

2026-2027 School Annual Data Packet

It is important that you review, complete and sign where **X** indicated

***Please check off
each page as you sign.**

See the enclosed
records below.

Sign and return this
page along with all
signature pages.

***Return to school as
soon as possible.**

	Page 1	List/Contents Page (this page)
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	Page 3 & 4	Face Pages (student/family info sheets)
	Page 5	Medical Treatment Form
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*** Please check off that you have received the
following documents and keep them for your records.**

	Family/Student Handbook
	School Calendar
	Behavior Support Policies & Procedures
	Restraint Policy & Procedure
	Bullying Prevention & Intervention Plan
	Anti-Hazing Policy & Procedure
	Immunization Requirements

The Policy & Procedure Manual, First Aid Policy, and Emergency Procedures are available at the school office. A copy of the Policy & Procedure Manual is available upon request.

I HAVE RECEIVED ALL INFORMATION AS NOTED ABOVE FOR MY RECORDS

X

CAREGIVER SIGNATURE

DATE

April 21st, 2026

Dear Manville Students and Caregivers,

Enclosed you will find Manville School's enrollment packet, which must be fully completed before your child may begin attending *and* annually prior to the start of school. The packet includes required forms and important information about our school. It is a Department of Elementary and Secondary Education (DESE) requirement that these forms are completed at admission and annually each year thereafter.

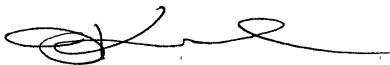
I want to highlight the medical forms for your close attention. In addition to your child's annual physical and immunization record, we must have all medication forms, signed by you and your child's prescribing physician, for any student taking medication at school. We cannot administer medication to a student without new medication orders from the prescribing physician. In addition, please remember that an adult needs to deliver any medication to the school. Students should not bring their medication to school.

Another focus for the school is ensuring that we have two emergency contacts for all students. Please make sure you are providing us with emergency contacts that we can reach if you are unavailable. If you are unable to provide two emergency contracts, please reach out to the school to discuss. In some cases, we may not be able to enroll a student without any emergency contacts on file.

Finally, we are asking caregivers provide a current picture of your child for our records. Current pictures are important to have on file in an emergency, however unlikely, when we would need to provide it to first responders.

Thank you for your attention to these important forms. If you have any questions please email Beth Lee, our Executive Assistant, at blee@bakercenter.org.

Sincerely,



John Kershaw
Senior Director of the Manville School

INFORMATION FACE SHEET

MANVILLE SCHOOL
53 PARKER HILL AVENUE, BOSTON, MASSACHUSETTS 02120

PLEASE **PRINT** CLEARLY AND LEGIBLY ANSWERING **ALL** QUESTIONS:

NAME OF STUDENT			MALE FEMALE NON-BINARY
First	<u>MIDDLE NAME</u>	Last	Date of Birth
ADDRESS OF STUDENT:		TOWN:	ZIP CODE
NAME OF CAREGIVER 1:		RELATIONSHIP TO STUDENT	
NAME OF CAREGIVER 2:		RELATIONSHIP TO STUDENT	
ADDRESS OF CAREGIVER (IF DIFFERENT FROM STUDENT)		TOWN:	ZIP CODE
TELEPHONE:			
HOME	CELL (CAREGIVER 1)	CELL (CAREGIVER 2)	OTHER (WORK, PAGER, ETC.)
CAREGIVER 1 EMAIL		CAREGIVER 2 EMAIL	DATE ENTERED MANVILLE
PRIMARY LANGUAGE SPOKEN AT HOME:		PRIMARY LANGUAGE OF STUDENT	
PERSONAL INFORMATION:		HEIGHT:	RACE:
COLOR OF EYES:			
IDENTIFYING MARKS:			
EMERGENCY CONTACT (PERSON MANVILLE SHOULD CONTACT IN THE EVENT CAREGIVER CANNOT BE REACHED):			
NAME(S):			
ADDRESS:			
TELEPHONE:		HOME:	WORK:
RELATIONSHIP TO STUDENT (RELATIVE, NEIGHBOR, FAMILY FRIEND):			
NAME(S):			
ADDRESS:			
TELEPHONE:		HOME:	WORK:
RELATIONSHIP TO STUDENT			

Check if returning 25-26 family and all information is the same (only information needed is students name)

Name of Student: _____

NAME OF INSURANCE COMPANY:	INSURANCE POLICY #
DATE OF LAST COMPLETED PHYSICAL EXAMINATION BY A PHYSICIAN:	
MEDICATIONS CHILD IS CURRENTLY TAKING AT HOME AND AT SCHOOL:	

INVOLVEMENT OF OTHER AGENCIES (DMH, DCF, ETC.)	
NAME/ADDRESS OF AGENCY:	
NAME OF AGENCY WORKER:	TELEPHONE NUMBER(S):

IF STUDENT RESIDES IN A GROUP HOME, RESIDENCE, OR OTHER FACILITY:

NAME OF FACILITY:	
FACILITY ADDRESS:	TELEPHONE NUMBER:
CONTACT PERSON AT FACILITY:	TELEPHONE NUMBER:

ALLERGIES: _____

Does your child have an epi-pen? YES NO

History of Seizures	Toileting Concerns
What Kind:	Please Describe:
Date of Last One:	
Medication Administered:	
History of Asthma	Medically-Based Dietary Restrictions/Concerns
Will they have an inhaler at school:	Please Describe:

Please list any other important medical information:

MANVILLE SCHOOL

53 Parker Hill Avenue, Boston, Massachusetts 02120

Tel: 617-278-4141 / Fax: 617-232-8399

Medical Treatment Form

I hereby give permission for _____
(student's name)

to receive routine or emergency medical treatment or care by Manville School staff. In the event of a serious emergency, the student will be transported by ambulance to the Children's Hospital Emergency room or nearest hospital.

Date:

Signature of Caregiver

Insurance Policy #

Name of Insurance Company

Medication Order Form

(to be completed by a licensed prescriber)

Name of Student _____ Date of Birth _____

Address _____ Grade _____
(street) (city/town)

Name of Licensed Prescriber _____ Title _____

Business Phone _____ Emergency Phone _____
Medication Acetaminophen

Route of administration By mouth **Dosage** _____

Frequency Q4-6 hours Time(s) of Administration As needed
(Please note: Whenever possible, medication should be scheduled at times other than school hours).

Specific directions or information for administration: _____

Date of Order _____ Discontinuation Date _____

Diagnosis* As needed for fever or pain

Any other medical condition(s)* _____

Optional Information

1. Special side effects, contraindications, or possible adverse reactions to be observed: _____
2. Other medication being taken by the student: _____
3. The date of the next scheduled visit or when advised to return to prescriber: _____
4. Consent for self administration (provided the school nurse determines it is safe and appropriate).
Yes _____ No _____

Signature of Licensed Prescriber

* if not in violation of confidentiality.

MANVILLE SCHOOL

Administration of Prescription Medication

Name of Student: _____ Date of Birth: _____

Address: _____
(Street) (City/Town)

In order to ensure that students receive medications that are safe and appropriate for them, please complete, sign and **have your physician sign** this form for prescription medication(s) that the student will need to have administered at school. Medication must be in the original container with the prescription label attached.

ALLERGIES: _____

Doctors Medication Order(s)

In School		At Home	
Medication:		Medication	
Dosage:	Frequency:	Dosage:	Frequency:
Reason:		Reason:	
Medication:		Medication:	
Dosage:	Frequency:	Dosage:	Frequency:
Reason:		Reason:	
Medication:		Medication:	
Dosage:	Frequency:	Dosage:	Frequency:
Reason:		Reason:	

Are there any side effects or special instructions regarding these medications?

Caregiver's Signature

Date

Physician's Signature

Date

**MANVILLE SCHOOL
PHYSICAL EXAM FORM**

53 Parker Hill Avenue, Boston, MA 02120

Tel: 617-278-4141 / Fax: 617-232-8399

Patient _____ has been seen for his/her regular medical care since _____. Current medical problems are _____

The last complete physical was _____ when the following measurements were recorded:

Height _____ Weight _____ Pulse _____ BP _____
 Eyes _____ Ears _____ Scoliosis Screening _____

and the complete physical revealed the following: _____

The parent/guardian by their signature deny any significant health problems have occurred since the date below. I see no reason why the above patient cannot participate in a full School Physical Ed. Program.

Caregiver Signature _____ Date _____

Physician's Signature _____ Date _____

Current Medications: _____

DPT Series	Polio – Oral	HIP	Hepatitis B	TB Screening
1.	1.	1.	1.	1.
2.	2.	2.	2.	2.
2.	3.	3.	3.	3.
	4.	4.		4.
Booster Type	Booster		MMR	Chicken Pox
	1.		1.	
	2.		2.	
Allergies	Hospitalizations/Serious Illness			
	Diagnosis	Date	Age	

ANNUAL DENTAL EXAMINATION

_____, has been seen on _____ for a
Child's name date

comprehensive dental examination. A recommendation has been made for

follow-up care for the following conditions: _____

If the child has any restrictions based on this examination, please list:

Name of Dental Professional: _____

Signature of Dental Professional: _____

Date: _____

Manville School

53 Parker Hill Avenue, Boston, Massachusetts 02120
Tel: 617-278-4141 / Fax: 617-232-8399

MEDICATION POLICY FORM

This policy has been put into place to ensure the health and safety of children needing medicines during the school day.

The Manville School requires that this form must be on file in your child’s health record at the start of each school year before we begin to give any medication at school:

- 1)** Medicines should be delivered to the school in a currently dated pharmacy or manufacturer-labeled container by you or a responsible adult whom you designate. **Do not** send medication into school with your child or his/her bus driver. Please ask your pharmacy to provide separate bottles for school and home. No more than a thirty-day supply of the medicine should be delivered to the school. Please mark your calendar with the date meds are brought into school and when your child will need a refill.
- 2)** Any unused medication must be picked up within 2 weeks of a medication change or will be disposed of by the nurses.
- 3)** Please inform the nursing staff when any changes in medication are made, to keep us up to date and better able to monitor the medications effectiveness or watch for side effects.
- 4)** Any change in medication or dosage requires a new doctor’s order and new parental permission.
- 5)** All medications are dispensed by the school nurses or designated school staff for trips or special events.

Please act quickly to return all forms. No medication can be given at the start of the school year without the completion of these (3) forms.

Child’s name: _____

Caregiver signature: _____

Date: _____

Manville School Physical Restraint Policy

All Manville School staff members are trained annually in crisis intervention, behavioral de-escalation and physical restraint techniques. Staff is annually certified in CPI (Crisis Prevention Instruction), which emphasizes *de-escalation* of a conflict situation, and the *prevention* of physical restraint. Physical restraint is used only in emergency situations of last resort when needed to protect a student and/or member of the school community from assault or imminent, serious, physical harm and only if and when all other behavior management strategies have been unsuccessful. Physical management of any sort is utilized with extreme caution in order to prevent or minimize any harm to the student as a result of the use of physical restraint.

All parents/guardians are made aware of Manville's restraint policy at intake, and again each year a description of the physical restraint policy is sent to parents as part of the annual informational and forms packet sent to all parents.

If a situation arises that necessitates the use of physical restraint, the student is physically contained only until s/he can safely regain control of his/her body. Every effort is made to do this safely and quickly. More than one staff person may be involved in a hold, in order to keep the student and others safe. Students are not held due to compliance issues, although they may be physically escorted to a counseling office if they are creating a safety concern and they are not able to proceed there on their own.

Physical restraint (including an escort to a counseling office) may be necessary in the following types of situations:

- The student is engaging in behavior which is dangerous to oneself
- The student is engaging in behavior which is dangerous to others
- The student is displaying a pattern of unsafe behavior (physical aggression, running away, etc.), and not responding to repeated attempts by staff to de-escalate the unsafe situation.

In some situations, when physical restraint is necessary, a basket-hold restraint is utilized. This involves the staff person putting their arms around the student while either standing or sitting on the floor. In other instances, a supine restraint is used; this involves placing the student on the floor, on their back, while containing their arms and legs. This position is maintained only until the student is calm, can demonstrate that they can control their body, and is able to verbally contract for safety. The decision to use a supine restraint is made by the most senior staff person involved in the restraint and/or the staff person leading the restraint.

Training of all Manville staff:

All Manville School staff receives intensive annual training in the de-escalation of behavioral conflict and the prevention of the need for physical restraint.

- This consists of 8 hours for all Manville staff, including teachers, assistant teachers, clinicians, educational specialists, OTs and SLPs;
- 12 hours for all milieu counselor and school coordinators who have more of the primary responsibility for dealing with behavioral incidents;
- Refresher training sessions are held as needed for staff in order to review procedures and practice safe demonstration of the use of these types of holds.

A Critical Incident Report is completed following any physical restraint or other significant behavioral incident. Parents and school districts are sent copies of all critical incident reports.

If there appears to be a developing pattern of behavior that leads to multiple and/or frequent physical restraints, a service-planning meeting may be held with all members of the child's Manville team. Strategies will be identified to help the student better manage their behavior as well as key stressors that may be impacting the student's emotional and behavioral difficulties. The child's parent/guardian is informed of the school's observations and concerns. A functional behavioral assessment may be completed to collect data regarding antecedents and consequences of the behavior, to try to determine the observable function of the behavior and to develop a behavioral plan to teach more functional responses to stress and to decrease the use of maladaptive behavioral responses to stressors.

An ongoing record of all instances of physical restraint is maintained by the Milieu Director and reviewed weekly by the Manville Administrative Team. This is made available for review by the Department of Elementary and Secondary Education (DESE).

Manville School Time-Away (Time-Out) Policy

Manville staff work hard to provide the necessary structures and supports so that each child can be successful in class or during other activities. However, given our students' complex and varied psychiatric and social/emotional issues, there are times when they are unable to safely participate in class or an activity in a school expected manner. When this occurs, Manville uses a step-wise plan of intervention to provide the necessary support to help students regain behavioral control.

Each classroom has a structured behavior management system that highlights appropriate classroom behaviors. Expectations are posted in the classrooms and reviewed frequently. Generally, the classroom team redirects students both verbally and non-verbally, as needed, as part of their initial behavior management strategies. If such interventions are not successful, students may be directed to the quiet areas within the classroom or to a small seat outside of the classroom. This level of intervention is used to interrupt the behavior in a way that allows the student to regroup and refocus by processing with classroom staff or utilizing a self-regulation strategy before returning to the classroom.

If a student's behavior escalates, they may require time in a counseling office, as well as additional staff intervention. It is the responsibility of the school coordinator to monitor the activity in the counseling offices and to determine whether additional supports are needed to help the student(s) de-escalate and regain control. The goal of all therapeutic time-out interventions is to help students develop coping strategies and to learn how to express their needs in more pro-social and adaptive ways.

During the time that a student is in a counseling office, they will be continuously observed by a staff member and staff will be with the student or immediately available to the student at all times. Staff follows a procedure of obtaining approval of time-away that exceeds 30 minutes based on the individual student's continuing agitation. All time away ends as soon as the student is able to regain control, present in calm manner, and be ready to re-enter the classroom and participate in the learning environment.

**ACTIVITIES AND SCHOOL TRIPS
PERMISSION FORM**

MANVILLE SCHOOL
53 PARKER HILL AVENUE, BOSTON, MASSACHUSETTS 02120
TEL: 617-278-4141 / FAX: 617-232-8399

(NAME OF STUDENT)

1. THE SCHOOL PROGRAM INCLUDES A NUMBER OF ACTIVITIES SUCH AS CLIMBING WALL, SWIMMING, TEAM SPORTS, ETC.
PLEASE INDICATE BELOW IF THERE ARE ANY ACTIVITIES IN WHICH YOUR CHILD SHOULD **NOT** PARTICIPATE:

2. MASSACHUSETTS STATE LAW REQUIRES PARENTAL PERMISSION FOR CHILDREN TO BE TAKEN OUT OF SCHOOL ON TRIPS.

MAY YOUR CHILD GO ON TRIPS UNDER THE AUSPICES OF THE MANVILLE SCHOOL?

CIRCLE ONE: YES NO

- Expiration:
- One-time Authorization
 - Upon Revocation
 - One Year From Date of Signature

Name of Individual Signing Form:

Print Name: _____

Date: _____

Signature: _____

PHOTO/VIDEO RELEASE FORM

MANVILLE SCHOOL

53 PARKER HILL AVENUE, BOSTON, MASSACHUSETTS 02120

TEL: 617-278-4141 / FAX: 617-232-8399

DEAR MANVILLE PARENT:

FROM TIME TO TIME, THE BAKER CENTER FOR CHILDREN AND FAMILIES USES PHOTOS OR VIDEOS OF CHILDREN IN THE MANVILLE SCHOOL PROGRAM FOR PROMOTIONAL PURPOSES. WE WOULD LIKE YOUR PERMISSION TO INCLUDE YOUR CHILD, PROVIDED THAT WE NEVER USE YOUR CHILD'S NAME. PLEASE READ THE TERMS THAT FOLLOW AND, IF YOU AGREE, SIGN BELOW.

**SINCERELY,
TARA HARRIS-PEARSON
PRINCIPAL**

PHOTO/VIDEO RELEASE FOR

(NAME OF CHILD)

AS THE CAREGIVER OR LEGAL GUARDIAN OF THE CHILD NAMED ABOVE, I GIVE MY PERMISSION FOR THE BAKER CENTER FOR CHILDREN AND FAMILIES TO TAKE PHOTOGRAPHS, VIDEOS, AUDIO TAPES, OR SLIDES OF MY CHILD. THE BAKER CENTER FOR CHILDREN AND FAMILIES MAY MAKE UNLIMITED, WORLDWIDE, PERPETUAL USE OF THESE MATERIALS, AND I RELEASE THE BAKER CENTER FOR CHILDREN AND FAMILIES FROM ALL CLAIMS ARISING FROM SUCH USE. ALL COPYRIGHTS AND OTHER RIGHTS IN THESE MATERIALS ARE THE SOLE PROPERTY OF THE BAKER CENTER FOR CHILDREN AND FAMILIES, WHICH HAS THE SOLE RIGHT TO EDIT AND DISPLAY THESE MATERIALS AS IT DEEMS FIT.

Expiration:

- One-time Authorization**
- Upon Revocation**
- One Year From Date of Signature**

Name of Individual Signing Form:

Print Name: _____

Date: _____

Signature: _____

MANVILLE SCHOOL

Transportation

Student Transportation

Transportation to and from school is part of each student's IEP and is arranged by the referring public school system. Caregivers should obtain the phone number of the van transportation company as well as the name of the transportation dispatcher at the company. Please contact the company if a student will not be coming to school on a particular day or if the student is being picked up early from school.

If you have a concern regarding your student's transportation/transportation company, it is important to contact the company directly. If there is no resolution or the issue persists, caregivers should contact the school district. In addition, if there are any behavior issues on the van that are not being adequately addressed by the van staff or by any plans/seating arrangements put into place, caregivers should also contact their district liaison.

Manville staff will work to mediate difficulties that occur on the vans among students and coordinating behavior supports for the rides to or from school. Manville provides support to the van drivers and monitors regarding behavioral issues on the van or seating arrangements which may be beneficial for students.

Field trips

Educational and recreational field trips are valuable components of a student's experience at Manville. Students are transported on these field trips on public transportation (MBTA), leased buses driven by bus company drivers, or most frequently on Manville 7-Passenger vans driven by properly licensed Manville staff.

Exceptions

Manville School staff may not transport students in their personal vehicles at any time. If a situation arises in which a student needs to be transported and their transportation company is not able to accommodate them, Manville staff will immediately inform caregivers to determine a plan for transporting the student home. This may include a caregiver or emergency contact picking up the student at school, the student being transported via a Manville school van (staff permitting), or transporting the student via taxi or similar ride share service, with permission from the caregiver.

Release of Liability:

I understand that such transportation may involve certain risks, including but not limited to the risks involved in traveling to and from the location, and I hereby assume those risks for myself and my child. I hereby release, waive and covenant not to sue the Baker Center for Children and Families, the Manville School, or any of its officers, trustees, or employees from and for any liability, damage claim or loss of any kind arising from or relating in any way to my child's transportation.

Expiration:

- One-time Authorization
- Upon Revocation
- One Year From Date of Signature

Name of Individual Signing Form:

Print Name: _____

Date: _____

Signature: _____

Guidelines Regarding Communication with Vans/Transportation

- Parents should directly contact van companies about:
 - Pick-up times/locations
 - Change in schedule
 - Absences (and should always make sure transportation is arranged for the afternoon if the student doesn't come into school on a van)
 - Concerns about driver/monitor (we can also assist with that but it's helpful for parents to directly speak to someone from the van company)
 - Van routes
- If there is no resolution or the issue persists after speaking to the van company, then parents should reach out to their school district. In addition, if there are any behavior issues on the van that are not being adequately addressed by the van staff or by any plans/seating arrangements we put into place, they should also contact their district liaison.
- Parents should notify their Manville clinician/case manager if they have questions or concerns regarding behavioral issues, van staff or late arrivals. Our staff can follow up with the district and/or van company to address any issues or make suggestions about how the parent can proceed with their concerns.

MANVILLE SCHOOL
STUDENT DIRECTORY INFORMATION FORM

We will be publishing a Manville School student directory that will be distributed to all families of students at the school. We hope that this will assist you in contacting other students and families. It will also include extension numbers for all Manville staff.

Please mark the appropriate box and sign this form.

I would like to have my family's address, phone number and email address published in the Manville School Student Directory.

I do not want my family's address, phone number or email address to be included in the Manville School Student Directory.

Signature of Caregiver

Date

Student's Name: _____

Caregiver's Name(s): _____

Address: _____

Phone Number: _____

Email: _____

INSTRUCTIONS FOR COMPLETING RELEASE OF INFORMATION

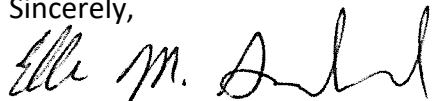
Dear Parent/Guardian,

Thank you for authorizing us to communicate with the other important individuals involved in your child's care. We hope these instructions make it easier for you to complete the forms. Please follow the directions below in their entirety, so we can begin to coordinate your child's care quickly and easily.

1. In the top section, print the NAME, ADDRESS, AND PHONE NUMBER of the person or entity with whom we will have contact.
2. Next, CHECK THE BOX if you are authorizing us to share information or receive information, or CHECK BOTH if you would like us to be able to do both.
3. Please fill in YOUR CHILD'S NAME, DATE OF BIRTH, AND ADDRESS
4. Please CHECK when you would like the release to expire.
 - One Time: You are authorizing only one-time communication. Select this if we are just requesting a report, for example.
 - Upon Revocation: You will allow us to have contact as needed until you choose to stop that permission.
 - One Year from Date of Signature: You will allow us to have contact as needed for one year. You will choose to renew or not renew the authorization next year.
5. Please PRINT and SIGN your name, as well as DATE the page. Your authority to sign is Parent or Legal Guardian

Please feel free to contact our executive assistant, Ms. Bethany Lee, if you have further questions.

Sincerely,



Ellen Sandoval
Interim Clinical Director
Manville School

Authorization to Release/Receive Information

Person/Entity with whom information will be shared:

Name _____

Address _____

Phone/Fax _____

Email _____

Check all that apply:

- I authorize **Manville School at The Baker Center for Children and Families** to RELEASE educationally and/or clinically relevant information to the above named party.
I understand that the purpose of this release of information is to coordinate care, plan for treatment, and/or to plan for education.

I understand that I can revoke this authorization at any time.

- I authorize **Manville School at The Baker Center for Children and Families** to RECEIVE educationally and/or clinically relevant information from the above named party.
I understand that the purpose of requesting this information is to coordinate care, plan for treatment, and/or to plan for education.

I understand that I can revoke this authorization at any time.

Individual Whose Information Will Be Released/Received:

Name: _____ DOB: _____

Address: _____

Expiration:

- One-time Authorization**
 Upon Revocation
 One Year From Date of Signature

Name of Individual Signing Form:

Print Name: _____ Date: _____

Signature: _____ Authority to Sign: _____

Authorization to Release/Receive Information

Person/Entity with whom information will be shared:

Name _____

Address _____

Phone/Fax _____

Email _____

Check all that apply:

- I authorize **Manville School at The Baker Center for Children and Families** to RELEASE educationally and/or clinically relevant information to the above named party.
I understand that the purpose of this release of information is to coordinate care, plan for treatment, and/or to plan for education.

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I understand that the purpose of requesting this information is to coordinate care, plan for treatment, and/or to plan for education.

I understand that I can revoke this authorization at any time.

Individual Whose Information Will Be Released/Received:

Name: _____ DOB: _____

Address: _____

Expiration:

- One-time Authorization**
 Upon Revocation
 One Year From Date of Signature

Name of Individual Signing Form:

Print Name: _____ Date: _____

Signature: _____ Authority to Sign: _____

Authorization to Release/Receive Information

Person/Entity with whom information will be shared:

Name _____

Address _____

Phone/Fax _____

Email _____

Check all that apply:

- I authorize **Manville School at The Baker Center for Children and Families** to RELEASE educationally and/or clinically relevant information to the above named party.
I understand that the purpose of this release of information is to coordinate care, plan for treatment, and/or to plan for education.

I understand that I can revoke this authorization at any time.

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I understand that the purpose of requesting this information is to coordinate care, plan for treatment, and/or to plan for education.

I understand that I can revoke this authorization at any time.

Individual Whose Information Will Be Released/Received:

Name: _____ DOB: _____

Address: _____

Expiration:

- One-time Authorization**
 Upon Revocation
 One Year From Date of Signature

Name of Individual Signing Form:

Print Name: _____ Date: _____

Signature: _____ Authority to Sign: _____



Technology Acceptable Use Policy

ACCEPTABLE USE POLICY

Technology and internet access at the Manville School are provided to enhance learning opportunities for students. Upon admission, each student is assigned a 1:1 Chromebook with access to GSuites. Additionally, students are offered access to iPads and interactive whiteboards at their teacher's discretion to supplement the curriculum.

Internet access must comply with Baker Center rules and regulations. Student access to the internet is intended primarily for learning and is a privilege. Inappropriate usage will result in restricted access. Students are informed of the usage policy at the beginning of each school year and upon admission to Manville. All devices and internet access are the property of Manville School/Baker Center. Manville School reserves the right to monitor student internet and technology access.

The transmission of any material that violates national or state regulations is prohibited. This includes, but is not limited to, copyright material, threatening or obscene material, and/or material protected by trade secret.

NETWORK ACCESS RULES

1. To access Manville's network and internet, students and caregivers must complete a written agreement indicating acknowledgement of appropriate use, as designated by the rules outlined below.
2. All student activity on Chromebooks will be monitored by GoGuardian, a web-filtering and harm prevention platform.
 - a. Students may not attempt to bypass the content filters of this platform.
 - b. Students may not purposely access material designated as inappropriate by Manville School. This includes content of an explicit, sexual, derogatory, or otherwise unsafe nature.
3. Students will log into school-issued Chromebooks using the Google login provided by Manville School.
 - a. Students may not use personal Google accounts on school-issued devices.
 - b. Students may not attempt to access the accounts of other Manville School users (staff and/or students).
4. Access to chat rooms, instant messaging, and websites not indicated by an assignment or staff member is prohibited.
5. Access to streaming platforms (music and/or video) is permitted when directed by a staff member for learning purposes.
6. Students may not use access for illegal purposes or transmit any obscene, threatening, or harassing materials.
 - a. Students may not use access to post personal or school information online, including, but not limited to, photos, videos, and/or messages.
7. Personal digital storage devices cannot transfer material to or from school-issued devices.
8. Social networking/media sites are prohibited from access on school-issued devices.
9. Students may not use personal devices, including cell phones, tablets, and computers, to access the Manville School/Baker Center network and internet.
10. Noncompliance with outlined rules may result in access restriction for a time period to be determined by Manville School leadership.

EXPECTED CARE AND USE OF DEVICES

1. To access Manville’s devices, including Chromebooks, iPads, and interactive whiteboards, students and caregivers must complete a written agreement indicating acknowledgement of appropriate use, as designated by the rules outlined below.
2. Students are expected to treat school-issued devices with care. Students should refrain from:
 - a. Subjecting the device to any level of force or pressure (e.g., hitting, slamming, throwing, placing under other items);
 - b. Eating and/or drinking on the same table surface as a device;
 - c. Removing parts of the equipment (e.g., keyboard keys);
 - d. Altering the device by adding stickers, tape, and/or other markings.
3. Students are expected to make an effort to avoid accidental damage. Students should:
 - a. Carry devices securely throughout the school (e.g., closed Chromebook, two-hand hold, etc.);
 - b. Store devices in the designated charging areas when not actively in use;
4. Damage to school-issued devices due to noncompliance with outlined rules may result in access restriction for a time period to be determined by Manville School leadership.

Technology Use Agreement

Please sign and return this document.

Nonsignature will indicate disagreement with the outlined policy, and access to the Manville School/Baker Center network, internet, and devices will be restricted.

Student’s Name (print)

I have read and acknowledged receipt of Manville’s Acceptable Use Policy. I agree to Manville School’s technology access rules and understand that any violation of the policy or rules may result in restricted access to the Internet, network, and school-issued devices. I acknowledge that if any violation of this policy is deemed unethical or considered illegal, additional action may be taken by Manville School’s administration.

Student

Caregiver

Manville School Principal

Manville School Director of Behavioral Services

Date



Google Workspace for Education

Manville School is committed to ensuring the privacy and safety of our students while providing them with access to valuable educational tools and resources. We utilize Google Workspace for Education, which includes essential “Core Services” that support student learning.

CORE SERVICES

Google Workspace for Education’s Core Services are a set of education productivity tools from Google directly related to teaching and learning. These include, but are not limited to:

- Gmail (school-related communication)
- Google Drive (document storage and sharing)
- Google Docs, Sheets, and Slides (productivity/output tools)
- Google Classroom (learning management system)

Students at Manville School use their Google Workspace for Education accounts to complete assignments, communicate with teachers, access assistive technology supports, and learn 21st-century digital citizenship skills.

These Core Services are covered by a data privacy contract with Google Workspace for Education, ensuring that student data is protected.

ADDITIONAL SERVICES

Additional Services are other Google applications that offer a wider range of functionalities but are less relevant to our students’ learning experience. By default, Manville School does not grant our students access to any Additional Services within the Google platform.

Google requires schools to obtain parental consent for students under age 18 to access certain Additional Services. At the request of a teacher when related to a learning opportunity, Manville’s designated Google Administrator may permit access to specific portions of an age-restricted application. These include:

- YouTube
- Google Maps
- Google Earth
- Google News
- Google Translate

For more information regarding Google Additional Services, please see Google’s [Additional Services Terms of Use](#) or Google’s [Workspace Admin Help Article](#) under “App Restrictions for Users Under 18.”

DATA PRIVACY

We maintain strict privacy contracts with Google and all third-party vendors to protect our students' information. Google Workspace for Education uses student personal information primarily to provide Core Services and to maintain and improve services. Google Workspace for Education does not show ads within the Core Services; personal information is not collected within Core Services for advertising purposes.

Some Additional Services show ads; however, for users in K-12 schools, the ads will not be personalized ads, which means Google does not use information from our students' accounts or past activity to target the ads they see. Google may show ads based on general factors, such as student search inquiries, time of day, or content of the page being accessed.

Google will not share personal information with companies, organizations, or individuals outside of Google except in the following cases:

- Within our school, school and designated Google administrators will have access to student information. They can view account information/activity; change student passwords; suspend/terminate student account access; access student account information to satisfy applicable law, regulation, or legal process; and restrict student ability to delete/edit information and privacy settings.
- With consent, Google will share personal information with Google affiliates and trusted third-party providers in compliance with Google's [Privacy Policy](#) and other appropriate confidentiality measures.
- For legal reasons, Google will share personal information outside Google with a good-faith belief that the disclosure is necessary for legal reasons.

CONSENT

Manville School requires caregivers to consent to the collection and use of student information by Google, as outlined above. If a caregiver does not consent, Manville School will not create a Google Workspace for Education account for the student.

Students who do not have consent to access Google Workspace for Education will be provided alternate methods for accessing materials and generating written output. If a student without signed consent requires assistive technology accommodations based on their Individualized Education Plan (IEP), Manville School will request a Team meeting with the sending district to discuss appropriate ways to implement all aspects of the IEP.

A student's Workspace for Education account will remain active until a caregiver requests the deactivation in writing or the student is no longer enrolled at Manville School.

QUESTIONS/CONCERNS

Questions or concerns regarding Manville School's use of Google Workspace for Education can be directed to Ashley Abbott, Assistant Principal (aabbott@bakercenter.org / 617-278-4257).

Google Workspace for Education Consent

Please sign and return this document.

Nonsignature will indicate withdrawn consent, and access to Manville School Chromebooks and Google will be restricted.

Full name of student (print)

GOOGLE WORKSPACE FOR EDUCATION

I give permission for Manville School to create and maintain a Google Workspace for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the provided notice.

I do not give permission for my child to access Google Workspace for Education.

AGE-RESTRICTED ADDITIONAL SERVICES APPLICATIONS

- I give permission for Manville School to grant access to age-restricted Additional Services applications within Google Workspace for Education. I understand that access to these applications will be provided under the supervision of a teacher for a learning experience and that my child will not have access to the applications in a less supervised manner.
- I do not give permission for my child to access Google Workspace for Education.

REQUEST FOR MEETING

I am requesting a meeting with a Manville School Google Administrator to discuss this matter further.

Full name of caregiver/guardian (print)

Signature of caregiver/guardian

Date

Waiver and Release for Cycling with Manville School

Parent/Guardian Name: _____

Student's Name: _____

I hereby release and discharge Manville School, Baker Center for Children and Families, and any associated organization (including but not limited to school districts, municipalities, sponsors, volunteers, and any employee or associates thereof) their heirs, administrators, agents and employees, from any and all liability, causes of action, suits, debts, contracts, agreements, claims and demands whatsoever as a result of my child's participation in a Manville cycling event.

I understand that accidents, fatalities, serious bodily injuries and/or property damage can occur while participating in a Manville cycling event, while riding a bicycle on public or private lands, or otherwise participating in said event. Knowing the risks involved, I agree to assume those risks and to release all of the persons or entities mentioned above from liability for any injury, death, illness or property damage occurring while my child is participating in these events or in the travel to and from them.

I and my child also agree that my child will wear the NASI, CPSC or SNELL approved bicycle helmet provided to them at all times when riding a bicycle during this event.

I attest that my child will abide by the rules of regulations of these events and all applicable state, local and municipal laws, including vehicle laws.

I have read and understand the above information and I certify my compliance with my signature.

Print Parent/Guardian Name:

Date: ____/____/____

Signature: _____

Permission Form

Parent/Guardian Name: _____

Student's Name: _____

Does this child know how to ride a bike? Please circle one: YES NO

I have thoroughly read and signed the Waiver and Release form for Manville School's Cycling program and give permission for my child to participate in this program.

Signature: _____

Date: ____/____/____

Please return this form as soon as possible so your child can take part in this opportunity.

Middle/High School Anti-hazing Policy

It is the policy of Manville School that hazing, as defined by Massachusetts General Law 269, will not be tolerated in any form. Manville School has a genuine commitment to ensure that any incident that may have an impact on the quality of our educational, behavioral, or clinical program are responded to and addressed fully and promptly.

MA General Law defines hazing as any conduct or method of initiation into any student organization which willfully or recklessly endangers the mental or physical health of any student or person. Such conduct includes whipping, beating, branding, forced calisthenics, exposure to the weather, forced consumption of any food, liquor, beverage, or 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.

Because no form of hazing is acceptable at the Manville School, any incident of hazing will be addressed promptly and directly. The caregivers of any student involved in any incident of hazing will always be notified. Depending on the severity of the incident, hazing behavior may result in:

- Requirement of Restitution
- Meeting with parents and a school administrator; and/or
- Suspension from school

Student Acknowledgement:

I have been informed by the Manville School about the Anti-Hazing Policy which uses the MA General Law definition of “*hazing*” as any conduct or method of initiation into a student organization which willfully and recklessly endangers the mental or physical health of a student or person. Massachusetts General Law 269, Chapters 17-19, has been explained to me and a copy (above) was given to me.

Student Name: _____

Student Signature: _____

Date: _____