

# **Boston Higashi School – 2017-2018 Annual Authorization Form**

**Student Name (please print):** \_\_\_\_\_

**\*\* Please review the annual authorizations below, indicate your preferences where appropriate, initial each section, and sign and date the last page before returning this form to the Education Office. Thank you! \*\***

## **School Communication:**

I understand that monthly activity calendars for school and residence, and additional notifications about community and school events, will be emailed to me from Boston Higashi School via Constant Contact. I understand that if my email address changes, I should notify the Education Office immediately in order to continue receiving these important emails. If I choose not to share my email address with Boston Higashi School for these communications, I understand that this information is also available at [www.bostonhigashi.org](http://www.bostonhigashi.org), and it is my responsibility to check for updates in order to be informed about my child's upcoming school and residential events.

Parent/Guardian Initials \_\_\_\_\_

## **Emergency Closures:**

I understand that the Boston Higashi School adheres to directives for all "State of Emergency" declarations issued by the Governor of MA, and I will consult local TV and radio stations for school district closures or delayed openings due to weather, which may impact both programming at Higashi and/or transportation from my home district. More information can be found on Higashi's website on the "Forms & Policies" page in the "For Parents" section. For other unforeseen emergency closures, I have provided alternate emergency contacts that will be used if my student needs to be dismissed and I cannot be reached.

Parent/Guardian Initials \_\_\_\_\_

## **Field Trips:**

Parents will be notified in advance of all fieldtrips via the monthly activity calendars from the school or residence, or by the student's teacher. If my child attends Boston Higashi School on a day that a fieldtrip is planned, it is expected that the child will attend the fieldtrip with the Program. I give my child permission to attend all fieldtrips scheduled by Boston Higashi School on days my child is in attendance. I understand I may elect to keep my child home if I do not wish to have him/her attend a scheduled trip.

Parent/Guardian Initials \_\_\_\_\_

## **Acknowledgement for Receipt of Guidelines:**

The Boston Higashi School Guidelines book is posted on our school website for your reference / review at [www.bostonhigashi.org/for\\_parents/formspolicies/guidelines](http://www.bostonhigashi.org/for_parents/formspolicies/guidelines). A hardcopy is available from the Education Office upon request.

Parent/Guardian Initials \_\_\_\_\_

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**Student Name (please print):** \_\_\_\_\_

## **Anti-Bullying Policy:**

I understand that anti-bullying curriculum is in place at Higashi, and a copy can be found on the school's website on the "Forms & Policies" page in the "For Parents" section. Additionally, information about the policy is located in the Guidelines Handbook, which will be sent to me via email.

Parent/Guardian Initials \_\_\_\_\_

## **Displays of Student Artwork:**

I understand that my child may have the opportunity to have their artwork exhibited in public spaces or galleries, and that I will be notified when my child's work will be part of an exhibit. I have checked the appropriate box below to indicate my desire for my child's participation.

\_\_\_ My child's work may be displayed along with his/her First Name and Last Initial.

\_\_\_ Please do not display my child's artwork in public spaces.

Parent/Guardian Initials \_\_\_\_\_

## **Sunscreen/Bug Repellent:**

The Boston Higashi School uses sunscreen and insect repellent on students based on the American Academy of Pediatrics' recommendations, as needed. I understand that if I would prefer specific products to be used on my child, I must send them to school clearly labeled with my child's name, and submit a signed and dated letter with the product names to the Education Office.

Parent/Guardian Initials \_\_\_\_\_

## **Hold Harmless Agreement:**

On behalf of ourselves and our child, we agree that we shall not seek to hold responsible in any way the Boston Higashi School, Inc., its teachers, employees, and agents, for accidents which may happen or injuries which may be incurred within or outside the school or residence premises, if such accidents or injury could not be avoided despite the reasonable precautions and good care exercised by school and residential personnel. We understand that such accidents or injuries which are characteristic of autism may arise as a result of the behavior of the child, including but not limited to, epileptic seizures.

On behalf of our child and ourselves, we hereby entrust the physical and medical needs of our child to you during the time that our child is a resident of the Boston Higashi School. We agree to bear all expenses in connection therewith.

Parent/Guardian Initials \_\_\_\_\_

# **Boston Higashi School – 2017-2018 Annual Authorization Form**

**Student Name (please print):** \_\_\_\_\_

*\*FOR STUDENTS IN MIDDLE SCHOOL DIVISIONS AND OLDER ONLY\**

## **Notification of Health & Human Sexuality Curriculum:**

I understand there is a *Health and Human Sexuality* curriculum in place for students in Middle School, Junior High, High School, and Emergence Programs, and that the program is modified so that students have access to materials and content at their individual levels. I can receive more information on the curriculum, lessons, and topics addressed, or choose to have my child opt out of this curriculum by making my preferences known in writing to the Education Office.

Parent/Guardian Initials \_\_\_\_\_

**Student Name (please print):** \_\_\_\_\_

*\*FOR RESIDENTIAL STUDENTS ONLY\**

## **Residential Haircuts:**

It is the policy of the Boston Higashi School for residential students to be given routine haircuts and styling consistent with good health and grooming practices. I have checked the appropriate box below to indicate my desire for the facilitation of haircuts.

\_\_\_ Yes, I give my consent for Higashi to provide haircuts for my child.

\_\_\_ No, I NOT give my consent for Higashi to provide haircuts for my child.

Parent/Guardian Initials \_\_\_\_\_

***My signature below constitutes my full acceptance of all of the information and terms specified on this form.***

Student's name (please print): \_\_\_\_\_

Parent / Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Please return this signed/initialed form to the Education Office:**

By Mail:  
Attn: Education Office  
800 North Main Street  
Randolph, MA 02368

By Fax:  
781-961-0888

Scan and send by email (PDF):  
edoffice@bostonhigashi.org