



Boston Public Schools Student Information Update Form 2024-2025

Please fill out this form completely. The FORMS and RELEASES on these pages are LEGAL DOCUMENTS. Parents and students should complete and sign each section as required and return the entire four-page form to your student's school by SEPTEMBER 30.

HIGH SCHOOL STUDENTS: If you do not want your name released to military or college recruiters, you must check and sign the release on the next page. Your parent does not need to sign this section.

Thank you!

Student Name _____ Date of Birth _____

School Name _____ Grade _____ Homeroom _____

Address _____ Apt. # _____ ZIP Code _____

Parent/Guardian Name _____ Parent/Guardian Date of Birth _____

Phone#: Home _____ Cell _____ Work _____

Email _____

Primary language for communication from BPS to family _____

Parent/Guardian Name _____ Parent/Guardian Date of Birth _____

Phone#: Home _____ Cell _____ Work _____

Email _____

Primary language for communication from BPS to family _____

If a parent cannot be reached in an emergency, or in case of illness, please list two responsible adults to contact:

Name/ Tel. # (Day or Cell) _____ Relationship to student _____

Name/ Tel. # (Day or Cell) _____ Relationship to student _____

Are there any other issues of which the school should be aware? If so, explain: _____

1. We understand that the school's School Site Council has approved the School-Based Rules and that students who violate them may lose certain privileges.
2. We agree to work with school staff to be sure my child attends school every day (except for excused absences) and completes homework.
3. We have read the summary of the Code of Conduct. We have discussed the Code of Conduct. We agree to work with school staff to make sure that my child follows the Code of Conduct.

Parent Signature _____ Date _____

Student Signature _____ Date _____

Military Families

Please check if this student is (1) the child of active-duty members of the uniformed services, National Guard and Reserve on active duty orders, or (2) the child of members or veterans who are medically discharged or retired.

Release of Information to Military and Higher Education Recruiters

Public school districts must release the names, addresses, and telephone numbers of **SECONDARY SCHOOL (HIGH SCHOOL) STUDENTS** to U.S. military and higher education recruiters. The **student OR parent** has the right to request in writing that this information NOT be released. If you DO NOT want this information released, please check one or both boxes and sign below:

- DO NOT release information to MILITARY RECRUITERS.
- DO NOT release information to HIGHER EDUCATION RECRUITERS.

Signature _____ Date _____
Parent OR Student (age 14 or in ninth grade)

Release of Information to Charter Schools

As required by the Massachusetts Education Reform Law, public school districts must give charter schools the names and addresses of their students for recruiting purposes. If you DO NOT want this information released, please check the box and sign below:

- DO NOT release information to CHARTER SCHOOLS.

Signature _____ Date _____
Parent OR Student (age 14 or in ninth grade)

Release of Student Directory Information

The district may release student "directory information" without prior consent unless you have indicated by checking the box below that you do not want the information released. Directory information is information that is generally not considered harmful or an invasion of privacy if released. Its primary purpose is to allow the district to include this type of information in certain school publications, such as a yearbook, newsletter, playbill, or honor roll. However, in addition to the foregoing, applicable law allows release of directory information to third-parties. Directory information includes the following: student's name, age, class or grade, and dates of enrollment.

Unless you indicate otherwise, the district may release directory information without prior consent, including to third-parties. The district reserves the right to withhold any information if the district believes it is in the best interest of our students. However, the district will disclose information as required by law.

Please check the box below if you do not wish the district to release your student's directory information.

- I DO NOT want my child's directory information released. By selecting this option, I understand that my child's name and/or photograph will NOT be included in the yearbook, newsletters, programs, and other district and school publications. Directory information will NOT be released to partner organizations who may provide services to students.

Parent Signature _____ Date _____
Parent OR Student (age 14 or in ninth grade)

Media Appearances

I give permission for Boston Public Schools to record, film, photograph, interview or publicly exhibit, distribute, or publish in print and in electronic media my son/daughter's name, appearance, spoken words and works during the 2024-2025 school year, whether undertaken by school staff, students, or anyone outside the school, including the media. I agree that Boston Public Schools may share, or allow others to share without limitation or compensation. I release Boston Public Schools, its staff, and my child's school from any claims arising from my child's appearance or participation in these works.

I DO NOT give permission for my son/daughter's name, appearance, spoken words and works to appear in the media as described above.

Signature _____ Date _____

Parent OR Student (age 18 or older)

Acceptable Use Policy for Technology, Including the Internet

As the parent or guardian of this student, I have read the Acceptable Use Policy and have discussed it with my child. I understand that computer access is provided in Boston Public Schools for educational purposes in keeping with the academic goals of BPS and that student use for any other purpose is inappropriate. I recognize that it is impossible for BPS to restrict access to all controversial materials, and I will not hold the school responsible for materials acquired on the school network. I understand that children's computer activities at home should be supervised as they can affect the academic environment at school. I hereby give permission for my child to use computer resources in the Boston Public Schools.

I DO NOT give permission for my child to use computer resources, including Google Apps for Education, in the Boston Public Schools.

Parent Signature _____ Date _____

STUDENTS MUST SIGN THE STATEMENT BELOW REGARDING TECHNOLOGY USE:

As a Boston Public School student, I understand that using the school network and e-mail is a privilege, not a right. I understand that my school network and e-mail accounts are owned by BPS and are not private. BPS has the right to access my information at any time. I understand that BPS administrators will decide what conduct is inappropriate if such conduct is not specified in this agreement. I will use technology in a manner that complies with the laws of the United States and the Commonwealth of Massachusetts. I understand that I am to notify an adult immediately if I encounter material that violates appropriate use.

I understand and will abide by the Acceptable Use Policy. I will use BPS technology resources productively and responsibly for school-related purposes. I will not use any technology resource in such a way that would disrupt the activities of other users. I understand that the consequences of my actions could include possible loss of technology privileges and school disciplinary action as stated in the Code of Conduct and prosecution under state and federal law.

Student Signature (age 5 and older) _____ Date _____

Boston Saves (for K2 through 4th grade)

Boston Saves is a program run by the City of Boston (EDIC) to help BPS families save for their children's future by providing each eligible student with a savings account that includes \$50 for college or career training. Participation in the program allows families to earn additional monetary incentives by saving in a designated account. Learn more and check eligibility at bostonsavescsa.org.

If you do not want to participate in Boston Saves, please opt-out below to indicate that you do not allow BPS to share the following data with the Boston Saves program staff: student's name, birthdate, state unique student identification number (SASID), school, grade, and parent (legal guardian) contact information. I do not wish to participate.

I DO NOT wish to participate.

Health Screening

As part of each student's school health record, the Boston Public Schools performs state-mandated screenings. Students are screened for height, weight, posture, vision, and hearing periodically from K1 to 10th grade.

Check the box below and sign if you DO NOT want BPS to screen your child.

I DO NOT give permission for the Boston Public Schools to screen my child for height, weight, posture, vision, and hearing.

Parent Signature _____ Date _____

All Massachusetts school districts are required to include a substance use preventive screening for students in 7th and 10th grade. The screening tool is called Screening, Brief Intervention, and Referral to Treatment (SBIRT) protocol. The SBIRT protocol facilitates a one-on-one conversation between each student and a school nurse or counselor in an effort to prevent or at least delay the start of using harmful substances, such as alcohol or marijuana. This program focuses on reinforcing healthy decisions and addressing concerning behaviors around substance use with the goal of improving health, safety, and success in school.

Check the box below and sign if you DO NOT want BPS to screen your child.

I DO NOT give permission for the Boston Public Schools to screen my child for substance use (SBIRT).

Parent Signature _____ Date _____

Important Medical Information

I understand the procedures that the school will follow if my child needs medical treatment and/or takes medications while in school. I understand that it is extremely important for the school to be able to reach me in case there is a medical emergency.

If emergency medical attention is necessary and we cannot reach you, do you authorize school staff to seek medical treatment?

YES NO

Insurance Provider: BCBS Tufts HPHC Medicaid Mass Health Other _____

Policy Number _____

Doctor's Name _____ Tel. # _____

Hospital/Health Center where you take your child if he/she is ill: _____

Address _____ Tel. # _____

Does your child have any health problems of which the school should be aware? Please circle: ASTHMA, DIABETES, SEIZURES, SICKLE CELL (TRAIT/ DISEASE), LIFE THREATENING ALLERGY, G-TUBE FEEDING, ANXIETY, DEPRESSION. Please describe any other:

STUDENT NAME _____ STUDENT # (if known) _____

Does your child take daily medication? YES NO If yes, please state below.

Does your child take medication "as needed" at home or school? YES NO If yes, please state below.

All students taking medication of any kind at school must present a doctor's order with a parent/guardian signature and the medication in the pharmacy labeled container to the school nurse.

Name of medication (s) _____ Time(s) taken: _____

Allergies: Food _____ Medication _____ Latex _____ Bee Sting _____

Known vision problem? YES NO Glasses all times Part time For what activities? _____

Known hearing problem? YES NO Hearing aid: YES NO

Has the child had surgery, illness, or injuries in the last year? If so, please describe: _____

Has the child been diagnosed with a head injury or concussion in the last year? If so, please describe: _____

Parent Signature _____ Date _____