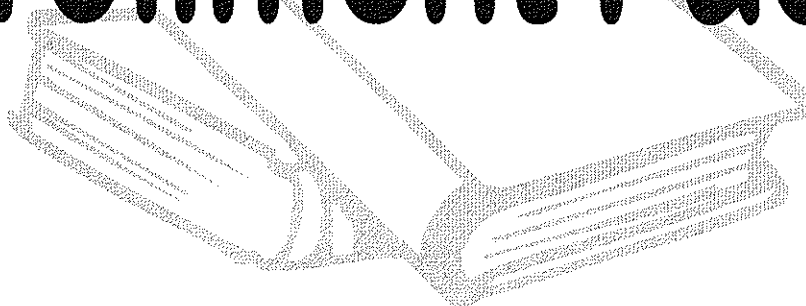


# Welcome To New Bedford Academy

“Taking Kids Into the Future”

# Enrollment Packet



Additional Information: Call 734-854-5437 or visit our

Website: [www.newbedfordacademy.com](http://www.newbedfordacademy.com)



Go Rockets



# New Bedford Academy



"Taking Kids Into the Future"

6315 Secor Rd.  
Lambertville, MI 48144-9546

Telephone (734) 854-5437  
Fax (734) 854-1573

[www.newbedfordacademy.com](http://www.newbedfordacademy.com)

Dear Parent/Guardian,

The state of Michigan requires that we have the following forms updated and filed each year. In order for your child's **enrollment** papers to be complete, please provide us with the following information:

- \_\_\_\_\_ **Front & Back of Registration Completely Filled Out**
- \_\_\_\_\_ **Emergency & Medical Form**
- \_\_\_\_\_ **Parent Profile**
- \_\_\_\_\_ **Special Education Services questionnaire**
- \_\_\_\_\_ **Pesticide Application Notification Request**
- \_\_\_\_\_ **Photo Consent/Denial Form**
- \_\_\_\_\_ **Permission to Transport**
- \_\_\_\_\_ **Computer Equipment Acceptable Use Agreement**
- \_\_\_\_\_ **iPad User Agreement**
- \_\_\_\_\_ **Records Release Form**
- \_\_\_\_\_ **Concussion Acknowledgement Receipt**
  
- \_\_\_\_\_ **Certified, Notarized, Original Birth Certificate**
- \_\_\_\_\_ **2 Proofs of Residency**
- \_\_\_\_\_ **Immunization updates**

Without the above information, we cannot enroll your child. Also, please include any updated information regarding your child's legal standing (i.e. name or custodial change) or medical information.

# New Bedford Academy

## Enrollment Registration

20\_\_-20\_\_

*This box is for office use only*

### Student Information:

Grade entering in fall

Application Date: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Learning Family: \_\_\_\_\_

Active: \_\_\_\_\_  
Waiting List: \_\_\_\_\_  
Graduated: \_\_\_\_\_  
Moved: \_\_\_\_\_

Withdrawn: \_\_\_\_\_  
Withdrawal Date: \_\_\_\_\_  
Transferred To: \_\_\_\_\_  
Date Records Sent: \_\_\_\_\_

NBA requires a copy of the student's birth certificate, immunization record, and Michigan Driver's License with another proof of residency at the time of registration.

Last Name:

First Name:

Middle Name

Phone:

Street Address:

City:

MI

Zip Code:

Residential Status: \_\_\_\_\_  
House or Apartment \_\_\_\_\_  
Vehicle, shelter, Hotel \_\_\_\_\_  
Living in relatives household \_\_\_\_\_  
Length of time \_\_\_\_\_

Date of Birth:

Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Asian \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_  
Other (Specify): \_\_\_\_\_

### Parent or Guardian Information:

Parent/Guardian Data:

Mother

Father

Guardian (if applicable)

Name

Address (if different from child's)

City, Zip

Home Phone

Occupation

Place of Employment

Work Phone Number

Marital status: Single, Married, Divorced, Separated

With whom does child reside?

Is a custody decree in place? Yes No

Has a copy been provided for school records? Yes No

E-mail address

*If child's parents are remarried, please complete the following:*

<b>Child's STEP PARENT data:</b>	<b>Step-Mother</b>	<b>Step-Father</b>	Has your child ever been expelled from another school? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name			Is you child a citizen of the USA? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Occupation			What is the primary language spoken at home? What language is your child's native tongue?	
Place of employment			I, the undersigned, declare that I and the student for which this application is submitted, physically reside in the <b>State of Michigan</b> . Furthermore I understand that only residents of the State of Michigan may attend this Academy, which is a Michigan Public School Academy. If statements made on this application are false, the enrollment of my child/children will be terminated immediately.	
Work phone number			<b>Parent/Guardian Signature</b>	
Does your child have any health conditions that should be brought to the school's attention?			<b>Please print name</b>	
If yes, please explain in the space provided:	Yes	No	<b>Date</b>	
	Branch:		<b>Office use only:</b>	

**Is either custodial parent in the military?**

**PARENT/STUDENT HANDBOOK**

The Parent/Student Handbook containing New Bedford Academy's policies, guidelines, and procedures, will be updated regularly and distributed to all school families. Parents and students are required to read the handbook and sign the handbook agreement indicating that they have received, read, and agree to abide by New Bedford Academy's policies, procedures, and guidelines.

**DRESS CODE**

A copy of New Bedford Academy's dress code will be in the Parent/Student Handbook. Any questions concerning the dress code should be directed to the school office prior to the student wearing the item.

**ATTENDANCE POLICY**

Good attendance is essential to academic success, and New Bedford Academy has the obligation to set minimum standards. Students are expected to be in school and on time every day. Parents are responsible to see that their son/daughter is in school and that the requirements of the attendance policy and procedures are met. **Parents are required to call the school office when their child will be absent from school.** Excessive tardiness will result in the Administrator taking further appropriate action. See the Parent/Student Handbook for details concerning attendance and tardiness.

**VOLUNTEER HOURS**

It is recommended that families volunteer 10 hours a year at New Bedford Academy. This can be done in a variety of ways. Volunteering at a function or event, getting library books for teachers, making phone calls, etc. Volunteer hours are counted as anything that you do for the school whether in the building or outside of the building.

**This Academy is a Michigan Public School Academy and does not discriminate on the basis of intellectual or athletic abilities, "measures of achievement or aptitude", handicapped status, religion, creed, race, sex, color or national origin.**

**Waiver:**  
**Birth Certificate:**

## New Bedford Academy – 20 -20 School Year Emergency & Medical Form

Student Name:	Grade:	O S M H E
Street Address:	Date of Birth	/ /
City, State, Zip:		
Phone Number With Area Code:		
Mother's/Guardian's Name:		
Daytime Phone #:	Cell:	
Father's/Guardian's Name:		
Daytime Phone #:	Cell:	

**Student will only be released to people listed above and below.** Include childcare provider. In case of illness, if parents/guardians cannot be reached the below persons will be contacted in case of emergency. There must be someone who can be reached during the day on your child's emergency form.

Name	Relationship to Student	Phone Numbers w/ Area Code	
		Daytime	Cellular

Allergies: Asthma  , Bee Sting  , Food \_\_\_\_\_, Medication \_\_\_\_\_  
 Other \_\_\_\_\_ Any known medical problem: \_\_\_\_\_

Any current medication student is taking: \_\_\_\_\_

Any other info school should know: \_\_\_\_\_

**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 its care. I will be financially responsible for the emergency care and/or transportation of said minor, New Bedford Academy will not be so liable.**

Name, address & phone number of Child's Physician or Health Clinic: \_\_\_\_\_  
 \_\_\_\_\_

Hospital and phone number preferred for emergency treatment: \_\_\_\_\_  
 \_\_\_\_\_

Health Insurance Policy Name and Number: \_\_\_\_\_  
 Date of last tetanus shot: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## NEW BEDFORD ACADEMY'S PTT PARENT PROFILE

DATE: \_\_\_\_\_

STUDENT NAME(S)/GRADE(S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MOTHER'S/GUARDIAN'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FATHER'S/GUARDIAN'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### P.T.T. – Parent Teacher Team (New Bedford Academy's PTA)

Our Parent Teacher Team coordinates many activities during the year. As you are an important member of our educational team, we recommend that families volunteer 10 hours a year. Please indicate which times would be most convenient for you:

\_\_\_\_\_ Assisting with activities such as cutting, coloring, tracing patterns, etc., from my home. \_\_\_\_\_ Mom \_\_\_\_\_ Dad

\_\_\_\_\_ During school hours, in the classrooms or with school-wide activities, at centers, fun lunches, driving and chaperoning for field trips, book fair, etc. \_\_\_\_\_ Mom \_\_\_\_\_ Dad

\_\_\_\_\_ After school or evening hours, working with clubs or committees, such as Science Club, PTT meetings, Bonfire, movie night, grounds maintenance, etc. \_\_\_\_\_ Mom \_\_\_\_\_ Dad

Please list any hobbies or activities that might be helpful to the education of your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## PARENT/GUARDIAN QUESTIONNAIRE for Special Education Services

1. Have you ever attended an I.E.P.C. (Individualized Educational Planning Committee) meeting where your child/children's eligibility for Special Education was discussed?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where/when? \_\_\_\_\_

2. Is your child currently enrolled in Special Education or received special services?

\_\_\_\_\_ Yes \_\_\_\_\_ No

3. Do you have a copy of your child's current I.E.P. (Individualized Education Plan)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

4. Did your child receive any other special services such as social work referrals to other resources, counseling, tutoring, etc...?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you feel your child is a candidate for Special Services?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When is the best time to contact you by phone? \_\_\_\_\_

At what phone number can you be reached? \_\_\_\_\_

Student Name/Grade: \_\_\_\_\_

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



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## Pesticide Application Advisory

Dear Parent/Guardian:

As part of the New Bedford Academy's pest management program, pesticides are occasionally applied around the perimeter of the building; however, these applications are made only after hours. You have the right to be informed prior to any pesticide application made to the school grounds and/or building(s). Notification of scheduled application will be posted on the back page of each month's ROCKETEER, alerting you as to the scheduled day each month. In certain emergencies, pesticides may be applied without prior notice; however, notification will be posted as a sticker on the front door Rocket decal. Please complete the information below and return this form to the school office.

You may also contact the school office at 734/854-5437 if you have any questions regarding this letter.

### PESTICIDE PRIOR NOTIFICATION REQUEST

Parent/Guardian Name (please print): \_\_\_\_\_

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

I have read and understand where notification of scheduled and emergency pesticide application will be posted. I also understand that it is my responsibility to read notifications and follow through with my concerns.

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

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





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## PHOTO POLICY

In an effort to keep the academy community up-to-date on school events, New Bedford Academy will, on occasion, invite local media representatives into our schools to photograph special programs and events. Media representatives register at the main office upon their arrival and are always escorted to a designated area from which they can take photos or video publication. We do not allow media representatives to interview students on school property unless they are accompanied by academy personnel.

Academy personnel will also take photos of classroom activities and/or individual students from time to time for either release to the local media or use in academy media or brochures. Identification of students is always limited to name, school, and grade.

Permission to photograph a student either individually or as part of a group is assumed, **unless** you indicated otherwise below. *If you prefer that your student NOT be shown in any photo or video for media use or academy publication, we must have this notification on file in the school office. If you should have any questions regarding the Academy Community Relations plan, please call us at 734/854-5437.*

## PHOTO CONSENT/DENIAL FORM

**No, I do not wish my child's picture to be used in any newspaper or on-line publications (including classroom newsletters and THE ROCKETEER which are posted on the Academy's website).**

Please Print.

Student's NAME:	_____	Grade:	_____
Student's NAME:	_____	Grade:	_____
Student's NAME:	_____	Grade:	_____
Student's NAME:	_____	Grade:	_____

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

## Permission to transport for New Bedford Academy Field Trips

I, the undersigned parent or guardian of \_\_\_\_\_,

do hereby give my permission to New Bedford Academy to transport said minor child for the purpose of field trips throughout the school year. I agree that my child may be transported either by means of the school's contracted bus service, or properly belted in the private vehicle of a school designated chaperon.

I understand that I will be notified well in advance of each excursion and will be given the opportunity to volunteer as a chaperone. If it is not my desire that my child attend any given field trip, I will notify my child's teacher immediately upon receipt of the notification.

Further, I hereby attest that New Bedford Academy has been given my permission to arrange for emergency transport and medical care for my child as may be deemed necessary. This permission may be found on the "Emergency Medical Form" already on file in the school office. I am to be held responsible for any charges arising from such care.

Agreed to by \_\_\_\_\_ Date \_\_\_\_\_

# New Bedford Academy

## Computer/Internet Acceptable Use Agreement

Parents and Students: This agreement outlines the rules for responsible use of the Internet at New Bedford Academy, and is in compliance with the federal Children's Internet Protection Act (47 USC 254 (h) and (l)). NBA has installed on its computers and computer network a technology protection measure that protects against Internet (which, as used in this policy, includes the World Wide Web) access by both adults and minors<sup>1</sup> to material which is: obscene: child pornography<sup>2</sup>, or; harmful to minors<sup>3</sup>. Please read this carefully. In order for your child to utilize the school's computers and software, or to access the Internet, we require that this agreement be signed and returned to school.

1. New Bedford Academy will provide each student with training in the proper use and care of computer equipment, the Internet, and software.
2. The use of school computers and Internet access is a privilege, which may be withheld if the student damages, is irresponsible, or malicious in their use.
3. The school has the right to remove any material from school computers that the staff deems as inappropriate or not in keeping with our educational mission. Students will not install unauthorized software on school computers.
4. Each student is responsible for proper behavior while using computers and/or the Internet. The same rules and behaviors identified in the Code of Conduct apply to computer usage.
5. The school has the right to monitor all activity, e-mail correspondences, and material transmitted or received by students on school computers.
6. Students are not permitted to transmit or publish any defamatory, abusive, profane, threatening, or illegal material.
7. Students must respect all copyright laws that protect software owners, artists, and writers.
8. Security is a high priority at New Bedford Academy. Using someone else's logon ID or password is prohibited. Trespassing in another's files without written permission is prohibited.
9. New Bedford Academy will take appropriate measures to protect students from accessing inappropriate information and from receiving or engaging in inappropriate communications. However, due to the unregulated and ever-changing nature of the Internet, we assume no liability for any damages a user may incur as a result of Internet access.
10. The New Bedford Academy staff and Board of Directors are solely responsible for deciding what constitutes appropriate use and defines acceptable content.
11. Violation of this agreement may result in disciplinary action including loss of computer privileges, Internet access, or financial restitution for equipment damage, or other disciplinary action as determined by the school. Users are subject to all applicable local, state, and federal laws.

**Please read completely, and then sign the back of this agreement.**

---

<sup>1</sup> Individuals under the age of eighteen (18) years.

<sup>2</sup> Any visual depiction, including any photograph, film, video, picture, or computer or computer-generated image of picture, whether made or produced by electronic, mechanical, or other means, of sexually explicit conduct, where: 1) the production of such visual depiction involves the use of a minor engaging in sexually explicit conduct; 2) such visual depiction is, or appears to be, of a minor engaging in sexually explicit conduct; 3) such visual depiction has been created, adapted, or modified to appear that an identifiable minor is engaging in sexually explicit conduct; or 4) such visual depiction is advertised, promoted, presented, described, or distributed in such a manner that conveys the impression that the material is or contains a visual depiction of a minor engaging in sexually explicit conduct.

<sup>3</sup> Any communication, picture, image, graphic image file, article, recording, writing, or other matter of any kind that: 1) taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex, or excretion; 2) depicts, describes, or represents, in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or a lewd exhibition of the genitals, and 3) taken as a whole, lacks serious literary, artistic, political or scientific value to minors.

I have reviewed this agreement with my child, understand, and agree to abide by the terms and conditions as stated. I understand that the school's computing resources are for educational purposes only.

As the parent or legal guardian of \_\_\_\_\_, I grant permission for my child to use the school computers, software, and to access the Internet. I understand that it is impossible for New Bedford Academy to restrict access to all controversial material and I release New Bedford Academy from any and all claims that may result from my child's use of the Internet or internal computer network. I accept full responsibility for supervision of my child when accessing Internet resources provided by New Bedford Academy outside the school premises.

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

\_\_\_\_\_  
Date

## New Bedford Academy Student Pledge for iPad Use

- I will use the iPad in ways that are appropriate and educational.
- I will use appropriate language when using emails, journals, wikis, blogs, or any other forms of communication. I will not create, or encourage others to create, discourteous or harmful content. I will not use electronic communication to spread rumors, gossip, or engage in any activity that is harmful to other people.
- I will take good care of the iPad.
- I will never leave the iPad unattended and will always know where the iPad is.
- I will not deface my iPad in any way.
- I will always wash my hands before using the iPad.
- I will always use two hands when carrying the iPad.
- I will make sure to have an adult plug the iPad in when it needs to be charged.
- I will only use apps and programs my teacher has instructed me to use.
- I will not have liquids or food around the iPad.
- I will be responsible and make smart learning choices when using the iPad.
- Students and Parents agree that any inappropriate use of the iPad will result in school discipline that may include the loss of iPad use and school suspension. Inappropriate use includes but is not limited to:
  - \* visiting inappropriate or unauthorized sites
  - \* sending inappropriate or unauthorized emails
  - \* possessing inappropriate pictures and/or media files
  - \* cheating
  - \* installing unapproved apps
- I understand that although the school works hard to provide safe access on the network, it is impossible for NBA to restrict access to all controversial materials, and I will not hold the school responsible for materials accessed on the network. I also agree to report any inappropriate iPad use to the teacher or school administrator.

By signing below, we agree to the expectations and procedures as detailed above.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



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## RECORDS RELEASE

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

Please release the cumulative files, including CA-60, Health Records, Social Work Records, Psychological Records and/or Special Education Records, Medical, Disciplinary, Suspension or Expulsion of:

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

Date of Birth: \_\_\_\_\_

Records being requested from:

School/Address: \_\_\_\_\_

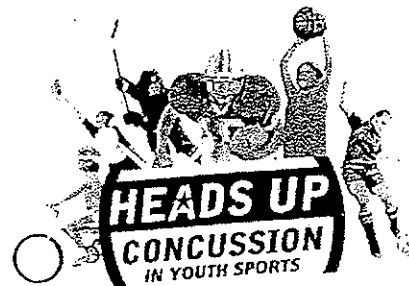
\_\_\_\_\_

\_\_\_\_\_

Send Records To:

New Bedford Academy  
6315 Secor Road  
Lambertville, MI 48144

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



# Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

### Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness ( <i>even briefly</i> )	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not "feeling right" or "feeling down"

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

### *Remember*

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

\_\_\_\_\_  
Student-Athlete Name Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



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Mr. Gregory Sauter, Principal

TO PARENTS WHO ARE NEW TO NBA:

The State of Michigan recently passed a Concussion law (Public Acts 342 and 343), which pertains to all grade levels at all public schools for not only their sports programs, but also for all physical education classes and camps. This law requires all public schools to collect forms to insure that the parents of all participating students are made aware of the nature and possible dangers of concussions.

We have attached an information sheet for you to read and to keep with other important papers in the event you may need to refer to it in the future. After you have read the sheet, please sign the form below and return to our office. To learn more, go to [www.cdc.gov/concussion](http://www.cdc.gov/concussion).

New Bedford Academy thanks you for working together with us to keep your children as safe as possible in our school setting.

Sincerely,

Mr. Greg Sauter, Principal, New Bedford Academy

## RECEIPT OF CONCUSSION INFORMATION ACKNOWLEDGEMENT

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.

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Parent of Guardian's Printed Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please submit a signed form for each child enrolled with our Academy, as we must keep one in each student's file for as long as they are actively enrolled with us.