1)
School bus	AM	PM
Bicycle with parent/caregiver	AM	PM
Bicycle independently	AM	PM
Walk, scooter, skateboard with parent/caregiver	AM	PM
Walk, scooter, skateboard independently	AM	PM
Parent driving with only children from your family	AM	PM
Carpool with other families	AM	PM
Public transportation (MBTA bus or subway, EZRide)	AM	PM
Taxi/Uber/Lyft	AM	PM

B (K-8 ONLY) PLEASE DETAIL YOUR CHILD'S REGULAR SCHEDULE TO HELP US AT DISMISSAL TIME

Days of the Week Dismissal Plan Please list the name(s) of those who are authorized to pick up your child.

M T W TH F PICK UP - My student will be picked up by: _____

M T W TH F PICK UP - My student will be picked up by: _____

M T W TH F WALK/BIKE - My student will go home independently (Grades 3-5)

M T W TH F BUS HOME - My student will go home on the (name) _____ bus
 Bus Stop: _____

M T W TH F OTHER BUS - My student will go home on the (name) _____ bus
 Bus Stop: _____

Destination / Program Name: _____

Street #: _____ Street Name: _____ Zip: _____

M T W TH F OTHER BUS - My student will go home on the (name) _____ bus
 Bus Stop: _____

Destination / Program Name: _____

Street #: _____ Street Name: _____ Zip: _____

M T W TH F My student will take an SP&R mini bus or van

NOTE TO BUS RIDERS: If your student needs a different AM bus, or their schedule can't be captured here, you **MUST** complete a *Transportation Change Form*, which will be mailed along with your transportation eligibility letter. The form is also available at the school or online at www.cpsd.us/departments/transportation.

Find A Bus Route:
www.cpsd.us/Departments/Transportation

Policy Acknowledgements



Please initial that you understand and agree to each one, then sign below.

Student Name: _____ Parent/Guardian/Caregiver Name: _____

School: _____ Grade: _____ (CRLS) LC: _____ Teacher/Homeroom: _____

This statement acknowledges that my household has received a copy of the *Guide to Policies for Students and Families*. We understand that it contains important information on codes of conduct, civil rights and other federal and state laws and regulations related to your child's education as well as School Committee policies and school rules.

We, the undersigned parent(s)/guardian(s)/caregiver(s), 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 contained in the Rights and Responsibilities Handbook, and school-based rules. We, the undersigned, have reviewed the following specific policies with our child/children and agree to abide by their terms:

STUDENT ATTENDANCE (Page 8)

(initial) We, the undersigned, have reviewed the Attendance Policy and understand the consequences of class cutting and unexcused/excused absences.

WEAPONS (Page 18)

(initial) We acknowledge that we have received and read the Cambridge Public Schools Weapons Policy and the statutory prohibition against drugs, weapons, and assault on school staff. The signatures below indicates that we understand the Cambridge Public Schools Weapons Policy and the statutory prohibition against drugs, weapons, and assault on school staff and agree to comply with the mandates as written.

ACCEPTABLE USE & SOFTWARE CODE OF ETHICS (Page 39-42)

(initial) Our signatures below indicate that we understand the Acceptable Use Policy and the Software Code of Ethics and agree to comply with its mandates as written.

RECORDS DESTRUCTION (Page 5)

(initial) We, the undersigned, have reviewed the Records Destruction policy and understand that student records are destroyed no later than seven (7) years following graduation, transfer or withdrawal from the Cambridge Public Schools; and transcripts are destroyed after sixty (60) years.

(Grades 6-12 Only) ANTI-HAZING LAW (Page 19)

(initial) We hereby acknowledge that we have received and read a copy of M.G.L. Chapter 269, Sections 17-19, An Act Prohibiting the Practice of Hazing. We 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. We also understand and agree to comply with this law.

Parent/Guardian Signature: _____ Date: _____

MILITARY FAMILY STATUS

Children in military families are entitled to special consideration aimed at resolving the negative impact of frequent transitions between school districts. Responding to this form is optional, but will help CPS determine how many of our students are members of a military family.

Is the student a member of a military family? (Please initial your response)

- ____ No, the student is not a member of a military family (00)
____ Yes, a parent/guardian/caregiver is an active duty member of the military (01)
____ Yes, a parent/guardian/caregiver is a veteran or has retired or been medically discharged for 1 year (02)
____ Yes, a parent/guardian/caregiver died while on active duty in the military (03)

Student Name: _____ Parent/Guardian/Caregiver: _____

School: _____ Grade: _____ (CRLS) LC: _____ Teacher/Homeroom: _____



General Media Release Opt-In

We want to celebrate your student! To grant permission for us to include your student in communication about CPS and your school, please sign below.

I authorize the Cambridge Public Schools and/or my child's School to record, film, photograph, audiotape or videotape my child's name, image, likeness, spoken words, student work, performance and movement, and learning experiences in any form (hereinafter collectively referred to as "Works"), and to display, publish, distribute or exhibit these Works or any part thereof, in all manner and media, 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 social media such as Facebook, LinkedIn and Twitter; any website that has been approved by the Cambridge Public Schools Educational Technology Department and/or for broadcasting on television including Cambridge Educational Access (CEA) and/or displaying, publishing, distributing or exhibiting such information at community or school-based events (such as: posting within a classroom, in a school hallway, in school projects, school newsletters, at a school open house or a public exhibition of student work or announcement of a student's scholarship, awards, honors and/or post-high school plans or as part of classroom instruction) (all of which are collectively defined as "Media Events.")

By signing this form, I grant permission as stated herein and expressly authorize Cambridge Public Schools and/or the School to use, in whole or in part, my child's name, likeness, image, spoken words, student work, learning experiences, performance and movement in all manner and media and any Media Events, as Cambridge Public Schools and/or the School determines in their sole discretion.

By entering into this informed consent I release the Cambridge Public Schools and my child's 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 child's participation in Media Events or use of my child's Works in Media Events.

Parent/Guardian/Caregiver Signature: _____ Date: _____

Social Emotional Learning Screener Opt Out

OPTIONAL - Please leave BLANK if you want your child to participate in the screener

The Cambridge Public Schools administers a social emotional learning screener to assess the social emotional learning of students. This assessment is utilized by your child's school as a universal screener to help teachers with the developmental profiles of their students so that classroom instruction can be better designed and differentiated and students be better supported in their learning. It is not being used to evaluate your child's eligibility for any supports or services under either a Section 504 Plan or an Individualized Education Program. You have a right to inspect this screener and may do so by making a written request to the principal/head of upper school of your child's school. Screener questions are also posted on the Curriculum & Instruction area of the CPS website. You also may elect to not have your child participate in taking this social emotional learning screener by informing the principal/head of upper school in writing or by completing this Opt Out form.

By signing this form, I indicate that I do NOT want my child to participate in the administration of the social emotional screener.

Parent/Guardian/Caregiver Signature: _____ Date: _____

Student Name: _____ Parent/Guardian/Caregiver Name: _____
School: _____ Grade: _____ (CRLS) LC: _____ Teacher/Homeroom: _____



"Directory Information" Opt-Out

OPTIONAL - Please leave BLANK if you want us to promote student accomplishments.

"Student directory information" (name, dates of attendance, class or grade, participation in officially recognized activities and sports, photographs/videos, membership on athletic teams, degrees, honors and awards, major field of study, and post high school plans) may be released by the Cambridge Public Schools without the consent of the parent/guardian/caregiver of the student. However, parents/guardians/caregivers may opt out of releasing this information.

By signing this form, I indicate that 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 5 in the student records section released without my prior written consent.

Parent/Guardian/Caregiver Signature: _____ Date: _____

Student Signature: _____ Date: _____

Cambridge Public Library Card Opt-Out (Kindergarten Only)

OPTIONAL - Please leave BLANK if you do want a library card for your student.

The Cambridge Public Schools and Cambridge Public Library want all kindergarten students to have library cards. The Cambridge Public Schools will provide the Cambridge Public Library with your child's name and date of birth, home address(es), and telephone number(s) so that the library can give your child a library card.

IF YOU WANT YOUR CHILD TO RECEIVE A LIBRARY CARD
SKIP THIS FORM - DO NOT SIGN IT.



If you **do not** want the Cambridge Public Schools to give this information to the library, please complete this opt-out form and return it to your child's school.

I do NOT want my child's information to be released to the Cambridge Public Library.

Parent/Guardian/Caregiver Signature: _____

Date: _____





Information Release Opt-Out

(High School Only - Page 6)

High School Only - Do you want your student to be contacted? If not, sign below.

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, email 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.

TO OPT OUT OF THE RELEASE OF BASIC CONTACT INFORMATION, SIGN BELOW

I acknowledge and understand that I may opt out of having my child'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 child's basic contact information (name, address, email address and telephone number) during the current school year to the entities indicated below without my prior permission:

UNITED STATES MILITARY RECRUITERS

Parent/Guardian/Caregiver Signature: _____ Date: _____

Student Signature: _____ Date: _____

PROSPECTIVE EMPLOYERS

Parent/Guardian/Caregiver Signature: _____ Date: _____

Student Signature: _____ Date: _____

COLLEGES, UNIVERSITIES & OTHER EDUCATIONAL INSTITUTIONS

Parent/Guardian Signature: _____ Date: _____


Student Signature: _____ Date: _____

If this form is NOT received by October 1st, the student's basic contact information WILL be released in accordance with the applicable provisions of the *No Child Left Behind Act of 2001*.

Please Update Your Contact Information



Please update the contact information we have on file for your student. Sign here when your review is complete.

 Signature: _____ Date: _____

PRIMARY CONTACT Parents/Guardians/Caregivers who live at the same address will both be listed together as **Primary Contact**.

Name(s): _____ Street Address: _____ Zip: _____

Primary Phone 1: _____ Cellphone? Yes No Description (ex: Parent's Name) _____

Primary Phone 2: _____ Cellphone? Yes No Description (ex: Parent's Name) _____

Relationship to Student: _____ Email Address _____ Email Address 2: _____

SECONDARY CONTACT **Secondary Contact** will be blank unless parents/guardians/caregivers live at different addresses.

Name(s): _____ Street Address: _____ Zip: _____

Primary Phone 1: _____ Cellphone? Yes No Description (ex: Parent's Name) _____

Primary Phone 2: _____ Cellphone? Yes No Description (ex: Parent's Name) _____

Relationship to Student: _____ Email Address _____ Email Address 2: _____

EMERGENCY CONTACTS If this section is blank, please provide names and phone numbers of two emergency contacts.

These individuals will be notified if parents/guardians can't be reached.

Emergency Contact #1	Relationship	Phone Number
_____	_____	_____
Emergency Contact #2	Relationship	Phone Number
_____	_____	_____

The Cambridge Public Schools (CPS) will use the information listed above to send automated phone calls, text messages and/or email messages notifying parents/guardians of emergency situations including unexcused absences, late arrivals, school cancellations and other types of school emergencies as well as providing outreach about school events. By signing this form you are consenting to receive all school communications, including non-emergency school communications, via cell phone number(s) and/or text messages provided above in addition to receiving such messages via land line and/or email. By signing this form you are also indicating that you understand that you are obligated to notify CPS of any changes in your contact information and that you are agreeing to indemnify the City of Cambridge, CPS, Cambridge School Committee and its officers, directors, members, employees and against against any claims or causes of action arising out of or related to your failure to notify CPS of a change in your contact information. By signing this form you also are indicating that you understand that you can opt out of receiving non-emergency cell phone calls and/or text messages by contacting your child's school and asking to be removed from the outreach calls list.

Student ID#

Clip & Save

Cut on the dotted line and save this number, which is required for many online services.



 <<SFName>> <<SLName>>
 ID# <<LASID>>