



**ORCHARD STREET ACADEMY/ SOAR Assessment Center**

57 Orchard Street, Marlborough, MA 01752 Telephone: 508-481-3611 Fax: 508-481-3634

**Student Information Form 2019-2020**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name of School District:** \_\_\_\_\_ **Date Enrolled:** \_\_\_\_\_

**Student Address (Residence):** \_\_\_\_\_

**Parent/Guardian 1 Name:** \_\_\_\_\_

**Address: Same as student** ☐ \_\_\_\_\_

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

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Parent/Guardian 2 Name:** \_\_\_\_\_

**Address: Same as student** ☐ \_\_\_\_\_

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

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Person(s) to be reached in case of emergency, drop off or pick up if Parent/Guardian are not available:**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**I understand that, in an emergency situation every attempt will be made to reach me and/or my child's physician. If this is not possible, I hereby authorize AVC to arrange for appropriate medical procedures including transportation to and from a medical facility and treatment by the attending physician. I accept responsibility for all costs incurred in such arrangements.**

\_\_\_\_\_  
Signature of Parent/Guardian if the student is under the age of 18  
Signature of Student if 18 or older

\_\_\_\_\_  
Date

**Relationship to Student** \_\_\_\_\_



Assabet Valley  
COLLABORATIVE

**ORCHARD STREET ACADEMY/ SOAR Assessment Center**

57 Orchard Street, Marlborough, MA 01752 Telephone: 508-481-3611 Fax: 508-481-0379

School Year - 2019-2020

**AUTHORIZATION/PERMISSION FORM**

I am the parent/guardian of

\_\_\_\_\_  
(name of student)

**HANDBOOK/POLICIES**

I have received a copy of the AVCAS/SOAR Parent/Guardian/Student Handbook. I understand that the policies and procedures outlined within the handbook will apply to my student while s/he is enrolled at AVCAS/SOAR.

\_\_\_\_\_  
Signature of Parent/Guardian if the student is under the age of 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student if 18 or older

**PRINT AND TV MEDIA**

Occasionally the local media will do stories on our students and work they are doing related to their curriculum. AVC request permission from parents/guardians to release photographs and information related to students to the media (newspaper, news stations, etc.)

I hereby grant AVC permission to use my student's name and/or picture in print (local or regional newspapers) and on television.

☐ YES

☐ NO

\_\_\_\_\_  
Signature of Parent/Guardian if the student is under the age of 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student if 18 or older

**TRANSPORT, FIELD TRIP/OFF GROUNDS ACTIVITIES PERMISSION**

I hereby give my permission for my student to attend and be transported to off grounds activities by and with AVC staff, using AVC vehicles or other special education contracted vehicles for the purposes of educational and recreational field trips, provocational electives, community-based instruction, and other school-related activities. Special events such as field trips that span most or all of the instructional day will be announced to parents and additional permission will be requested.

I will not hold Assabet Valley Collaborative responsible for accident or injury to my student while on trips and off grounds activities given that AVC staff use reasonable care and judgement and follow the AVC transportation safety protocol which have been provided to me in the Parent/Guardian/Student Handbook.

☐ YES

☐ NO

\_\_\_\_\_  
Signature of Parent/Guardian if the student is under the age of 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student if 18 or older



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## **RELEASE OF INFORMATION**

NAME OF STUDENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

I, \_\_\_\_\_, authorize Assabet Valley Collaborative employees working with my child/ward to receive and release the following information with the parties listed below:

Provider Name: \_\_\_\_\_

Role/Agency: \_\_\_\_\_

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

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

Fax: \_\_\_\_\_

- ☐ Immunization Records
- ☐ Medication Orders
- ☐ Physical Examination
- ☐ Change of Status/Medical Reports
- ☐ Return to School Orders for absence > 3 days
- ☐ Physician's Orders for procedures
- ☐ IEP

- ☐ Educational Reports
- ☐ Psychiatric Reports
- ☐ Consultative Reports
- ☐ Discharge Summary
- ☐ Speech/Language Report
- ☐ Neuropsychological and/or Psychological Reports
- ☐ Occupational and/or Physical Therapy Reports

**WHY MAY IT BE SHARED** – Information may be shared to coordinate academic, clinical, and behavioral services for my child and to communicate progress toward goals.

**WHEN DOES THIS RELEASE END?** – This release shall remain in effect for one year from the date below, until my child is removed from the OSA/SOAR school register, or I rescind my permission in writing.

\_\_\_\_\_  
Signature of Parent/Guardian if the student is under the age of 18  
Signature of Student if 18 or older

\_\_\_\_\_  
Date



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**AUTHORIZATION FOR RELEASE OF INFORMATION**

NAME OF STUDENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**I authorize Assabet Valley Collaborative- Orchard Street Academy employees working with me in the above program to receive and release the following information with the parties listed below:**

- |   |  |
|---|--|
| <input type="checkbox"/> Immunization Records                         | <input type="checkbox"/> Educational Reports                             |
| <input type="checkbox"/> Medication Orders                            | <input type="checkbox"/> Psychiatric Reports                             |
| <input type="checkbox"/> Physical Examination                         | <input type="checkbox"/> Consultative Reports                            |
| <input type="checkbox"/> Change of Status/Medical Reports             | <input type="checkbox"/> Discharge Summary                               |
| <input type="checkbox"/> Return to School Orders for absence > 3 days | <input type="checkbox"/> Speech/Language Report                          |
| <input type="checkbox"/> Physician's Orders for procedures            | <input type="checkbox"/> Neuropsychological and/or Psychological Reports |
| <input type="checkbox"/> IEP  | <input type="checkbox"/> Occupational and/or Physical Therapy Reports    |

Name	Role	Phone	Fax

**WHEN DOES THIS RELEASE END?** – This release shall remain in effect for one year from the date below, until my child is removed from the OSA/SOAR school register, or I rescind my permission in writing.

\_\_\_\_\_  
Signature of Parent/Guardian if the student is under the age of 18  
Signature of Student if 18 or older

\_\_\_\_\_  
Date



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**SY 2019-2020**

Dear Parents/Guardians and Students,

Assabet Valley Collaborative uses **School Messenger** to provide notifications to students, staff, and families. Notifications include urgent information such as emergencies, cancellations, snow days, dismissals, etc. They may also include reminders about parent open houses, arts night, and other events.

**How does it work?**

1. Your phone number(s) and email addresses will be included in our notification system database.
2. Only authorized staff will have the authority to utilize the notification system to submit a message to families.
3. Messages will be broadcast through phone, emails, and texts to contacts in the database.
4. If you do not wish to receive notifications via AVC's notification system, please indicate in writing your intent to 'opt out' of the service using the enclosed form.

Please do not hesitate to contact me if you have any questions or concerns.

Thank you,

Cathy Cummins  
Executive Director

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To opt out of AVC's notification system, please return the following form to your child's school.

☐ I do not wish to receive ANY notifications from Assabet Valley Collaborative's notification system

I understand by opting out of this service, I will not be included in phone, email or text message notifications regarding school cancellations, emergencies, dismissals or events.

Signed: \_\_\_\_\_

Printed: \_\_\_\_\_

Student: \_\_\_\_\_ Program: Orchard Street Academy



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**SY 2019-2020**

Dear Parents/Guardians,

As you are aware all students at Orchard Street Academy and SOAR participate in individual and group counseling with licensed mental health professionals. During the 2019/2020 school year we are excited to welcome a bachelor's level music therapy intern. In some cases, your child may participate in group and/or dyad counseling with our music therapy intern, under the direct supervision of Monica Goncalves, our certified music therapist. Our intern students are well trained in their area(s) of study and carefully interviewed and selected by the music therapist and school administration.

Please review the following information regarding Bachelor level interns:

1. Student providers will not provide individual and group counseling alone. Interns will be supervised at all times when with students.
2. Student providers are bound by the same ethics, laws, and limits of confidentiality as licensed clinicians.
3. Student providers are still enrolled in their bachelor's program and thus are not yet eligible for licensure by the Commonwealth of Massachusetts.
4. Student providers do not offer services to parents and/or other providers.
5. Student providers may refer cases to the clinical supervisor based on assessment of need.
6. Student providers receive clinical supervision from certified and licensed independent clinician(s) at OSA/SOAR.

If at any time you have any questions or concerns you may contact Shannon VanderSwaagh at [svanderswaagh@avcollaborative.org](mailto:svanderswaagh@avcollaborative.org) or 508-481-3611 ext \*7014 or Brenda Goodreau, Assistant Principal at [bgoodreau@avcollaborative.org](mailto:bgoodreau@avcollaborative.org) or 508-481-3611 ext \*7015.

Sincerely, Shannon VanderSwaagh, Principal

To opt out of your student's participation with an AVC sponsored music intern, please return the following form to Orchard Street Academy.

☐ I do not wish to have my student participate in participate in group and/or dyad counseling with our music therapy intern, under the direct supervision of Monica Goncalves, our certified music therapist.

I understand by opting out of this service, I will not be included in phone, email or text message notifications regarding school cancellations, emergencies, dismissals or events.

Signed: \_\_\_\_\_

Printed: \_\_\_\_\_

Student: \_\_\_\_\_ Program: Orchard Street Academy



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**School Year – 2019-2020**

**Google Apps for Education Permission Form  
(Students age 12 years old or below)**

**By signing below, I confirm that I have read and understand the following:**

Under FERPA and corresponding Massachusetts law, a student's education records are protected from disclosure to third parties.

I understand that my student's education records stored in Google Apps for Education may be accessible to someone other than my student and the Assabet Valley Collaborative by virtue of this online environment. My signature below confirms my consent to allow my student's education record to be stored by Google.

I understand that by participating in Google Apps for Education, information about my child will be collected and stored electronically. I have read the privacy policies associated with use of Google Apps for Education (<http://www.google.com/a/help/intl/en/edu/privacy.html>). I understand that I may ask for my child's account to be removed at any time.

\_\_\_\_\_ YES, I give permission for my child to be assigned a full Assabet Valley Collaborative Google Apps for Education account. This means my child will receive an email account, access to Google Docs, Calendar, Sites and Social Media Tools.

\_\_\_\_\_ NO, I do not give permission for my child to be assigned a full Assabet Valley Collaborative Google Apps for Education account. This means my child will NOT receive an email account or access to Docs, Calendar, Sites and Social Media Tools.

Student Name: (Print) \_\_\_\_\_

Program: \_\_\_\_\_

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

**Google Apps for Education Notification Form**

Dear Parents/Guardians,

The Assabet Valley Collaborative utilizes Google Apps for Education for students, teachers, and staff. This permission form describes the tools and student responsibilities for using these services. As with any educational endeavor, a strong partnership with families is essential to a successful experience.

The following services are available to each student and hosted by Google as part of Assabet Valley Collaborative's online presence in Google Apps for Education:

- Mail – an individual email account for school use managed by the Assabet Valley Collaborative
- Calendar – an individual calendar providing the ability to organize schedules, daily activities, and assignments
- Docs – a word processing, spreadsheet, drawing, and presentation toolset that is very similar to Microsoft Office
- Sites – an individual and collaborative website creation tool
- Social Media Tools – YouTube, Blogger, Google+, Google Chat, Google Talk + Hangouts,

Providing joint programs and services for school districts of:

Assabet Valley Region . Auburn . Berlin/Boylston Region . Berlin . Boylston . Grafton . Hudson . Marlborough . Maynard . Millbury . Nashoba Region . Northborough . Northborough / Southborough Region . Southborough . Shrewsbury . Westborough



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Using these tools, students collaboratively create, edit and share files and websites for school related projects and communicate via email with other students and teachers. These services are entirely online and available 24/7 from any Internet-connected computer. Examples of student use include showcasing class projects, building an electronic portfolio of school learning experiences, and working in small groups on presentations to share with others.

Technology use in the Assabet Valley Collaborative is governed by federal laws including:

**Children's Online Privacy Protection Act (COPPA)**

COPPA applies to commercial companies and limits their ability to collect personal information from children under 13. By default, advertising is turned off for Assabet Valley Collaborative's presence in Google Apps for Education. No personal student information is collected for commercial purposes. This permission form allows the school to act as an agent for parents in the collection of information within the school context. The school's use of student information is solely for education purposes. <http://www.ftc.gov/privacy/coppafaqs.shtm>

**Family Educational Rights and Privacy Act (FERPA)**

FERPA protects the privacy of student education records and gives parents the rights to review student records. Under FERPA, schools may disclose directory information, but parents may request the school not disclose this information. Parents are provided the opportunity annually to opt out of disclosing their student's directory information on the Collaborative's Enrollment Form. <http://www.ed.gov/policy/gen/guid/fpco/ferpa>

**Guidelines for the responsible use of Google Apps for Education by students:**

1. **Official Email Address.** All students will be assigned a [username@student.avcollaborative.org](mailto:username@student.avcollaborative.org) email account. This account will be considered the student's official AVC email address until such time as the student is no longer enrolled in Assabet Valley Collaborative's programs.
2. **Prohibited Conduct.** Please refer to the Student Handbook for the Acceptable Use Policy
3. **Access Restriction.** Access to and use of student email is considered a privilege accorded at the discretion of the Assabet Valley Collaborative. The Collaborative maintains the right to immediately withdraw the access and use of these services when there is reason to believe that violations of law or Collaborative policies have occurred. In such cases, the alleged violation will be referred to the program Administrator for further investigation and adjudication.
4. **Security.** Assabet Valley Collaborative cannot and does not guarantee the security of electronic files located on Google systems. Although Google does have a powerful content filter in place for email, the Collaborative cannot assure that users will not be exposed to unsolicited information.
5. **Privacy.** The general right of privacy will be extended to the extent possible in the electronic environment. Assabet Valley Collaborative and all electronic users should treat electronically stored information in individuals' files as confidential and private. However, users of student email are strictly prohibited from accessing files and information other than their own. The Collaborative reserves the right to access the [username@student.avcollaborative.org](mailto:username@student.avcollaborative.org) Google systems, including current and archival files of user accounts when there is reasonable suspicion that unacceptable use has occurred.

Providing joint programs and services for school districts of:

Assabet Valley Region . Auburn . Berlin/Boylston Region . Berlin, Boylston, Grafton, Hudson . Marlborough . Maynard . Millbury, Nashoba Region . Northborough . Northborough / Southborough Region . Southborough . Shrewsbury . Westborough





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57 Orchard Street, Marlborough, MA 01752 Telephone: 508-481-3611 Secure Health Office Fax: 855-678-6579

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**School Year - 2019-2020**

**Dear Parents/Guardians:**

The OSA nursing staff would like your cooperation in updating our records. Enclosed you will find a variety of paperwork that must be completed and submitted prior to the start of the school year. These forms provide us with the necessary information, consents, and documentation to ensure that we are able to safely care for your student's health care needs. Students will not be able to attend the upcoming school year without the attached completed forms and the state mandated documentation listed below:

**Physicals are required for the following students:**

- ALL newly enrolled students
- Students in grades 7 and 10
- Prior to participation in school team sports

**Immunizations:** Massachusetts Department of Public Health, 105 CMR: 220.000 authorized by MGL 111 states that 'All students attending elementary, middle, high school and postsecondary institutions must provide documentation of immunizations prior to entry.'

**Medications:** If a student requires medication at school, please read the following carefully:

**\*\*MEDICATIONS MUST BE DELIVERED TO THE SCHOOL IN A PHARMACY OR MANUFACTURER-LABELED CONTAINER WITH NO MORE THAN A 30-DAY SUPPLY. \*\***  
(Please ask your pharmacy to provide separate containers for home and school.)

Medication may **NOT** be sent on school transportation. A responsible adult who you designate may deliver medicines provided this is discussed with the school nurse beforehand. The nurse and responsible adult must jointly account for the quantity of meds delivered.

If you have any questions or concerns, please call the nurse at the number below. Thank you for your cooperation.

We look forward to serving the healthcare needs of your student/s.

Sincerely,

**Joanne Furbish RN,BSN**  
**AVC Health Services**  
**Health Office: 508-481-3611 ext. \*7001**  
**Work Cell Phone: 774-285-0312**  
**Secure Fax: 855-678-6579**  
**Email: [jfurbish@avcollaborative.org](mailto:jfurbish@avcollaborative.org)**



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**HEALTH AND MEDICAL INFORMATION**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Gender Identity:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Hearing Aid:** ☐ Yes ☐ No

**Vision Prescription:** ☐ Yes ☐ No **Compliant with wearing glasses/contacts at school:** ☐ Yes ☐ No

**Other equipment:** \_\_\_\_\_

**Allergies:** (Including drug, food and environment): \_\_\_\_\_

**Medications:** Please list all medications that the student is currently taking.

Name of Medication	Dosage	Times Per Day	Prescribing Physician/Provider
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Medical and Mental Health Conditions (asthma, anxiety, ADHD, etc.):** \_\_\_\_\_

**Treatment(s) including special dietary needs:** \_\_\_\_\_

**Religious/Social restrictions that may affect your child's medical needs:** \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_ **Subscriber:** \_\_\_\_\_

**Insurance Policy Number:** \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_



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**MEDICATION/MEDICAL PROCEDURE AUTHORIZATION/ORDER FORM**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian**

I agree that the school nurse is able to administer the following medication or perform the medical procedure prescribed to the above listed student while they are at school.

<b>Parent/Guardian/(Print)</b> _____	<b>Signature</b> _____	<b>Date</b> _____
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**LICENSED PRESCRIBER:**

My patient (listed above) may receive the following medication/procedure while in school:

**Medication/Procedure:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_ **Route of administration:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_ **Time(s) to be taken in school:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Specific directions for administration:** \_\_\_\_\_

(Please note: Whenever possible, medication should be scheduled at times other than school)

**Date of Order:** \_\_\_\_\_ [ ] (Discontinue at end of school year, including summer program if applicable.)

**Side effects, contraindications or possible reactions to be observed:** \_\_\_\_\_

**Name of Licensed Prescriber (Please print.):** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax** \_\_\_\_\_

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

\_\_\_\_\_  
**Signature of Licensed Prescriber**

\_\_\_\_\_  
**Date**

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Dear AVC Families, Guardians and Students,

Due to allergies, diet, sensitivities and other interactions, we require that families/guardians to provide their **own sunscreen** for students.

Please apply sunscreen in the morning **before** school, and bring/send in your own bottle. Hats and light breathable layers offer added protection.

Here are tips from the American Academy of Dermatology on how to choose a high-quality **SPF 30 or higher sunscreen that protects against UVA/UVB, and is "very" water-resistant (up to 80 minutes or higher.)**

..... HOW TO SELECT A .....

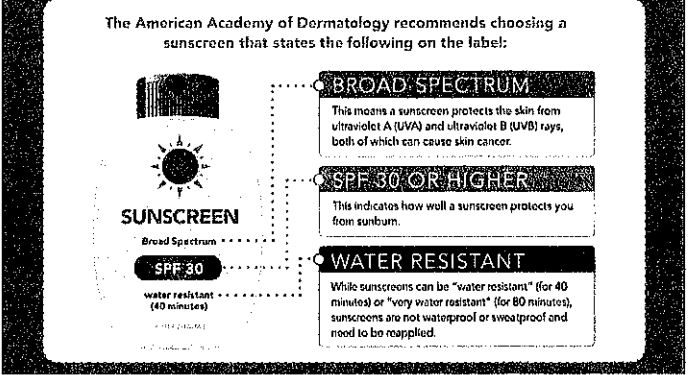
# SUNSCREEN

Choosing the right sunscreen can help reduce the risk of skin cancer and early skin aging caused by the sun.

**SUNSCREEN IS AN IMPORTANT TOOL**  
In the fight against skin cancer, including melanoma, the deadliest form of skin cancer.

**1 in 5** Americans will develop skin cancer in their lifetime.

The American Academy of Dermatology recommends choosing a sunscreen that states the following on the label:



- BROAD SPECTRUM**  
This means a sunscreen protects the skin from ultraviolet A (UVA) and ultraviolet B (UVB) rays, both of which can cause skin cancer.
- SPF 30 OR HIGHER**  
This indicates how well a sunscreen protects you from sunburn.
- WATER RESISTANT**  
While sunscreens can be "water resistant" (for 40 minutes) or "very water resistant" (for 80 minutes), sunscreens are not waterproof or sweatproof and need to be reapplied.

**Medications** may increase sun-sensitivity: <https://www.fda.gov/drugs/resourcesforyou/specialfeatures/ucm464195.htm>

☐ I do not wish to have my student receive application of this product. I understand by opting out of this service, my student will not receive sunscreen.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please contact your program nurse above with any questions.*

