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

**Note:** Information on the Emergency Medical form provided has been pulled from our student data management system. Please update the form and sign the statements below. All students and **#1 Contacts must have a home phone** listed in our database. If you do not have a home phone, please list your mobile phone as both your home and mobile. Please do not leave this field blank. (Key: H/home, M/mobile or cell, W/work, L/listed, U/unlisted).

Please remember to keep your child’s records current with the school office. This includes address, phone, and email changes, as well as applicable court orders for custody and changes to medical alerts.

New Bedford Academy is using Infinite Campus for sending out notification alerts. The email and phone number you have on record with the District will be accessed from our information database to send our emails and calls. After opening your Infinite Campus Parent Portal, you can manage your contact preferences by selecting email, phone calls and/or text messages.

Progress reports and report cards will be available through the Infinite Campus Parent Portal for Grades K-8. If you do not have access to the internet a paper copy may be requested from the office. In order to receive email alerts and notices, a valid email address must be on file. Parent Portal directions will be sent home with your specific information.

**Emergency:** I give permission to NEW BEDFORD ACADEMY to secure emergency medical and/or emergency surgical treatment for the minor child named above while in care. I will not hold the school district financially responsible for the emergency care and/or transportation of said minor.

**Field Trip:** I give permission to NEW BEDFORD ACADEMY for my child (named above) to be transported in a vehicle and/or participate in field trips planned for his/her class during the current school year. I understand the School District does not provide medical insurance for my child for purposes of field trips, and I am solely responsible for providing such insurance and for payment of any medical treatment expenses for my child that are not covered by insurance. I understand that I must inform the school at the time of a particular field trip if I do not wish him/her to participate. If would be interested in assisting on field trip(s) during the school year, contact your child’s teacher.

**Concussion Information Sheet:** I have read the Concussion Information Sheet. As attested by my signature below, I acknowledge that I have received and reviewed the educational material pertaining to **concussions** for parents and students as provided by **New Bedford Academy**, and understand Michigan Law, Public Act 342 and 343, effective June 30, 2013.

**Policies (A):** I give permission for my child under 13 to be assigned a New Bedford Academy Google Apps for Education account.

**Policies (B):** I understand that it is my responsibility to review the policies, procedures, rules, and the Technology Acceptable Use Policies available in the Parent/Student Handbook. I may access the Parent/Student Handbook on the school website,[www.NewBedfordAcademy](http://www.NewBedfordAcademy).com[,](http://www.bedford.k12.mi.us/) or request a copy at the school office. Failure to sign the re-enrollment form does not exclude my student from following the school rules. I certify that all of the above is true to the best of my knowledge.

**Policy (C):** Permission to photograph or videotape a student either individually or as part of a group is assumed, including for publication materials. If you’d like to opt-out, please contact the office.

**Policies - Student Signature (Grades 2-8): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Policies - Parent Signature (Grades Y5-8): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**