



Parent Signature Page

Parent/Student Acknowledgement of Receipt of **2016-2017** Student Information Packet

Student's Name _____ Age _____

Parent Name(s) _____

Parent Email(s) _____

School/Program _____ Grade _____

By signing below, the parent and student acknowledge and agree as follows:

1. We have received the following in hard copy:

- Letter from the Executive Director
- Parent and Student signature page
- Links to student handbooks
- Permission Form
- Student Absences Call-in Policy
- LABBB Program School Calendar
- Medical Forms
 - Health Office Intake Form
 - Health Office Permission Form
 - Medication Policy
 - Over the Counter Medication Form
 - Prescription Medication Form
 - Allergy Action Plan
 - Asthma Action Plan
 - Seizure Protocol
 - Emergency Medical Form

2. We have accessed the following materials online at www.LABBB.com:

- Executive Director and Board of Directors
- Bullying Policy and Plan
- Bullying Forms and Procedures
- Physical Restraint Policy
- Suspension Policy
- School Nurse Contact Numbers
- Contact Information for Parent Concerns

3. We have reviewed and understand that the Student Handbook and additional LABBB materials contain important information about the home-school partnership and rules and policies of the host school and the Collaborative with respect to the student's education and participation in Collaborative programs.
4. We have read and discussed the contents of the Student Handbook and supplemental LABBB materials, and agree that the student's participation in Collaborative programs is subject to the rules and policies contained within these materials.
5. We agree that we will work together with each other and with Collaborative staff to make sure that the student follows the rules and policies contained in the Student Handbook.
6. We have read and understand the policy regarding the use of physical restraint.
7. We have read and understand the Anti-Hazing policy. (High School students/parents only)

I would like my child's name, parent(s) name, address, phone number and email address shared in a directory with other students in my child's program.

Parent Signature(s) _____ Date _____

Parent Signature(s) _____ Date _____

Student Signature _____ Date _____

Please complete this Signature Form, along with the Emergency Card, Permissions Form and Health Forms, and mail them back to your son or daughter's respective program listed below. If you wish to scan, please scan and attach to the respective e-mail. If you wish to receive a hard copy of any of these materials, please contact the appropriate person listed below.

- **Francis Wyman Elementary, Fox Hill Elementary, Memorial Elementary & John Glenn Middle Schools:** LABBB Collaborative, Burlington High School
123 Cambridge Street, Burlington, MA 01803
lcaprio@labbb.net
- **Butler Elementary, Wellington Elementary, Chenery Middle & Ottoson Middle Schools:** LABBB Collaborative, 36 Middlesex Turnpike, Bedford, MA 01730
Dbusa@labbb.net
- **All High School Programs:** LABBB Collaborative, Lexington High School
251 Waltham Street, Lexington, MA 02421
aormond@labbb.net