

# **STUDENT CONTRACT**

## **Fundamental Principle:**

Mutual respect is the key to creating a safe environment for all students to grow and learn.

## **Fundamental Expectations:**

- **Attendance** – All school members are expected to be in school each day – on time and prepared to participate fully. Students will remain in school for the entire school day.
  - If a student has a legitimate reason for being absent, a parent or guardian must notify the school on that day or earlier, 617-241-3871.
  - Unexcused absences may require a reinstatement meeting with the parent/guardian.
  - Students may receive a failing term grade for attendance below 80% during an academic term. Continued absences may require a team meeting with the parent/guardian and sending school district to discuss the student’s status at Seaport Academy.
  
- **Participation** – Students will participate in all school activities, including group and individual counseling, academic classes and activity-based learning.
  
- **Parent-Faculty Contact** – Regular consultations and communications will be maintained between student, family and faculty at all times.
  
- **School Rules** – In order to ensure a safe environment for all, students will understand and agree to follow the established school rules and associated discipline policy while enrolled at Seaport Academy. The following behaviors are not acceptable and will not be tolerated:
  - Blatant disrespect for staff or other students
  - Destruction of school or personal property
  - Physical assault/ fighting
  - Threatening behavior
  - Drug or weapons involvement
  - Endangering self or others
  - Leaving the program without permission
  - Theft
  - Filming, recording or taking pictures of others
  
- **Exclusion from school** – Students may be immediately suspended for any violation of the above list. A reinstatement meeting, involving the student, parent/guardian and faculty will be held prior to returning the student to school.



**Parent/Guardian Consent and Acknowledgement Form**

STUDENT NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

*Please read, sign and date items 1-4.*

1. I give permission for my child to leave school grounds to participate in supervised activities. Parents will be notified in advance of any overnight or extended trips requiring separate permission forms. This permission is effective during the **2022-2023** academic year.

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

2. In the event of an emergency, I give permission to school staff to treat my child for any minor conditions requiring First Aid or to call emergency assistance and/or to transport my child to the hospital for treatment. I understand that I will be contacted about the situation as soon as possible.\*

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

3. I give permission to Seaport Academy/Schools for Children to use for public relations, observation, social media,-or fundraising, photographs and/or videotapes of my child.

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

4. Seaport Academy may e-mail me with updates about the school and my child.

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

**e-mail:** \_\_\_\_\_

5. I acknowledge Seaport Academy utilizes Partner in Sex Education to provide my student with Human Sexuality, Health, and Sex Education. Please sign to acknowledge OR contact Melissa Byron if you would like your student to be provided with an alternative assignment.

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

\*Please note that Seaport may not dispense ANY medication that is not prescribed by a physician (including antacids, aspirin etc.). Prescribed medications dispensed at Seaport MUST be accompanied by the Med Consent Form filled out by both the parent/guardian AND prescribing physician.

\*\*A copy of the Anti-bullying plan is available on our website [www.seaportacademy.org](http://www.seaportacademy.org)

**6. Acknowledgement of Restraint:** Seaport Academy’s goal is to work in partnership with the Massachusetts Department of Education to ensure that every student participating in the Seaport program is free from the unreasonable use of any physical restraint. Prone restraint (the holding of a student in the prone position by staff with in-depth training) is not used at Seaport Academy.

The Regulations govern the use of physical restraint on students in publicly funded school districts, charter schools, collaborative education programs and special education schools approved under applicable Regulations. Regulations apply not only at school, but also at school-sponsored events and activities, whether or not on school property.

Seaport does not use prone restraint and prohibits medical restraint, mechanical restraint, seclusion, and the use of any restraint in a manner inconsistent with CMR 46.00. A full overview of the restraint policy and behavior support policy is available in our handbook on our website: [www.seaportacademy.org](http://www.seaportacademy.org) or Policies and Procedures criteria 9.1 and 9.4 are available upon request at the front desk

I acknowledge restraint can be used when less restrictive options have been exhausted AND in cases where safety is at risk to students, staff, or the community:

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

**7. Permission for Students with Unsupervised Time:** Students with this permission may ask staff to take unsupervised breaks. This privilege is meaningful to students and is an important part of preparing students to transition out of our school. This sort of “normalizing” experience provides a positive impact to a student’s growth and development. Please sign below if you will allow your son to participate in this privilege.

\_\_\_\_ I allow my student to take unsupervised breaks (with staff permission)

\_\_\_\_ I do not allow my student o participate in unsupervised breaks

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

**8. COVID-19 Consent and Assumption of Risk (please sign for all)**

A. In the event that my student displays symptoms and needs to be picked up I, or one of my designated contacts, will pick the student up in a timely manner.

B. If my student is positive for COVID-19, I will follow the CDC guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html>

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

Designated Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Parent/Guardian Medication Consent Form 1**

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please initial each area and sign the bottom of this form.

**Long Term Daily Medication**

- (1) Signed consent by a parent/guardian will be required to give all medicines.
- (2) Signed medication order. A written medication order form must be taken to the student's licensed prescriber for completion and be returned to the school. This order must be renewed as needed and at the beginning of each academic year or when prescriptions change.
- (3) Medicines must be delivered to the school in a pharmacy or manufacturer-labeled container by the parent/guardian. No more than a thirty (30) day supply of medicine be delivered to the school. The label must match the form.

**Short Term Daily Medication**

- (1) Students who require medication during the day must bring the medication that is due to be taken during school hours to the school office upon arrival to school. All medication must be in a properly labeled prescription container/non-prescription package and authorized by the physician of the student.

I give permission for Seaport Academy to administer my son's medication during school hours and on field trips **if I and my child's prescribing doctor complete and return the School Authorization for Dispensing Medicine form.** \_\_\_\_\_

I will give the **School Authorization for Dispensing Medicine** form to my son's physician to complete and return to Seaport Academy. I understand that no medication can be administered without this completed information. This must be updated each school year. \_\_\_\_\_

I give Seaport Academy permission to communicate directly with the physician regarding the medication and any changes/observations noted. \_\_\_\_\_

I understand that any change in medication or dosage must be authorized by a new order from the physician and the new prescription bottle will be updated to match such order changes \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**School Authorization for Dispensing Medicine 2**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Part I: To be completed by Parent/Guardian (Required)**

I authorize the school staff to see that my child, \_\_\_\_\_ receives the medication prescribed by \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please list all medications that your child takes:

\_\_\_\_\_

\_\_\_\_\_

**Part II: To be completed by Physician or Licensed Prescriber  
(Required)**

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

Medication	Dosage	Time/Frequency
------------	--------	----------------

Medication	Dosage	Time/Frequency
------------	--------	----------------

Medication	Dosage	Time/Frequency
------------	--------	----------------

Medication	Dosage	Time/Frequency
------------	--------	----------------

If PRN, state frequency and indications: \_\_\_\_\_

Duration of treatment: \_\_\_\_\_

Possible side effects and adverse reaction: \_\_\_\_\_

Other recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician's Name (please print)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**Please note that Seaport Academy cannot store or dispense medication without this completed form Seaport Academy may not dispense medication not listed and detailed by the prescriber. The pharmacy label information must match the prescriber information for all meds. Required for school and field trips**

Dear Parents and Guardians,

Seaport Academy's policy is to offer nutritious meal options to all students regardless of family ability to pay. All students are offered healthy breakfast, mid-morning snack and lunch options free of charge.

We request to be informed of food needs as they pertain to religions, allergies, sensitivities and preference etc. so that we may offer your child the most suitable options. As such, please inform us of your child's dietary needs by submitting this form to us via mail, fax or email. Unless we hear otherwise, your child will receive the standard meal options.

Please describe your child's dietary needs (if applicable), or attach specific dietary needs:

---

---

---

Thank you,

**Melissa Byron**

Director of Student Services

Seaport Academy

285 Commandants Way

Chelsea, MA 02150

(p) 617-241-3871

(f) 617-241-7452

[mbyron@seaportacademy.org](mailto:mbyron@seaportacademy.org)

Student Information

Please complete this form and keep this information current. If there are any changes in the school year, please notify Melissa Byron, Director of Student Services.

**Student Info**

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Student's Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ e-mail \_\_\_\_\_

**Group Home Info** *If applicable*

Name of Residence \_\_\_\_\_

Contact Person \_\_\_\_\_ Title: \_\_\_\_\_

Contact's Phone \_\_\_\_\_ Contact's e-mail \_\_\_\_\_

**Parent or Guardian 1**

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Language Spoken \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ e-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Is this your cell? (Y / N)

Cell Phone *if different* \_\_\_\_\_ Work Phone \_\_\_\_\_

**Parent or Guardian 2**

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Language Spoken \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ e-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Is this your cell? (Y / N)

Cell Phone *if different* \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Contact (must be different from parent or guardian)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Language Spoken \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ e-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Is this their cell? (Y / N)

Cell Phone *if different* \_\_\_\_\_ Work Phone \_\_\_\_\_



**Agency If applicable**

DCF Case Manager \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

e-mail \_\_\_\_\_

Outside Therapist Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

e-mail \_\_\_\_\_

(see consent forms for Release of Information)

*Other, Specify*

Role \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

e-mail \_\_\_\_\_

(See consent forms for Release of Information)

**Medication**

*Seaport requires the medication information for all students in order to be appropriately trained in side effects and administration. If Seaport Academy will be administering any medication (during the regular school day, on extended day activities, or on over night trips) **the Med Consent Form must be filled out and signed by a parent or guardian AND the prescribing physician.** Please see the Med Consent Form in the enrollment packet for more information.*

Please list the medication your child takes:

---

---

---

## The Hazing Act

Massachusetts General Laws, chapter 269  
Sections 17 through 19 (November 26, 1985)  
as amended by Chapter 665 of the Acts of 1987 (January 5, 1988)

This is a true copy of sections 17, 18, and 19 of the Hazing Act to be provided to each Seaport Academy student in accordance with the law.

### Section 17. Hazing; organizing or participating; hazing defined

Whoever is a principal organizer or participant in the crime of hazing, as defined herein, shall be punished by a fine of not more than three thousand dollars or by imprisonment in a house of correction for not more than one year, or both such fine and imprisonment. The term "hazing" as used in this section and in sections eighteen and nineteen, shall mean any conduct or method of initiation into any student Organization, whether on public or private property, which willfully or recklessly endangers the physical or mental health of any student or other person. Such conduct shall include whipping, beating, branding, forced calisthenics, exposure to the weather, forced consumption of any food, liquor, beverage, drug or other substance, or any other brutal treatment or forced physical activity which is likely to adversely affect the physical health or safety of any such student or other person, or which subjects such student or other person to extreme mental stress, including extended deprivation of sleep or rest or extended isolation. Notwithstanding any other provision of this section to the contrary, consent shall not be available as a defense to any prosecution under this action.

### Section 18. Failure to report hazing

Whoever knows that another person is the victim of hazing as defined in section seventeen and is at the scene of such crime shall, to the extent that such person can do so without danger or peril to himself or others, report such crime to an appropriate law enforcement official as soon as reasonably practicable. Whoever fails to report such crime shall be punished by a fine of not more than one thousand dollars.

### Section 19. Copy of sections 17, 18 and this section; issuance to students and student groups, teams and Organizations; report

Each institution of secondary education and each public and private institution of post secondary education shall issue to every student group, student team or student Organization which is part of such institution or is recognized by the institution or permitted by the institution to use its name or facilities or is known by the institution to exist as an unaffiliated student group, student team or student Organization, a copy of this section and sections seventeen and eighteen; provided, however, that an institution's compliance with this section's requirements that an institution issue copies of this section and sections seventeen and eighteen to unaffiliated student groups, teams or Organizations shall not constitute evidence of the institution's recognition or endorsement of said unaffiliated student groups, teams or Organizations.

Each such group, team or Organization shall distribute a copy of this section and sections seventeen and eighteen to each of its members, plebes, pledges or applicants for membership. It shall be the duty of each such group, team or Organization, acting through its designated officer, to deliver annually to the institution an attested acknowledgement stating that such group, team or Organization has received a copy of this section and said sections seventeen and eighteen, that each of its members, plebes, pledges, or applicants has received a copy of sections seventeen and eighteen, and that such group, team, or Organization understands and agrees to comply with the provisions of this section and sections seventeen and eighteen.

Each institution of secondary education and each public or private institution of post secondary education shall, at least annually, before or at the start of enrollment, deliver to each person who enrolls as a full time student in such institution a copy of this section and sections seventeen and eighteen.

Each institution of secondary education and each public or private institution of post secondary education shall file, at least annually, a report with the regents of higher education and in the case of secondary education, the board of education, certifying that such institution has complied with its responsibility to inform student groups, teams or Organizations and to notify each full time student enrolled by it of the provisions of this section and sections seventeen and eighteen and also certifying that such institution has adopted a disciplinary policy with regard to the organizers and participants of hazing, and that such policy has been set forth with appropriate emphasis in the student handbook or similar means of communicating the institution's policies to its students. The board of regents and, in the case of secondary institutions, the board of education shall promulgate regulations governing the content and frequency of such reports, and shall forthwith report to the attorney general any such institution which fails to make such report.

**Seaport Academy Anti-Hazing Policy:**

Hazing is not permitted at Seaport Academy. Each school year, all clubs, sports teams and school organizations are notified that hazing is not acceptable at Seaport Academy. Any incidents of hazing will be dealt with in accordance to state law.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date