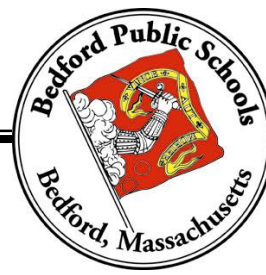


Lt. Job Lane Elementary School

66 Sweetwater Ave.
Bedford, MA 01730
Rob Ackerman, Principal
Keith Kinney, Assistant Principal



TEL: 781-275-7606
FAX: 781-275-4722

Dear Parent/Guardian,

Welcome to Lane School! Enclosed please find the registration forms, which must be filled out and returned in order to register your child in Lane School. These forms are in addition to the required district forms. Please refer to the parent checklist page for the additional information you will be required to supply. You may mail the forms back to me at the address listed at the top of this letter or you may bring them with you to your appointment with Mr. Ackerman, our Principal. Your child will be invited to this meeting and will have a tour of the building. For students in 4th and 5th grades, before your appointment, please discuss what language your child would like to study at Lane School. They have a choice of Spanish or French. We will need to know this before we place them in a classroom.

I have included some helpful phone numbers at the bottom of this letter. Please do not hesitate to contact me at anytime with any questions you may have. Please let me know once you are ready to set up an appointment with the Mr. Ackerman.

It is with great pleasure that we welcome your family to Bedford and Lane School and look forward to working with you in the future.

Sincerely,

Karen

Karen Lua
Principal's Administrative Assistant
Registrar
781-275-7606
781-275-4722 (Fax)
Karen_Lua@bedfordps.org

IMPORTANT NUMBERS

Lane School – 781-275-7606
Lane School Fax Number – 781-275-4722
Bedford Charter (bus company) – 781-275-9524
Bedford Recreation – 781-275-1392 (Before and after school programs)

Additional Documents Needed (In addition to registration packet)

Proof of residency – See form for requirements
Immunization Record
Birth certificate or passport
Picture ID of one parent

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?

___ Asthma	___ Allergies	___ Hearing Problems
___ Diabetes	___ ADD/ADHD	___ Ear tubes
___ Seizure Disorder	___ Bleeding Disorder	___ Stomach/Bowel Problems
___ Heart Condition	___ 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.

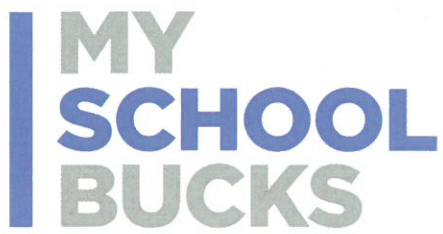
Please be sure that all the above requirements are submitted to the school nurse's office prior to the start of school. Thank you for your cooperation.

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



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Lane School Transportation Plan

Student's Name: _____ Student's Teacher: _____

Parents: Please complete and return to school as soon as possible.

TO school (AM): information is for our reference purposes

FROM school (PM): If your child is a pick up, please indicate parent or name(s) of other(s) that are allowed to pick up your child.

If there is a daily or permanent change to what is listed below, please notify the office by emailing Rebecca_Ricci@bedfordps.org AND Karen_Lua@bedfordps.org AND also CC: your child's teacher.

Feel free to contact the Lane School Office with any questions at 781-275-7606. Thank you!

	TO school (AM):	FROM school (PM):
Mondays	Bus #: _____ or Other:	Bus #: _____ or Other:
Tuesdays	Bus #: _____ or Other:	Bus #: _____ or Other:
Wednesdays	Bus #: _____ or Other:	Bus #: _____ or Other:
Thursdays	Bus #: _____ or Other:	Bus #: _____ or Other:
Fridays	Bus #: _____ or Other:	Bus #: _____ or Other:

Parent Signature: _____ Date: _____

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

BEDFORD PUBLIC SCHOOLS
EMERGENCY INFORMATION CARD

STUDENT NAME: _____ **GRADE** _____ **ROOM#** _____ **BUS #** _____
(Last) (First) (Middle Full Name)

HOME ADDRESS: _____
(Street) (City/Town) (Zip Code)

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____ **STATE WARD:** Yes ___ No ___

With Whom Does Child Reside: _____ **Relationship:** _____

MOTHER'S FULL NAME _____ **HOME TEL. #** _____ **WORK #** _____

CELL # _____ **E-MAIL ADDRESS:** _____

ADDRESS: (If different than the student) _____

OCCUPATION: _____ **EMPLOYER:** _____

FATHER'S FULL NAME _____ **HOME TEL.#** _____ **WORK #** _____

CELL # _____ **E-MAIL ADDRESS:** _____

ADDRESS: (If different than the student) _____

OCCUPATION: _____ **EMPLOYER:** _____

GUARDIAN'S FULL NAME _____ **HOME TEL. #** _____ **WORK #** _____

CELL # _____ **E-MAIL ADDRESS:** _____

OCCUPATION: _____ **EMPLOYER:** _____

SIBLINGS ATTENDING BEDFORD SCHOOLS: (Name & Grade) _____

PHONE NUMBER PREFERRED FOR AUTOMATED CALLS 1. _____ 2. _____

In case of accident, sudden illness or crisis, name a person who could assume responsibility if you cannot be reached (Please notify person):

1. (Name) _____
HOME TEL. # _____ **WORK #:** _____ **CELL #:** _____

2. (Name) _____
HOME TEL. # _____ **WORK #:** _____ **CELL #:** _____

In the event that the parents cannot be reached, I request that (Check One):

☐ The school contact the person indicated above who will assume responsibility for my child.

☐ The school contact the person indicated above who will assume responsibility only if the school determines there is an emergency.

MEDICAL INFORMATION

Student Name: _____ **School:** _____

Does your child have specific health considerations? I.e. allergic to bee stings, other allergies?

No _____ **Yes** _____ **Please specify:** _____
(If Yes, please contact School Nurse with specifics)

Other Information: _____

Please complete: Child's Insurance Plan: _____ **Plan #:** _____

Doctor: _____ **Office #:** _____

Dentist: _____ **Office #:** _____

MEDICAL TREATMENT PERMISSION:

In the case of illness or accident, first aid and appropriate care will be provided. Your signature below indicates permission for said first aid and appropriate care to be given until family or physician can be reached.

(Signature)

(Date)