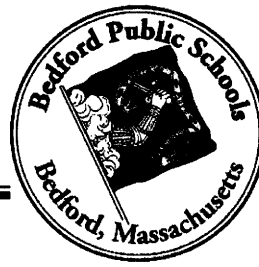


# BEDFORD PUBLIC SCHOOLS

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Davis School  
410 Davis Road  
Bedford, MA 01730

TEL: 781-275-6804  
FAX: 781-275-7639

Welcome to Davis School!

Please complete the registration packet and return to Davis School  
at 410 Davis Road, Bedford, MA 01730

Please include the following documentation with this packet:

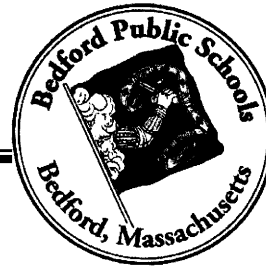
- Copy of your child's birth certificate
- Copy of parent/guardian license or government id
- Health and immunization records
- Proof of residency
  - copy of signed lease **and** utility bill *or*
  - copy of purchase and sale **and** utility turn-on notice *or*
  - copy of property tax bill **and** utility bill

You will not need the Residency or Occupancy  
form if you have the above.

*Please contact the Davis School office if you cannot get this information.  
781-275-6804.*

# BEDFORD PUBLIC SCHOOLS

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Please complete the enclosed registration packet and return to Davis School promptly. **Without all of these documents we are unable to register your child.**

**Please write legibly.**

Please include the following documentation with this packet:

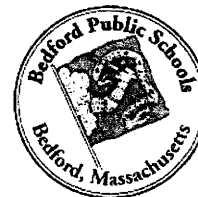
**Child's Name:** \_\_\_\_\_

- \_\_\_\_\_ New Student Registration Form (white)
- \_\_\_\_\_ Massachusetts Department of Education Survey (green)
- \_\_\_\_\_ Early Childhood Education Survey (*Kindergarten Registration Only*)
- \_\_\_\_\_ Custodial Parent Waiver Form (if applicable)
- \_\_\_\_\_ Copy of Birth Certificate
- \_\_\_\_\_ Record of recent Mortgage Payment **OR** Property Tax Bill **OR** Signed Lease \*see below if you cannot provide one of these\*
- \_\_\_\_\_ Recent (45 days) Utility Bill with name and correct address \*see below if you cannot provide one of these\*
- \_\_\_\_\_ Copy of Valid License or Valid Gov't ID with Bedford address
- \_\_\_\_\_ Family Questionnaire (*Kindergarten Registration Only*)
- \_\_\_\_\_ Preschool Questionnaire (*Kindergarten Registration Only*)
- \_\_\_\_\_ Signed Records Release / Request Form

## Health- All forms are due with registration packet

- \_\_\_\_\_ Health Information Form (blue)
- \_\_\_\_\_ Student Health History (blue)
- \_\_\_\_\_ Current Physical

**\*If you are unable to provide the residency documentation, please fill out the residency/occupancy forms and have them notarized. You must still provide a utility bill\***



## NEW STUDENT REGISTRATION FORM Grades K-8

Registration Date: \_\_\_\_\_ Date of Entry/Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Last Name

First Name

Middle

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

(P.O. Box is Not Acceptable)

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Race: \_\_\_\_\_

City, State and Country of Birth: \_\_\_\_\_

**Parent or Guardian Name:** \_\_\_\_\_

(circle one)

Home Address: \_\_\_\_\_

Parent/Guardian Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone#: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

**Parent or Guardian Name:** \_\_\_\_\_

(circle one)

Home Address: \_\_\_\_\_

Parent/Guardian Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone#: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Does child reside with both parents? \_\_\_\_\_ If not, with whom does child live? \_\_\_\_\_

Has Student previously attended Bedford School? \_\_\_\_\_ If yes, when \_\_\_\_\_

Last school attended: \_\_\_\_\_

Address: \_\_\_\_\_

**Entrance age for admission to kindergarten is five years of age on or before August 31<sup>st</sup> of the year of entrance.**



## EARLY CHILDHOOD EDUCATION SURVEY

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. SELECT ONE OPTION ONLY, and indicate hours where applicable. Thank you.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

☐ My child did not have any formal early childhood program experience

☐ My child attended a Licensed Family Child Care Provider (indicate hours below)

\_\_\_\_\_ For less than 20 hours per week

\_\_\_\_\_ For 20+ hours per week

☐ My child attended a Center Based Program (indicate hours below)

\_\_\_\_\_ For less than 20 hours per week

\_\_\_\_\_ For 20+ hours per week

☐ My child attended a **BOTH a Licensed Family Child Care Provider AND a Center Based Program** (indicate hours below)

\_\_\_\_\_ For less than 20 hours per week

\_\_\_\_\_ For 20+ hours per week



## Bedford Public Schools Kindergarten Family Questionnaire

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ ☐ Male ☐ Female

Home Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Who is completing the form? \_\_\_\_\_

---

### FAMILY

Parents(s) or guardians(s) student resides with: \_\_\_\_\_

Ages of siblings living in the home: \_\_\_\_\_

Other people living in the home: \_\_\_\_\_

Immediate family members living outside the home \_\_\_\_\_

Do you speak any other languages besides English at home? Y or N \_\_\_\_\_

---

### PRESCHOOL/CHILD CARE HISTORY

Has your child attended preschool/child care before? ☐ yes ☐ no

If yes, for how long? ☐ 6 months ☐ 1 year ☐ 2 years ☐ more than 2 years

Name of child's present or most recent school/child care: \_\_\_\_\_

---

### MEDICAL HISTORY

#### Birth

Were there any significant problems during pregnancy? ☐ yes ☐ no

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Were there any significant problems after delivery? ☐ yes ☐ no

\_\_\_\_\_  
\_\_\_\_\_

### Child's health since birth

Please check any issues your child has experienced or you have suspected

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Significant illness | <input type="checkbox"/> Hospitalizations | <input type="checkbox"/> Surgeries        |
| <input type="checkbox"/> Allergies           | <input type="checkbox"/> Accidents        | <input type="checkbox"/> Glasses          |
| <input type="checkbox"/> Eating problems     | <input type="checkbox"/> Ear infections   | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> Sleeping problems   | <input type="checkbox"/> Other            |   |

Please explain any issues you checked above or any other concerns your child has had:

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Is your child presently on any medication? ☐ Yes ☐ No

Please describe: \_\_\_\_\_

At what age was your child toilet trained? \_\_\_\_\_

Please list any toileting concerns that you would like the school to be aware of:

---

Do you have any concerns with your child's speech? ☐ Yes ☐ No

Please describe: \_\_\_\_\_

Do you have any concerns with your child's movement or coordination? ☐ Yes ☐ No

Please describe: \_\_\_\_\_

---

Has your child ever been evaluated for concerns with speech, occupational therapy, or any other services? ☐ Yes ☐ No

Has your child ever received any therapies or services (such as early intervention, speech and language therapy, occupational therapy etc. ☐ Yes ☐ No

Does your child currently have an Individualized Education Plan? ☐ Yes ☐ No

If you marked yes for any of the 3 last questions please explain: \_\_\_\_\_

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## SOCIAL, EMOTIONAL, AND SELF-HELP SKILLS

Please check the box that best describes your child:

My child:	Never	Rarely	Sometimes	Often	Always
Shares and plays well w/ sibling(s)/family members					
Listens to and follows the directions of adults					
Plays well with other children his/her age					
Is comfortable with new people					
Separates easily from parent/guardian/caregiver					

Please describe any social, emotional or behavioral challenges that your child experiences:

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Please describe any significant events such as deaths or illness of a family member, divorce, moves: \_\_\_\_\_

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Do you have any concerns about your child's sleeping patterns? ☐ Yes ☐ No

Please describe: \_\_\_\_\_  
\_\_\_\_\_

Is your child able to dress independently? ☐ Yes ☐ No

Is your child able to clean up his or her toys? ☐ Yes ☐ No

Please describe any fears your child has: \_\_\_\_\_

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How do you think your child would react to a problem with another student (such as a concern with sharing a material): \_\_\_\_\_

---

How does your child react when he or she makes a mistake? \_\_\_\_\_

---

What strategies do you recommend to help your child when he or she is upset?

---

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How does your child feel about coming to Kindergarten?

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Please describe your hopes and dreams for your child in Kindergarten:

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Are there more topics or concerns that you would like someone from the Kindergarten screening team to call you to discuss? ☐ Yes ☐ No

If yes, please list the best phone number: \_\_\_\_\_

Best time of day to speak: \_\_\_\_\_

***Thank you for helping us to get to know your child!***



## PRESCHOOL TEACHER ASSESSMENT FORM

(To be filled out by preschool teacher and mailed to  
Davis School, 410 Davis Road, Bedford, MA 01730)

Child: \_\_\_\_\_ Teacher: \_\_\_\_\_

School: \_\_\_\_\_ Length of Acquaintance: \_\_\_\_\_

Class Ratio (teacher:student) \_\_\_\_\_ Times/week attending: \_\_\_\_\_

### CLASSROOM ADAPTATION SKILLS

	Rarely	Sometimes	Consistently
Sits for short story and stays in own place			
Cares for own toileting needs without supervision			
Follows one and two step directions			
Works and listens without disrupting others			
Demonstrates a positive attitude toward school			
Understands daily routines			
Reacts appropriately to changes in routine			
Controls behavior (running, shouting, aggressions)			
Modifies behavior if provided with verbal and nonverbal direction			
Exhibits age appropriate attention span			

**Additional Information:**

### SOCIAL/EMOTIONAL SKILLS

	Rarely	Sometimes	Consistently
Handles frustration appropriately			
Enjoys the company of other children			
Complies with adult expectations			
Separates easily			
Responds to social reinforcement and praise			
Seeks and adults for assistance, information, comfort			
Interacts without aggression			
Adjusts to new situations			
Initiates interactions with peers			
Asserts self appropriately when needed			
Shares and takes turns			

**Additional Information:**

### COMMUNICATION SKILLS

	Rarely	Sometimes	Consistently
Is understood by others			
Learns names of teachers/peers			
Secures teacher/peer attention appropriately			
Listens to other children's ideas in a group			
Relates ideas and experiences			
Communicates like/dislikes			
Answers teacher's questions			

**Additional Information:**

### COGNITIVE/PRE-ACADEMIC SKILLS

	Rarely	Sometimes	Consistently
Is willing to take risks			
Maintains attention			
Challenges self			
Demonstrates appropriate memory skills (visual/verbal)			
Begins work activities with minimal teacher prompting			
Knows how to print first name			
Shows interest in letters and numbers			

**Additional Information:**



## **RESIDENCY PROCEDURE**

The Bedford Public School Committee has adopted a policy regarding the residency and admission of students. The staff is directed to ensure that all forms and regulations are fully executed and conforms to this policy (attached).

### **RESIDENCY** (Legal Reference: M.G.L. Chapter 776, Section 5)

In order to attend the Bedford Public Schools, a student must actually reside in Bedford, unless an exception as noted in the School Committee policy applies. The residence of a minor child is ordinarily presumed to be the legal residence of the child's parent or legal guardian having physical custody of the child. A student's actual residence is considered to be the place where he or she lives permanently. In determining residency, Bedford Public Schools (BPS) retains the right to require the production of a variety of records and documentation and to investigate where a student actually resides.

A determination that a student does not actually reside in the Town of Bedford renders the student ineligible to enroll in Bedford Public Schools or, if the student is already enrolled in the Bedford Public Schools, shall result in the termination of such enrollment. A parent, legal guardian, or student who has reached the age of majority (18) who is aggrieved by a determination of residency, may appeal the determination to the Superintendent of Schools, whose decision shall be final.

### **VERIFICATION OF RESIDENCY**

Before any student is enrolled in Bedford Public Schools, his or her parent or legal guardian must provide:

- A signed Statement/Affidavit of Occupancy or Residency
- Proof of Residency in Bedford (3 documents from chart below)

All applicants for enrollment must submit at least one document each from Column A, B, and C and any other documents that may be requested, including but not limited to those from Column A, B, or C. (*See Chart on next page*) A Bedford High School student whose lives on base with his/her parent or guardian may use Column D in lieu of Column B. A parent, guardian, or student who is unable to produce the required documents should contact the Superintendent of Schools.

<b>COLUMN A</b>	<b>COLUMN B</b>	<b>COLUMN C</b>
<b>Evidence of Residency</b>	<b>Evidence of Occupancy</b>	<b>Evidence of Identification (Photo I.D.)</b>
Record of recent mortgage payment and/or property tax bill	Gas/Oil bill, Electric Bill, Home (not cell) Telephone Bill, Cable Bill, Water Bill <i>(note: Bill must be dated within the past 45 days and address and name must be stated)</i>	Valid MA Driver's License
Fully signed and executed Lease and /or Rental Agreement <i>(Must be executed by both parties)</i>	Recent bill dated within the past 45 days showing Bedford address and name <i>(Note: A Residency Statement/Affidavit is required with this option)</i>	Valid MA Photo I.D.
Landlord/Owner of Property Affidavit <i>(see Residency Statement/Affidavit form)</i>	Occupancy Statement/Affidavit must be notarized	Valid Passport
Fully signed and executed Purchase and Sale (P&S Agreement) <i>(provided occupancy date occurs within 30 days of enrollment)</i>		Other Government issued Photo I.D.
Section 8 Agreement		

The principal, or his/her designee, shall verify the home address and home telephone number of each student at least once during the school year. Any irregularities shall be reported promptly to the Superintendent of Schools. Parents/Guardians are required to notify the school of any changes of their address or the address of the student within five business days of the change.

## **ENFORCEMENT**

Should a question arise concerning any student's residency elsewhere while attending the Bedford Public Schools, the student's residency will be subject to further inquiry and/or investigation. Such questions concerning residency may arise on the basis of incomplete, suspicious, or contradictory proofs of address; anonymous tips; correspondence that is returned to Bedford Public Schools because of an invalid or unknown address, or other grounds.

The Superintendent may request additional documentation, may use the assistance of the School's Resource Officer (SRO), and/or may obtain the services of police or investigative agency personnel to conduct investigations into student residence. The SRO will report his or her findings to the Superintendent of Schools, who shall make final determination of residency.

Upon an initial determination by the Superintendent of Schools that a student is actually residing in a city or town other than Bedford, the student's enrollment in Bedford Public Schools shall be terminated immediately.

## **PENALTIES**

In addition to termination of enrollment and the imposition of other penalties permitted by law (M.G.L. Chapter 76, Section 5), the Bedford Public Schools reserves the right to recover restitution based upon the costs of educational services provided during the period of non-residency.

## **EXCEPTION**

The Residency Requirements shall not apply to the following:

- Students who are entitled to attend the Bedford Public Schools under the McKinney-Vento Homeless Assistance Act.
- Seniors already enrolled in the Bedford Public Schools who move out during their senior year as stipulated in the Residency Policy, provided they have made the Superintendent of Schools aware of the change of residence within 5 business days of the actual move.
- Students whose parents divorce or separate and share physical custody, provided one custodial parent remains a resident of Bedford and the student sleeps at least 4 out of 7 nights with the parent who resides in Bedford. (Legal documentation must be provided to the school office.)

## **POTENTIAL WAIVER WHEN RESIDENCY IS IN TRANSITION**

For students whose residency is in transition, the following exceptions to the general policy may apply, with prior written approval from the Superintendent of Schools:

- Pending purchase of a Dwelling  
The children of families who have signed and accepted a Purchase and Sale Agreement to purchase and reside in a dwelling in the Town of Bedford may be

enrolled up to 30 calendar days in advance of the time actual physical residence occurs.

- Construction of a New Dwelling  
Children of families that are building a primary residence in Bedford may enroll in the Schools at the beginning of the school year if they have obtained a certificate of occupancy from the Town.

*Legal Reference: M.G.L. Chapter 76, Section 5*

**File:  
JFA-E**

## **RESIDENCY**

The schools of Bedford are open to those students who qualify as residents under the laws of the State of Massachusetts and in accordance with the prevailing common rule. A pupil who lives within the system permanently, or with no present intention of removal, whether with a guardian, one who stands in loco parentis, or an emancipated minor is entitled to all school privileges as a resident of the system. Students who do not actually reside in the Town of Bedford will be excluded unless the superintendent or designee allows attendance due to special circumstances.

The Superintendent may allow attendance of those students for their senior year of high school who have been previously a student in the Bedford Senior High School, based on actual residency, since 9<sup>th</sup> grade.

The Superintendent may admit students to the Bedford Schools upon presentation of evidence of intent to become a resident of Bedford within a reasonable time. This evidence may be a rental agreement, property lease, contract to build a house, or such other evidence as clearly indicates intent. If residency does not occur, even after such evidence is presented, in a reasonable time frame, the admittance shall be revoked.

The Superintendent, upon request, may also allow students to finish a school year even though a change of residence has taken place. Such a request will require the approval of the Principal where the child attends school.

In special cases, the Superintendent may allow students to attend school if they are not actual residents of the town.

LEGAL Ref.: M.G.L. 71:6; 71:6A; 74:8; 76.6; 776:12; 76



**BEDFORD PUBLIC SCHOOLS  
OCCUPANCY STATEMENT/AFFIDAVIT**

I/We, the parent(s), legal guardian(s) of: \_\_\_\_\_  
Print student's full name

Hereby certify as follows:

1. I/We wish to enroll the above named student in the Bedford Public Schools. I/We understand that pursuant to Massachusetts General Law (Chapter 76, Section 5) and Bedford Public School's Policy, students who actually reside in the Town of Bedford may attend the Bedford Public Schools and students who do not actually reside in the Town of Bedford may not attend the Bedford Public Schools.

2. I/We hereby certify that effective \_\_\_\_\_, 20\_\_\_\_, the above named student is/will be residing at the following address in Bedford, Massachusetts, with:

Printed name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Bedford, MA 01730

Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone: \_\_\_\_\_

3. I/We acknowledge that I am/we are required to notify the Bedford Public Schools or the above student's school, in writing. Of any change in said student's address within five (5) business days of such change of address.
4. I/We understand that this Occupancy Statement will be relied upon by the Bedford Public Schools for the purpose of determining the above student's eligibility to attend the Bedford Public Schools based upon the information provided. If it is subsequently determined that the student does not actually reside in Bedford, I/we understand that the student's enrollment in the Bedford Public Schools will be promptly terminated and I/we will be jointly liable to the Bedford Public Schools for the student's tuition for the full academic year(s).
5. I/We further certify that I am/we are the parent(s), legal guardian(s) of the above named student.

6. I/We understand that all applicants must reside in the Town of Bedford as outlined in Massachusetts General Laws Chapter 76, Section 5 which states:

*Every person shall have a right to attend the public schools of the town where he/she actually resides, subject to the following section. No school committee is required to enroll a person who does not actually reside in the town unless said enrollment is authorized by law or by the school committee. Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly attended public schools. No person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex religion, national origin or sexual orientation (Amended by st. 1971, c622, c.l.; st 1973, c.925, s.9A, st. 1993, c282; st.2004, c.352, s.33)*

Signed under the pain and penalties of perjury on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Parent/Guardian (Please circle Relationship)

\_\_\_\_\_  
Signature of Parent/Guardian (Please circle Relationship)

This form must be accompanied by proof of residency which is at least one document from each of the following three columns: A, B, and C or D if student is a Hanscom AFB Resident. (See Chart Attached.)

-----  
Statement of Notary Public:

**Commonwealth of Massachusetts**

Middlesex County, ss.

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned notary public,

personally appeared \_\_\_\_\_, proved to me through  
(Name of Parent/Guardian who signed form)

satisfactory evidence of identification, which were \_\_\_\_\_,  
to be the person whose name is signed on the preceding or attached document, and

acknowledged to me that he/she signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public  
My Commission Expires:





**BEDFORD PUBLIC SCHOOLS  
RESIDENCY STATEMENT/AFFIDAVIT**

This form is to be completed by a Landlord/Property Owner\* of said property of which the enrolling student(s) reside.

I, \_\_\_\_\_, swear under oath, that the  
(Please Print Your Name)  
following information is true:

List all school age children: \_\_\_\_\_

is/are living at: \_\_\_\_\_ Bedford, MA 01730,  
Address

Of which I am the owner\* of said property on record.

I understand that the Bedford Public Schools reserves the right to investigate residency if they feel that temporary residency was established for the sole purpose of attending the Bedford Public Schools. I further understand that according to Massachusetts General Law (Chapter 76, Section 5) *"Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly-attended public schools."*

Signed under the pain and penalties of perjury on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_:

\_\_\_\_\_  
Signature Date Printed Name

\*Bedford Public Schools reserves the right to validate property ownership by the Principal, or his/her designee, through the on-line Middlesex Registry of Deeds.

-----  
Statement of Notary Public:

**Commonwealth of Massachusetts**

Middlesex County, ss.

On this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, before me, the undersigned notary public,

personally appeared \_\_\_\_\_, proved to me through

(Name of Parent/Guardian who signed form)

satisfactory evidence of identification, which were \_\_\_\_\_,  
to be the person whose name is signed on the preceding or attached document, and

acknowledged to me that he/she signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public  
My Commission Expires:



**Bedford Public Schools**  
**Massachusetts Department of Elementary and Secondary Education (DESE)**  
**Survey**

Student's Name: \_\_\_\_\_  
(Please Print)                      Last Name                      First Name

Grade: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_  
(Learning Group)

Directions: The Massachusetts Department of Elementary and Secondary Education has mandated that all school districts in Massachusetts collect the following data. You are asked to answer each question using the choices provided by the Department. Please call your school principal if you have questions.

**1. Race** (Requested but not Required)

- a) Are you Hispanic or Latino (select only one)  
\_\_\_\_\_ No, not Hispanic or Latino  
\_\_\_\_\_ Yes, Hispanic or Latino—A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central America, or other Spanish culture or Origin, regardless of Race.
- b) What is your Race? (You may select one or more races)  
\_\_\_\_\_ White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa  
\_\_\_\_\_ Black or African American. A person having origins in any of the black racial groups of Africa  
\_\_\_\_\_ American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.  
\_\_\_\_\_ Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

**2. Immigrant Status** (Requested but not Required)

- \_\_\_\_\_ No. Student born in the U.S.  
\_\_\_\_\_ Yes. The student must:  
• Not have been born in any U.S. State; AND  
• Not completed 3 full academic years of school in any U.S. State.  
If Yes, please list the Country of Origin \_\_\_\_\_. Please  
list the country from which immigrant children have emigrated.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## NON-CUSTODIAL PARENT'S RIGHTS

As required by Massachusetts General Law Chapter 71, Section 34H, a non-custodial parent may have access to the student record in accordance with law and Department of Education Regulations. The school district will follow the law and the regulations developed by the Massachusetts Department of Education to standardize the process by which public schools provide student records to parents who do not have physical custody of their children ("non-custodial parents").

As required by M.G.L. c. 71, § 34H, a non-custodial parent may have access to the student record in accordance with the following provisions.

- (a) A non-custodial parent is eligible to obtain access to the student record unless the school or district has been given documentation that:
  - 1. The parent has been denied legal custody or has been ordered to supervised visitation, based on a threat to the safety of the student and the threat is specifically noted in the order pertaining to custody or supervised visitation, or
  - 2. The parent has been denied visitation, or
  - 3. The parent's access to the student has been restricted by a temporary or permanent protective order, unless the protective order (or any subsequent order modifying the protective order) specifically allows access to the information contained in the student record, or
  - 4. There is an order of a probate and family court judge which prohibits the distribution of student records to the parent.
- (b) The school shall place in the student's record documents indicating that a non-custodial parent's access to the student's record is limited or restricted pursuant to 603 CMR 23.07(5)(a).
- (c) In order to obtain access, the non-custodial parent must submit a written request for the student record to the school principal.
- (d) Upon receipt of the request the school must immediately notify the custodial parent by certified and first class mail, in English and the primary language of the custodial parent, that it will provide the non-custodial parent with access after 21 days, unless the custodial parent provides the principal with documentation that the non-custodial parent is not eligible to obtain access as set forth in 603 CMR 23.07 (5)(a).
- (e) The school must delete all electronic and postal address and telephone number information relating to either work or home locations of the custodial parent from student records provided to non-custodial parents. In addition, such records must be marked to indicate that they shall not be used to enroll the student in another school.
- (f) (f) Upon receipt of a court order which prohibits the distribution of information pursuant to G.L. c. 71, §34H, the school shall notify the non-custodial parent that it shall cease to provide access to the student record to the non-custodial parent.

LEGAL REF.: M.G.L. 71:34D; 71:34H  
603 CMR 23.07 (5) Access Procedures for Non-Custodial Parents  
20 U.S.C. §1232g Family Education Rights and Privacy Act (FERPA)

SOURCE: MASC

REVISED:

October 9, 2007



**Bedford Public Schools  
Custodial Parent Waiver Form**

Please read the following concerning non-custodial parent rights to student records:

Massachusetts General Laws allow non-custodial parents access to their student's records when requested in writing to the building principal unless a court order indicates any of the following:

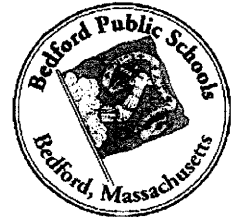
- The non-custodial parent has been denied legal custody or has been ordered supervised visitation based on a threat to the safety of the student and the threat is specifically noted in the order pertaining to custody and/or visitation;
- The non-custodial parent has been denied visitation;
- The non-custodial parent's access to the student has been restricted by a temporary or permanent protective order (unless the protective order specifically allows access to the information contained in the student record); or
- There is a court order from a Probate and Family Court judge that prohibits the distribution of student records to the non-custodial parent.

If none of the above apply, you may sign below indicating that you are allowing the non-custodial parent immediate access to your student's records without a written request.

Custodial Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Bedford Public Schools Annual Notice  
The Family Education and Privacy Act  
Massachusetts Student Records Regulations**



The Family Educational Rights and Privacy Act (FERPA) and the Massachusetts Student Records Regulations ("Regulations") together provide parents and eligible students (those who have reached that age of 14 or who have entered ninth grade) certain rights with respect to the student's education records. A general overview of those rights is provided below. Parents and students may obtain a complete copy of their rights under the Massachusetts Student Record Regulations by contacting their building principal.

- (a) The **right to access** the student's education records. Parents or eligible students should submit their request for access to the building principal. Access is generally provided within ten days of a request. However, Massachusetts General Laws c. 71, §34H ("Section 37H") law provides specific procedures that must be followed prior to release of records to a parent who does not have physical custody of a child. Information about these procedures can be obtained from the building principal.
- (b) The **right to request amendment** of the student's education records. Parents or eligible students should direct their request to the principal, clearly identifying the part of the record they wish to have amended, and why.
- (c) The **right to consent to disclosures** of personally identifiable information contained in the student's education records, except to the extent that FERPA and the Massachusetts regulations authorize disclosure without consent. One exception that permits disclosure without consent is disclosure to school officials with legitimate educational interests in the records. Such school officials include professional, administrative and clerical staff who are employed by or under agreement with the Bedford Public Schools and who need access to a record in order to fulfill their duties. The Bedford Public Schools also discloses student records without parent/eligible student consent to officials of other elementary or secondary schools in which a student enrolls, or seeks, intends, or is instructed to enroll upon receipt of a request from such school officials.

As required by federal law, the Bedford Public Schools routinely releases the name, address and telephone listing of secondary school students to military recruiters and to institutions of higher learning upon request. In the event a parent or eligible student objects to the release of any of the above information, the parent/eligible student may state that objection in writing to High School Principal. Absent receipt of a written objection for the parent or eligible student by October 1<sup>st</sup> (initial notification sent September 2005), this information will be released without further notice or consent.

- (d) The right to file a complaint concerning alleged failures by the District to comply with the regulations and laws governing student records. Complaints may be filed at the Massachusetts Department of Education, 350 Main Street, Malden, MA 02148. In addition, complaints relative to federal statutes and regulations governing student records may be filed with the Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue SW, Washington DC.



## RECORDS RELEASE/REQUEST FORM

In compliance with State and Federal laws, permission is required of a parent or legal guardian for the release of any school records. My signature below authorizes the release of my child's school records to the:

---

Name and Address (including zip code) of School Last Attended or Transferring to

---

Student's Full Name

I hereby grant permission to release/obtain the following documents:

- Health Record
- Massachusetts Transfer Card
- Transcript of grades
- Standardized Test Results – (Shared with Skills Center Faculty)
- Special Education Records (if applicable) – When **obtaining** Special Education records please have them sent to: Bedford Public Schools, Special Education Office, 97 McMahon Road, Bedford, MA 01730. Information requested could include all special education records, i.e., I.E.P./Amendments, Evaluations, Testing, Report Cards, Progress Reports. This will also authorize the pertinent staff member to discuss my son/daughter, by telephone, between schools. **Special Education records may only be released by Bedford Special Education Central Office.**
- 504 Records (if applicable) – When **obtaining** 504 records please have them sent to the 504 Coordinator/Assistant Superintendent, Bedford Public Schools, 97 McMahon Road, Bedford, MA 01730. **504 records may only be released by the Assistant Superintendent's Office.**
- Key to your grading system in percent (including passing grades) (high school only)
- Key to leveling of courses (high school only)
- Discipline records (If a student is entering Bedford Public Schools we require a statement from your previous school's principal/assistant principal/dean attesting to any and all discipline actions. If there are no discipline issues, a short, simple statement signed by one of the above individuals attesting to this fact can be submitted.)

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Signature of Parent/Guardian  
(High School Student over 18 may sign)

---

Date

**BEDFORD PUBLIC SCHOOLS  
WEB PAGE POLICY**

The District's Web Page Policy is as follows:

**1. District Web Site**

- A. The district will establish a web site. Materials appropriate for placement on the district web site may include: district information, school information, teacher or class information, student projects, and student extracurricular organization information. All published pages and corresponding links stored on the school department servers must be related to Bedford's educational goals and objectives or related to school-sponsored activities. Personal, non-educationally related information will not be allowed on the district web site.
- B. All material must also be approved by the building principal and/or the appropriate administrator or their designee prior to publication on the webserver.

**2. Curriculum Web Pages**

Teachers may establish web pages for teaching and learning purposes, such as use with class activities or to provide a resource for other teachers. Teachers will be responsible for maintaining their class educational resource sites. Such pages will be subject to the approval, consistency, content, and procedural requirements as described in sections 1, 4, and 5 of this policy.

**3. Extracurricular Organization Web Pages**

- A. With the approval of the building principal, extracurricular organizations may establish web pages. Material presented on the organization's web page must relate specifically to school organization activities.
- B. Organization web pages must include the following notice: "This is an extracurricular organization web page. Opinions expressed on this page shall not be attributed to the Bedford Public Schools."

**4. Web Page Requirements**

- A. All District Acceptable Technology Use Policy provisions will govern material placed on the Internet.
- B. Web Pages shall not:
  - i. Contain the address, or phone number of students.

- ii. Display materials such as photographs, audio or videos of any identifiable individual(s) without a signed release and without permission from the identifiable individual(s). Releases for students under the age of 18 must be signed by their parent or guardian and be kept on file.
  - iii. Contain copyrighted or trademarked material belonging to others unless written permission to display such material has been obtained from the owner. There will be no assumption that the publication of copyrighted material on a web site is within the fair use exemption.
- C. First names or first names and the first letter of the last name may be used where appropriate for grades K-5. Student's grades 6-12 may be identified by their full name.
  - D. Material placed on the web site is expected to meet academic standards of proper spelling, grammar, and accuracy of information.
  - E. Students may retain the copyright on the material they create that is posted on the Internet. District employees may retain the copyright on material they create and post if appropriate under district policies.
  - F. It will not be considered a violation of free speech to require removal of material that fails to meet established educational objectives or that is in violation of any provision of the Acceptable Technology Use Policy (attached).

## 5. Content Standards

The intended audience of the school and/or district web site is primarily members of the school community, citizens of Bedford, and people interested in moving to the area. All subject matter on the school web pages shall relate to curriculum, instruction, and school-authorized activities and general information of interest to the intended audience. Pages should include, but not be limited to, factual information about the school or school population, philosophy or vision statement and staff listing.

## 6. Concerns

Concerns about the content of any pages created by staff should be directed to the building administrator.

*The "Official Version" of the school district's policies is maintained at the Office of the Superintendent of Schools. In the event of a conflict between an electronic text and the "official version", the "official version" shall prevail.*

*Copyright Massachusetts Association of School Committees All Rights Reserved*



**BEDFORD PUBLIC SCHOOLS  
ACCEPTABLE TECHNOLOGY USE POLICY FOR STUDENTS**

Student use of technology in the Bedford Public Schools is solely for the enhancement of teaching and learning. All students are expected to read this Acceptable Use Policy and are required to sign the Acceptable Use Policy Agreement Form. Adherence to this policy is a condition for a student's use of technology.

**Acceptable Uses** - Including but not limited to:

Students must...

- Identify themselves in Internet communications
- Post/send only useful and appropriate information
- Only access their own account and keep their passwords private
- Only alter their own work, unless they have permission from the owner
- Only use the e-mail account provided by the Bedford Schools while on the school network (Bedford e-mail accounts may also be accessed at anytime from outside the school network.)

Students should...

- Check e-mail frequently and delete old mail
- Take care in using humor, avoid sarcasm, and don't unreasonably criticize, or "flame" others
- Credit the original author when quoting someone else's work
- Remove their old files when they are no longer needed

Students must not...

- Engage in harassment, libel, or slander of any kind
- Use the Internet for commercial or political purposes
- Use the Internet to access sexually explicit or pornographic materials
- Use the Internet for illegal activities including, but not limited to, copyright violations and illegal distribution of software
- Give out their own or another individual's personal information such as address or phone number
- Post audio, video or any material of or created by another student or faculty member without that individual's permission
- Engage in spamming (sending massive, inappropriate and unsolicited information) or flooding (transferring data without intent of meaningful communication)
- Use equipment without permission
- Alter the configuration of school technology, except as educationally appropriate
- Download or install software of any kind
- Illegally copy software

**Sanctions**

Network access is a privilege, not a right. The Bedford Public Schools will review alleged violations of this Acceptable Use Policy. Violations could result in the following:

- Loss of access privileges
- Additional disciplinary action at the building level in accordance with the discipline code in the student handbooks.
- Referral to appropriate law enforcement agencies

**Disclaimer of Liability**

The Bedford Public School system denies responsibility for the accuracy or quality of information obtained from the Internet. The Bedford Public School system cannot guarantee that access will always be available and is not responsible for any damage a user suffers or for the loss of data obtained via the Internet.

**Privacy**

Users should not have an expectation of privacy or confidentiality in the context of electronic communications or of other files sent, received and/or stored on the district's network. The Bedford Public School System also reserves the right to examine all data sent, received and/or stored on the district's network. All communications including text and images may be disclosed to law enforcement or other third parties without prior consent of the sender or receiver. Electronic communications may be archived for a period of up to three years.

## **Internet, Newspaper, Television, Radio and Periodical Release**

Increasingly, opportunities present themselves for images, art materials, ideas and students' names to appear in local or national newspapers, on television, on You Tube videos or on other internet platforms. Today, every newspaper has an online version, so even honor roll lists published in the local newspaper will appear online.

The schools have an interest in promoting student work and accomplishments and examples of good instruction because students benefit from seeing that their achievements matter and because the schools, as public institutions, benefit from an informed citizenry.

In accordance with Bedford Public School policy and federal and state legislation, however, no student's image, work or full name will be released to these public media without first providing the parent or, in the case of an 18 year old, the emancipated minor, with the opportunity to deny permission. PLEASE NOTE, if parents do not notify the school in writing, either by mail or email, that they are denying permission, the default will be assumed to be a "YES", and the child's image, name and or work may be displayed.

Bedford Public Schools – Approved June 6, 2017

*Student emergency contact information should be accurate and current. This form needs to be completed upon registration and at the start of each school year. Thank you for your cooperation.*

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_

Home Address \_\_\_\_\_ Home phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_ Cell phone \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_ Cell phone \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

**In an Emergency, if parents cannot be reached, the school is authorized to contact:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Please list medications your child regularly takes at home or school \_\_\_\_\_

Please check all that apply to your child:

\_\_\_ Severe allergy requiring EpiPen (food/insects/meds/environmental) \_\_\_\_\_

\_\_\_ Allergies - other \_\_\_\_\_

\_\_\_ Asthma \_\_\_ Diabetes \_\_\_ Seizures \_\_\_ Migraines \_\_\_ Heart Condition \_\_\_ ADD/ADHD

\_\_\_ Vision problem \_\_\_ glasses \_\_\_ contacts \_\_\_ Hearing problem \_\_\_ Right ear \_\_\_ Left ear

\_\_\_ Any significant illness/injury/surgery in the past year \_\_\_\_\_

\_\_\_ Other health condition- specify (please use reverse side if needed) \_\_\_\_\_

*If your child requires medication or special care at school, please contact the nurse. A signed order from a licensed prescriber and written parental permission is required for medicine or treatment given at school (except as noted below).*

**I give permission for the School Nurse to administer the following medication to my child per Physician Standing Orders:**

**Acetaminophen (Tylenol)** \_\_\_ Yes \_\_\_ No

**Ibuprofen (Motrin/Advil)** \_\_\_ Yes \_\_\_ No

**I give permission to the school nurse to share information relevant to my child's health condition with appropriate school and/or emergency medical emergency personnel when needed to meet my child's health and safety needs.** \_\_\_ Yes \_\_\_ No \_\_\_ N/A

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**Bedford Public Schools**  
**Student Health History**

Dear Parents:

We would like your child to gain the most from his/her school experience. Please fill out this brief health history form on your child. This information will help the nurse to better understand your child and assist in the transition into school life. Please complete this form and return it with a copy of your child's most recent physical exam and immunizations (please see health requirements checklist).

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

1. Does your child have any of the following conditions?

<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies	<input type="checkbox"/> Hearing Problems
<input type="checkbox"/> Diabetes	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear tubes
<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Stomach/Bowel Problems
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Vision Problems	

If you have checked yes to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Does your child have any other medical conditions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Will your child need any medication during the school day? If so, please list: \_\_\_\_\_

\_\_\_\_\_

4. Does your child take medication routinely at home? If so, please list: \_\_\_\_\_

\_\_\_\_\_

5. Has your child ever been hospitalized? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

6. Has your child ever had surgery? \_\_\_\_\_ Date of surgery: \_\_\_\_\_ Type of surgery: \_\_\_\_\_

\_\_\_\_\_

7. Do you have concerns about your child's vision or hearing? \_\_\_\_\_

\_\_\_\_\_

8. Do you have other children that have been diagnosed with a chronic illness? \_\_\_\_\_

\_\_\_\_\_

9. Do you have any concerns about your child's mental, social/emotional health or adjustment concerns?

\_\_\_\_\_

\_\_\_\_\_

10. Please list other children in household (name/age): \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

If your child has a health condition that will require further conversation, please call the school nurse to schedule a meeting.

# **New Student Registration Health Requirements Checklist**

**Please bring the following information to your child's kindergarten screening or registration appointment:**

## **Physical Examination**

\_\_\_ A copy of your child's most recent physical exam. A physical exam done within one year of school enrollment date is required.

## **Immunizations**

\_\_\_ 5 doses of DTaP/DTP (Diphtheria, Tetanus, Pertussis)

\_\_\_ 4 doses of IPV (Polio)

\_\_\_ 3 doses of Hepatitis B

\_\_\_ 2 doses of MMR (Measles, Mumps and Rubella)

\_\_\_ 2 doses of Varicella or physician-certified history that your child has had the chicken pox

\_\_\_ 1 dose of Tdap for grades 7th-11th

## **Completed Health Forms**

\_\_\_ School Nurse Emergency Information Form

\_\_\_ Health History Form

## **Screenings**

\_\_\_ Lead screening test is required for Kindergarten students only; documentation of having a lead test at any age prior to Kindergarten entry is acceptable.

**Please be sure that all the above requirements are submitted to the school nurse's office prior to the start of school. Thank you for your cooperation.**

Davis School  
Tracy Fernald RN  
410 Davis Rd.  
Bedford, MA 01730  
781-275-6804 ext. 3  
fax 781-275-7639

Lane School  
Kathy Webster RN  
66 Sweetwater Ave.  
Bedford, MA 01730  
781-275-7623  
fax 781-275-4722

John Glenn Middle School  
Carol Eaton RN  
99 McMahon Rd.  
Bedford, MA 01730  
781-275-3165  
fax 781-275-7632

Bedford High School  
Nancy Thorsen RN  
9 Mudge Way  
Bedford, MA 01730  
781-275-1700 ext. 5  
fax 781-275-6664

Figure 1. Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2018.

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B <sup>1</sup> (HepB)	1 <sup>st</sup> dose	2 <sup>nd</sup> dose			3 <sup>rd</sup> dose												
Rotavirus <sup>2</sup> (RV) RV1 (2-dose series); RV5 (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See footnote 2												
Diphtheria, tetanus, & acellular pertussis <sup>3</sup> (DTaP; <7 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose		4 <sup>th</sup> dose					5 <sup>th</sup> dose					
<i>Haemophilus influenzae</i> type b <sup>4</sup> (Hib)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See footnote 4		3 <sup>rd</sup> or 4 <sup>th</sup> dose, See footnote 4										
Pneumococcal conjugate <sup>5</sup> (PCV13)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose		4 <sup>th</sup> dose										
Inactivated poliovirus <sup>5</sup> (IPV; <18 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose							4 <sup>th</sup> dose					
Influenza <sup>7</sup> (IIV)					Annual vaccination (IIV) 1 or 2 doses								Annual vaccination (IIV) 1 dose only				
Measles, mumps, rubella <sup>8</sup> (MMR)							1 <sup>st</sup> dose					2 <sup>nd</sup> dose					
Varicella <sup>9</sup> (VAR)							1 <sup>st</sup> dose					2 <sup>nd</sup> dose					
Hepatitis A <sup>10</sup> (HepA)							2-dose series, See footnote 10										
Meningococcal <sup>11</sup> (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)														1 <sup>st</sup> dose		2 <sup>nd</sup> dose	
Tetanus, diphtheria, & acellular pertussis <sup>3</sup> (Tdap; ≥7 yrs)														Tdap			
Human papillomavirus <sup>4</sup> (HPV)														See footnote 14			
Meningococcal B <sup>12</sup>																	
Pneumococcal polysaccharide <sup>5</sup> (PPSV23)																	

Range of recommended ages for all children

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making

No recommendation

NOTE: The above recommendations must be read along with the footnotes of this schedule.



# BEDFORD PUBLIC SCHOOLS

Jon Sills, Superintendent of Schools  
MaryLou Sallee, Assistant Superintendent

97 McMahon Road  
Bedford, MA 01730  
Tel: 781-275-7588  
Fax: 781-275-0885  
WWW.bedford.k12.ma.us

## YOU HAVE A RIGHT TO GO TO SCHOOL

### IF YOU LIVE IN ONE OF THE FOLLOWING SITUATIONS:

- In a shelter, motel, vehicle or campground
- On the street
- In an abandoned building or trailer
- Doubled-up with friends or relatives

### THEN YOU HAVE A RIGHT TO GET HELP FROM A DISTRICT LIAISON TO:

- ✓ Immediately enroll in school
- ✓ Choose your old school or the school closest to where you are staying now
- ✓ Get transportation to and from school
- ✓ Get automatic free breakfast and lunch
- ✓ Receive the same services as other students
- ✓ Attend classes even while the school and you seek to resolve a dispute over enrollment

### If you have questions or need assistance registering your children in Bedford Schools, call:

- Grades K-2, Lt. Eleazer Davis Elementary School, Beth Benoit, Principal, 781-275-6804
- Grades 3-5, Lt. Job Lane Elementary School, Rob Ackerman, Principal, 781-275-7606
- Grades 6-8, John Glenn Middle School, Kevin Tracey, Principal, 781-275-3201
- Grades 9-12, Bedford High School, Heather Galante, Principal, 781-275-1700
- Assistant Superintendent, MaryLou Sallee, Homeless Liaison for District, 781-275-7588

### OR CALL YOUR MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY SCHOOL, STATE COORDINATORS:

- Sarah Slautterbach, 781-338-6330

### OR CALL ONE OF THESE ORGANIZATIONS:

- Massachusetts Coalition for the Homeless,  
Toll-Free: (866-205-1700, ext. 100)
- Greater Boston Legal Services, (617-603-1654)
- New England Network for Children, Youth & Family Services, (978-266-1998)

(Updated 10/16)