

The Gifford School

Registration Packet Checklist

2016-2017

1. Student Face Sheet
2. Permissions & Releases
3. Student Records Letter
4. Providers/Agency Involvement
5. Health Record
6. Permission for Medical Treatment
7. Current Medication Information
8. Prescription Medication/Special Procedure Order to be completed by the prescribing physician **and** the parent/guardian
9. Over-the-Counter Medication Order to be completed by the prescribing physician **and** the parent/guardian
10. Student Acceptable Use Technology Policy
11. Understanding and agreement with The Gifford School's Student Rules (HIGH SCHOOL STUDENTS ONLY)

Please also provide:

1. Current physical form that child's primary care physician will provide. We need an up to date physical (< 1 year from the last physical) in order for your child to start school on September 1st, 2016.
2. Proof of most recent dental exam (note from dentist will suffice)

Please note: The Gifford School will provide all parents/guardians with a Parent-Student Handbook of the School's Policies and Procedures upon admission and annually thereafter, or any time upon request.

DIGITAL SIGNATURE AGREEMENT: (IF YOU ELECT TO FILL OUT FORMS ELECTRONICALLY)

By typing my name on the following pages, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

PLEASE NOTE: THE DIGITAL SIGNATURE DOES NOT APPLY TO THE PRESCRIPTION MEDICATION ORDER (IF YOUR STUDENT TAKES MEDS AT SCHOOL), OR THE OTC MEDICATION ORDER. THESE FORMS MUST BE HAND-SIGNED BY YOU AND YOUR CHILD'S DOCTOR.

_____ New student
_____ Re-registration

STUDENT FACE SHEET 2016-2017

STUDENT INFORMATION:

Student's Full Name: First _____ Middle _____ Last _____

D.O.B. _____ Place of Birth _____ Current Residence (home/other) _____

Gender: (optional): _____ Race: (optional) _____

Primary Language of Student: _____ Primary Language of Home: _____

DO YOU NEED TRANSLATION SERVICES Yes _____ No _____

PARENT/GUARDIAN INFORMATION: PLEASE CIRCLE PRIMARY PHONE NUMBER TO CALL

Mother _____ **Father** _____

Address _____ Address _____

H# _____ W# _____ H# _____ W# _____

Cell # _____ Cell # _____

PRIMARY EMAIL ADDRESS

PRIMARY EMAIL ADDRESS

Stepfather _____ **Stepmother** _____

H# _____ W# _____ H# _____ W# _____

Cell # _____ Cell # _____

PRIMARY EMAIL ADDRESS

PRIMARY EMAIL ADDRESS

PLEASE EXPLAIN ANY CUSTODY ARRANGEMENTS, IF APPLICABLE: _____

Should non-custodial parent receive mailings? _____ Yes _____ No

EMERGENCY CONTACT INFORMATION: Name, address, phone # of persons other than parents to contact in an emergency:

1) Name/Relationship: _____ 2) Name/Relationship: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

PUBLIC SCHOOL INFORMATION:

Student's Public School System: _____

PUBLIC SCHOOL LIAISON: _____ **PHONE:** _____

THE GIFFORD SCHOOL 177 Boston Post Road, Weston, MA 02493
Telephone (781) 899-9500 Fax (781) 899-4515

PERMISSIONS AND RELEASES 2016-2017

FIELD TRIP PERMISSION

I give permission for (Student) _____ to participate in local school trips, i.e., bowling, library, etc. I realize that for special trips, such as skiing or mountain climbing trips, a special permission form will be sent home and must be signed.

Parent/Guardian Signature _____ Date _____

UNDERSTANDING AND AGREEMENT WITH SCHOOL POLICIES

I have been given **The Gifford School's Parent Handbook**. I have read and understand the policies it contains, particularly the policies regarding runaways, restraint, suspension, termination, snow days, emergency procedures, reporting of child abuse, and administration of over-the-counter and prescription medications. I understand and accept these policies.

Parent/Guardian Signature _____ Date _____

PHOTOGRAPHS AND VIDEO

I give consent for my son/daughter, (Student) _____ to be photographed and/or videotaped by The Gifford School, and for these photos and videos to be used in publication for print and Internet use in addition to in-house viewing and/or training and supervision. I understand that all photographs and video will become the property of The Gifford School. I release The Gifford School from any and all claims related to the stated uses of these photographs/video. I further understand that this consent is valid until I withdraw it in writing.

Yes _____ No _____ Please call first _____

Parent/Guardian Signature _____ DATE _____

PERMISSION FOR STATE HEALTH SCREENING

Gifford School has my permission to arrange for state mandated annual vision, hearing, postural (grades 5-9), and body mass index screenings for my child, (Student) _____
If my child is unable to participate in any of these screenings at The Gifford School, it becomes my responsibility, upon notification, to have the screening(s) completed by an outside provider.

Parent/Guardian Signature _____ Date _____

PERMISSION FOR EARLY RELEASE

In the event that The Gifford School wishes to dismiss my child, (Student) _____ early or the transportation company wishes to pick him/her up early due to expected inclement weather,
_____ I DO give permission.
_____ I DO NOT give permission.

In all cases of early release, we will do our best to notify you by phone.

Parent/Guardian Signature _____

THE GIFFORD SCHOOL 177 Boston Post Road, Weston, MA 02493
Telephone (781) 899-9500 Fax (781) 899-4515

PROVIDERS/AGENCY INVOLVEMENT 2016-2017

Student Name _____ Date of Birth _____

Please complete the following information:

Therapist(s)-person who meets with your child regularly for individual, family, and/or group therapy

	Name	Address	Tel #
INDIVIDUAL	_____	_____	_____
	_____	_____	_____
FAMILY	_____	_____	_____
GROUP	_____	_____	_____

Psychiatrist(s)-medical doctor, other than primary care physician, who prescribes medication

Name	Address	Tel #
_____	_____	_____
_____	_____	_____

If your child/family currently is working with any local or state agency, such as the Department of Children and Families (DCF) and/or the Department of Mental Health (DMH), please complete the following information.

Name /Title	Address	Tel #
_____	_____	_____
_____	_____	_____

If your child has been hospitalized in the last 12 months, or has received residential treatment for mental health issues, please complete the following:

Name of Hospital/Residential Treatment Center	Date of Admission	Areas of Concern
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby authorize *The Gifford School* to communicate, release, and exchange information from my child's education, medical, and treatment records with the above service providers.

h
Parent/Guardian Signature _____ Date _____

**THE GIFFORD SCHOOL 177 Boston Post Road, Weston, MA 02493
Telephone (781) 899-9500 Fax (781) 899-4515**

Student Name _____

HEALTH RECORD FORM 2016-2017

This information is gathered to assist school personnel in identifying appropriate health care.

ALLERGY INFORMATION	YES	NO	LIFE THREATENING	
LATEX ALLERGY			YES	NO
PEANUT ALLERGY			YES	NO
TREE NUT ALLERGY			YES	NO
MEDICATION ALLERGY			YES	NO
			MEDICATION(S)	
Environmental/ Seasonal Allergies			YES	NO
Bee Sting/Insect Bite Allergy			YES	NO
EPIPEN			DOSE	
MEDICAL DIAGNOSES			TREATMENT	
Asthma			Inhaler?	YES NO
Diabetes			Type	
Seizure Disorder			Protocol	
LACTOSE INTOLERANT			PLEASE PROVIDE A DOCTOR'S ORDER IF YOUR CHILD CAN NOT HAVE DAIRY.	
Heart Problems				
Infectious Diseases				
Bleeding/Clotting Disorders				
Bowel/Bladder Problems				
Skin Problems				
Frequent Ear Infections			Tubes?	YES NO
Syndrome/Disorder/Other Conditions				
Recent Injury or Illness			Date:	Explain:
Frequent Headaches/Head Injury				
Describe past medical treatment if any				

THE GIFFORD SCHOOL 177 Boston Post Road, Weston, MA 02493
 Telephone (781) 899-9500 Fax (781) 899-4515

PARENT/GUARDIAN PERMISSION FOR MEDICAL TREATMENT 2016-2017

Date _____

Student Name _____ Birth Date _____

Primary Care Physician _____
Name Address

Telephone Number _____ Fax Number _____

Dentist _____ Telephone Number _____

Date of most recent comprehensive dental exam _____ **(Must provide letter from Dentist)**

Should a child become injured while at school, we will follow these procedures:

1. For minor cuts and scratches, the School has first aid materials on hand. The school nurse or qualified staff will administer first aid.
2. For more serious accidents that require a doctor's attention, staff will call the parents/guardians immediately to inform them of the injury and make arrangements with the parents/guardians to have the child seen. Staff will bring the student to Newton-Wellesley Hospital unless directed otherwise by parents/guardians. Staff will wait with the student at the hospital until a parent/guardian arrives.
3. In case of extreme injury (life-threatening), the School will notify the Weston Emergency Medical Service (911) for an ambulance and then notify the parent/guardian or emergency contact person. Staff will accompany student until relieved by a parent/guardian.

EMERGENCY CONSENT AND RELEASE FORM

I, the undersigned, hereby give permission to The Gifford School to take my child to Newton-Wellesley Hospital in any medical emergency when I cannot be reached for notification. In addition, I give permission to The Gifford School to release to the hospital all medical forms and parent/guardian contact information that I have provided regarding my child.

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT, FOR RELEASE OF INFORMATION, AND PAYMENT AUTHORIZATION

I hereby certify the above information to be correct as given and hereby authorize the performance of any emergency medical and/or surgical procedure necessary for my child's condition including the administration of local and general anesthesia, which may be deemed necessary or advisable by attending physicians or surgeons during my child's stay at his/her treating hospital (usually Newton-Wellesley Hospital). I also authorize the hospital to release information necessary for the completion of any claim for hospital insurance with my insurance company and to have payment made directly to the hospital.

Signed _____ Date _____
**(Parent/Guardian Signature)

INSURANCE INFORMATION: (Required for emergency purposes) Check here if NO Insurance _____

Insurance Co.: _____ Subscriber's Name: _____

Policy # _____ Health Ins. Phone #: _____

Please note any additional medical concerns or instructions: _____

**THE GIFFORD SCHOOL 177 Boston Post Road, Weston, MA 02493
Telephone (781) 899-9500 Fax (781) 899-4515**

CURRENT PRESCRIPTION MEDICATION INFORMATION 2016-2017

TO BE COMPLETED BY PARENT/GUARDIAN

Student Name _____ Date _____

Will your child be taking medications at school? YES _____ NO _____

List ALL prescribed medications your child will need to take at **SCHOOL**.

<u>NAME OF MEDICATION</u>	<u>DOSAGES</u>	<u>TIMES GIVEN</u>	<u>DATE STARTED (if known)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your child take medications at home? Yes _____ No _____

List ALL prescribed medications your child takes at **HOME**.

<u>NAME OF MEDICATION</u>	<u>DOSAGES</u>	<u>TIMES GIVEN</u>	<u>DATE STARTED (if known)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Licensed Prescriber: _____ Telephone: _____

If there is more than one licensed prescriber, please provide information:

What is your understanding of how these medications are supposed to work?

What is your observation of what these medications are doing now?

Are there side effects that family and staff should watch for? YES _____ NO _____

If yes, please explain

THE GIFFORD SCHOOL 177 Boston Post Road, Weston, MA 02493
Telephone (781) 899-9500 Fax (781) 899-4515

PRESCRIPTION MEDICATION / SPECIAL PROCEDURE ORDER 2016-2017

PLEASE NOTE: IN ORDER FOR ANY PRESCRIPTION MEDICATIONS TO BE DISPENSED IN SCHOOL, THIS FORM MUST BE SIGNED BY A LICENSED PRESCRIBER (AUTHORIZED BY CHAPTER 94C) AND AUTHORIZED WITH A PARENT/GUARDIAN SIGNATURE. THIS FORM MAY NOT BE SIGNED DIGITALLY.

LICENSED PRESCRIBER: Please complete if the below named student must take any prescribed medications during school hours because they cannot be taken at home.

Student's Name _____ Date of Birth _____

Address _____
(Street) (City, Town) (State) (Zip Code)

I give permission to the School Nurse or school personnel designated by the School Nurse to give the following prescribed medication(s):

(Medication/Procedure)	(Dose)	(Frequency)	(Route)
_____ (Special side effects, contraindications, or possible adverse reactions)			

(Medication/Procedure)	(Dose)	(Frequency)	(Route)
_____ (Special side effects, contraindications, or possible adverse reactions)			

Diagnosis _____ **Discontinuation Date** _____
Consent for self-administration YES _____ NO _____

PLEASE NOTE: Prescribed asthma inhaler may be kept by the student and self-administered only if the licensed prescriber indicates the need in writing and considers the student sufficiently responsible. The nurse must also keep one in the Health Office.

Please list **ALL** medications, **in addition to those listed above**, which are currently prescribed for this child.

Name of Medication	Dosage <u>EACH</u> time
_____	_____
_____	_____
_____	_____

Date of next scheduled visit or when advised to return to the prescriber _____

Licensed Prescriber Signature: _____ **Printed Name** _____

Business Telephone #: _____ **FAX #:** _____ **Date of Order:** _____

PARENT/GUARDIAN AUTHORIZATION

Parent/Guardian Signature: _____ Printed Name: _____

Relationship to Student: _____ Date: _____

**THE GIFFORD SCHOOL 177 Boston Post Road, Weston, MA 02493
Telephone (781) 899-9500 Fax (781) 899-4515**

OVER-THE-COUNTER MEDICATION ORDER 2016-2017

PLEASE NOTE: IN ORDER FOR ANY OTC MEDICATIONS TO BE DISPENSED IN SCHOOL, THIS FORM MUST BE SIGNED BY A LICENSED PRESCRIBER (AUTHORIZED BY CHAPTER 94C) AND AUTHORIZED WITH A PARENT/GUARDIAN SIGNATURE. THIS FORM MAY NOT BE SIGNED DIGITALLY.

Name of Student _____ DOB _____

Address _____
(Street) (City/Town)

LICENSED PRESCRIBER: Please complete this form for above named student.

Name of Licensed Prescriber _____ Title _____

Business Telephone Number _____ FAX Number _____

I give permission to the School Nurse or school personnel designated by the School Nurse to give **the following over-the-counter medications if needed:**

Acetaminophen (325 mg tablets) _____
(Dose) (Frequency) (Route)
as needed for _____

Ibuprofen (200 mg tablets) _____
(Dose) (Frequency) (Route)
as needed for _____

Tums (420-500 mg Calcium Carbonate) _____
(Dose) (Frequency) (Route)
as needed for _____

Other Over-the-Counter Medications:

(Name of Medication) (Dose) (Frequency) (Route)
as needed for _____

(Name of Medication) (Dose) (Frequency) (Route)
as needed for _____

NEED BOTH SIGNATURES

LICENSED PRESCRIBER AUTHORIZATION

Licensed Prescriber Signature _____ Printed Name _____

Date of Order: _____ Discontinuation Date: _____

PARENT/GUARDIAN AUTHORIZATION

Parent/Guardian Signature _____ Printed Name _____

Relationship to Student _____ Date _____

**THE GIFFORD SCHOOL 177 Boston Post Road, Weston, MA 02493
Telephone (781) 899-9500 Fax (781) 899-4515**

BULLYING PREVENTION AND INTERVENTION INCIDENT REPORTING FORM
THIS IS A SAMPLE FORM. DO NOT RETURN WITH PACKET.

1. Name of Reporter/Person Filing the Report: _____

(Note: Reports may be made anonymously but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report.)

2. Check whether you are the Target of the behavior **Reporter (not the target)**

3. Check whether you are a: Student Staff member (specify role) _____

Parent Administrator Other (specify) _____

Your contact information/telephone number: _____

4. Information about the Incident:

Name of Target (of behavior): _____

Name of Aggressor (Person who engaged in the behavior): _____

Date(s) of Incident(s): _____

Time When Incident(s) Occurred: _____

Location of Incident(s) (Be as specific as possible): _____

5. Witnesses (List of people who saw the incident or have information about it):

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

Name: _____ Student Staff Other _____

6. Describe the details of the incident (including names of people involved, what occurred, and what each person did and said, including specific words used). Use additional space on back if necessary.

FOR ADMINISTRATIVE USE ONLY
(Note: Reports may be filed anonymously)

Signature of Person Filing This Report: _____ **Date** _____

Form Given to: _____ **Position:** _____ **Date** _____

THE GIFFORD SCHOOL 177 Boston Post Road, Weston, MA 02493
Telephone (781) 899-9500 Fax (781) 899-4515



STUDENT ACCEPTABLE TECHNOLOGY USE POLICY OF THE GIFFORD SCHOOL / TERMS AND CONDITIONS

Updated 6/1/16

(Governing computer and Internet use, electronic devices and information management)

Page 1

DEAR PARENT / GUARDIAN:

The Gifford School continues to strive to provide its students with the best possible opportunities, and the best possible environment in which to learn. Some of The Gifford School's goals are to promote educational opportunities and excellence by facilitating resource sharing, communication and innovation. To help meet these goals, we have provided a state of the art school-wide computer network with fast, broadband Internet access. The Internet offers vast, diverse and unique resources to the students and staff.

Along with the privilege and advantages associated with computer use and access to the Internet, come added responsibilities and risks. Among them is the availability of material that may not be considered appropriate or of educational value in the context of the school setting. The Gifford School has taken precautions to restrict access to controversial materials. We will continually fine-tune our network to provide maximum security. Security measures implemented by The Gifford School comply with Federal and State laws and regulations regarding Internet use. However, on a global network, it is impossible to control the quality of all materials published there. An industrious user may discover materials that are controversial or inappropriate, or they may be accessed accidentally. The Gifford School believes that the importance of access to the valuable information available on the worldwide network far out-weighs the concern that users may access material that is not consistent with its educational goals. Students will also be instructed on proper use of the Internet, and regulations will be posted clearly in classrooms and offices.

The guidelines provided here are to help make you aware of the responsibilities you and your child will acquire, and for you to give him / her permission for computer usage. If a student violates any of these conditions, his / her access to the Internet, and potential future computer use will be reviewed by their school's administrators. The signatures at the end of this document are legally binding and indicate that the parties who signed have read the terms and conditions carefully and understand their significance. If your child is to use the Internet in school, this agreement must be signed. Any questions regarding this policy should be forwarded to Kevin McKenna or Wil Fredian at The Gifford School.



STUDENT ACCEPTABLE TECHNOLOGY USE POLICY OF THE GIFFORD SCHOOL / TERMS AND CONDITIONS

Governing computer and Internet use, electronic devices and information management)

Page 2

1. **Acceptable Use** - The purpose of the networks making up the Internet is to support research and education in and among academic institutions by providing access to unique resources and the opportunity for collaborative work. Use of an organization's network or resources must comply with the rules set forth by that network or organization. Transmission of any material in violation of any national or state regulation is prohibited. This includes (but not limited to): copyright material, threatening or obscene material, or material protected by trade secret.

2. The use of the Internet is a privilege, not a right, and inappropriate use will result in restrictive action being taken (and possibly termination of use). Students will be informed of the policy and proper use of the network at group meetings. The school and system administrators will decide on what constitutes inappropriate use and their decision is final. Also, the system administrators may restrict users from access at any time as deemed necessary or recommended by administration or team leaders.

3. Since the Internet access account belongs to The Gifford School, **The Gifford School reserves the right to monitor, access and observe the use of technology on the Gifford network.**

4. **Network Etiquette and Rules:**

A. All students agree to use the computers and Internet in an appropriate manner as designated by the school. Each agreement must be signed by a parent / guardian. Changes can be made at the discretion of the school at any time and will be communicated to parents / guardians in a timely manner. All regulations will be in writing, and any changes will be posted clearly in classrooms.

B. Students must request the option of using a computer or the Internet to a staff member

C. There must be a staff member present any time a student is using a computer.

D. Students must be on an appropriate behavior level to earn the privilege of using the Internet.

- HIGH SCHOOL - LEVEL 2 / 3
- MIDDLE SCHOOL - LEVEL 2 / 3
- LOWER SCHOOL - LEVEL 2 / 3 / 4

E. Students should not purposely access material designated as **inappropriate** by the school. In the event 'inappropriate' material is accessed accidentally, the student must inform a staff member immediately. (The school realizes that some material or sites may be accessed unintentionally). Students will not be held accountable if a staff person is notified immediately. Any delay in notification may be grounds for review and loss of privileges.

F. **Students should only use the login designated for their use and will not access other user's screens, folders or materials or interfere with the work of others.** Each student will have his or her own folder for storage. Students should always sign in on their own school screen (LS/MS/HS), and access ONLY their own folder. No other student's work should be accessed or altered.

G. Students should not use the network for any personal use (this includes e-mail, chat rooms instant messaging, and accessing web sites other than those specified by an assignment or a staff member). Students will *not sign up for any publication, information or other service that requires use of a password or access code, or uses the name of the school.*

H. Students will be respectful of other's private or intellectual property on the Internet as well as the Gifford network. Trademarked or copyright materials will not be used or copied without express permission.



STUDENT ACCEPTABLE TECHNOLOGY USE POLICY OF THE GIFFORD SCHOOL / TERMS AND CONDITIONS

(Governing computer and Internet use, electronic devices and information management)

Page 3

I. Students should not use the network for any commercial or political purpose.

J. Students should not use the network for any illegal purposes and will not transmit any obscene, threatening or harassing material. Students will not participate in any illegal activities.

K. Students should not transmit or post anywhere on the Web (web site / networking sites / Blogs), any personal information about the school, himself or herself, or **any** member of the community. This includes cell phone texting and pictures.

L. Students should not sign up for any service or reply mail.

M. Students should not download or purchase any materials or files, especially music/videos/images. Special requests can be made to staff and approved by the Director of Technology.

N. Students should not use any storage device, burn disks or otherwise transfer material. Any necessary transfers should be requested of, and done by a staff member. No personal devices or electronic equipment should be attached to, or access The Gifford School network.

O. Students should not use cell phones or other devices that can access personal accounts or the Internet on school grounds or at any school related event or trip at any time, unless under the supervision and with permission of an administrator.

P. Students should not use cameras or cell phones or take pictures on school grounds or at any school related event or trip at any time unless under the supervision of and with the permission of an administrator.

Q. Students are representing The Gifford School while on-line and agree to do so in a respectful and responsible manner.

R. Students should not download or attempt to install any applications / files.

S. Students should not alter screens, folders, documents or settings on their particular school login.

T. Students should not access ANY social networking, peer-to-peer, file sharing or shared gaming sites on ANY device over The Gifford School network.

U. Students should not use the Internet, The Gifford School network, or print out anything that *targets or bullies* another student or staff member. *To be determined by staff.*

V. Students who misuse the privilege of Internet access or break the agreement may be kept from using the Internet or computers for a period of time and lose privileges. (*To be determined by each team and administration*).

W. We encourage students to seek advice related to questions they might have about use of certain web sites, games, and educational materials on the web.

• **Addendum:** While the Gifford School does not currently have open access to Social Networking, it is the intent of the school to examine this option, and provide services as deemed appropriate for our environment. Several options are being considered. At present, limited access is provided to staff for research or class purposes upon request. Students do not have personal access to social media. Access to social media without permission will be considered a violation of this policy and subject to review by team leaders and administration.



**STUDENT ACCEPTABLE TECHNOLOGY USE POLICY
OF THE GIFFORD SCHOOL / TERMS AND CONDITIONS**

(Governing computer and Internet use, electronic devices and information management)

*** Please keep the policy for reference and return only this signed page. ***

Gifford School Internet Use Agreement:

I understand and will abide by the Gifford School Internet Use Agreement. I further understand that any violation of the above regulations is unethical, and may result in loss of privileges or disciplinary action. Legal action may be taken if a student takes part in any activity considered **illegal**.

Student's Name: _____ **Signature:** _____

Date: _____

Parental / Guardian Acknowledgment

As a parent or guardian of this student, I have read the Computer and Internet Use Agreement. I recognize that The Gifford School cannot restrict access to all controversial materials, and I will not hold the school responsible for materials acquired on the network. I agree to the above guidelines and will abide by the school's decisions regarding its use and implementation.

I hereby give permission for _____ to use the computers and Internet at The Gifford School in accordance with this agreement.

Parent or Guardian's Name (please print) _____

Parent or Guardian's Signature **

Date _____

****No signature indicates that permission is not given for the student to use the Internet, and he / she will be restricted from doing so.**



**UNDERSTANDING AND AGREEMENT WITH THE GIFFORD
SCHOOL'S STUDENT RULES**

STUDENT RULES may be found in the **Parent/Student Handbook**, which every family receives annually. This form must be signed by all students entering the 9th grade or above.

I have received and reviewed **The Gifford School's Parent/Student Handbook** in full, and I understand and accept the rules it outlines for students.

Student Name: _____

Student Signature: _____ Date: _____

**THE GIFFORD SCHOOL 177 Boston Post Road, Weston, MA 02493
Telephone (781) 899-9500 Fax (781) 899-4515**