



Dear Meridian Parents and Students,

With our fourth year concluded, we are actively planning for, and eagerly looking forward to, our next year. This year finished wonderfully with a fine exhibition of learning and great community spirit!

A copy of our calendar is enclosed. Please review it. We will return on Wednesday, September 9 at 8:30 AM and start with our Fifth Annual Bagel Breakfast Beginning. Please plan to come and meet both new and old friends!

This packet includes important information. Please read all sections and forms carefully.

1. Please complete the enclosed forms and return them to the school as soon as possible and no later than **July 15**. These forms are important -- please help us to help keep your children safe.
2. The first attached form, the Physician's Report, must be sent by **July 15** so that we can have our medical advisor, Dr. Eileen Costello, review it prior to the first day of school and update our health and emergency information files accordingly. Please note that Massachusetts State Laws (105 CMR 220.000, M.G.L. c.76, ss. 15, and 15C) require all students to be fully immunized with only two permissible exceptions:
  - i. A **medical exemption** is allowed if a physician submits documentation that an immunization is medically contraindicated.
  - ii. A **religious exemption** is allowed if a parent or guardian submits a written statement that immunizations conflict with sincere religious beliefs. Philosophical exemptions are not allowed by law in Massachusetts, even if signed by a physician. This regulation does not allow for partial immunization. You must do all if you do some. According to this law, students exposed to a contagious disease who are not immunized must be quarantined from school for at least two weeks.

The weekly schedule will be similar to past this year's. The building will open at 8:25 AM and we will check students in at 8:40 AM. The school day is from 8:40 AM - 3:15 PM. Please plan for your child to arrive a few minutes early so that they may settle in before school starts. Students should be in their seats ready for class at 8:45 AM (not aiming to arrive around 8:45). The school day ends at 3:15, but students are welcome to stay until 4:15 (or 4 PM on Fridays) for extra help, project and homework time, and extracurricular activities. **School closes at 2:15 PM promptly on Tuesday afternoons** because the Temple uses the space for classes on Tuesday afternoons. Tuesday afternoons are faculty meeting time. School closes at 4 PM on Fridays. On Mondays, Wednesdays, and Thursdays, school will close at 4:15 (except when extracurricular activities require a later time).

A new version of the student/parent handbook will be mailed to you later in the summer.

Have a wonderful summer,



## Technology at Meridian Academy

### Hardware

In order to complete and submit their homework and research in a timely fashion, **all students need access to a computer with Internet access and a working printer at home.** If you cannot provide these, please call Josh (617-522-1118) and we will do our best to help your family obtain a computer. Meridian has been able to arrange for computer donations in the past and is committed to students having equal access to technology outside of school.

### Access

While students need access to this technology, we are aware of some of the issues involving technology use with which families are grappling. Online access can lead to compulsive behaviors that do not improve learning or social skills. A recent study found that students doing homework on the computer spent more than 40% of their time doing something else (IM, email, non-work-related surfing, etc.). While students need a quiet, distraction-free, dedicated work space for homework, this does not have to be in their bedroom. Given the ready access to TV shows and movies and other distractions on the Internet, putting a computer where parents can casually monitor their use is a good idea.

### Files

While some students use flashkeys to save files, most now seem to use an email account to both backup files and make sure that work is available both at home and school. All students must have an email account and email Josh (at [jabrams@meridianacademy.org](mailto:jabrams@meridianacademy.org)) their email address when it changes.

### Software

The school uses computers running Microsoft Windows. We want to make it possible for all students to have access to the same programs both at school and at home. All of our computers will have either or both of the Microsoft Office or OpenOffice software suites. OpenOffice is reasonably compatible with Microsoft Office, is not susceptible to the same viruses, and comes with a word processor, spreadsheet, presentation program, and drawing program. OpenOffice is available for **free**. Please make sure that your child has access to one or both of these.

**Before the school year starts**, you can download a copy of the latest version of OpenOffice at

<http://download.openoffice.org/>

Click on “Download OpenOffice.org”. Under “Select your language”, choose Windows or Macintosh as your operating system and any download site, in the next window, click on the “Continue to Download” button, save the file to disk and then run the installation program when downloading is complete. OpenOffice is a very large program, *if you do not have a fast Internet connection such as DSL or Cable, please let us know and we will provide you with the software on a CD.*

**Please have these programs in place by the start of the school year so that your child can get to work efficiently right from the start.**



1187 Beacon Street Brookline, MA 02446

## Physician's Report

**Parents: please mail this form (you may attach a doctor's report) to the above address by July 15.**

Name: \_\_\_\_\_ Date of exam: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 Vision: Left: \_\_\_\_\_ Right: \_\_\_\_\_ Blood pressure: \_\_\_\_\_  
 Hearing: Left: \_\_\_\_\_ Right: \_\_\_\_\_ Pulse rate: \_\_\_\_\_  
 Posture screening: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### PHYSICAL EXAM

	Nor.	Abn.	Comments
Skin (Acne, Psoriasis):			
Scalp (Eczema):			
Eyes and ears:			
Nose and throat:			
Neck and thyroid:			
Genitalia:			
Sexual maturity:			
Menstrual:			
Psychological:			
Eating habits:			
Lungs:			
Thorax:			
Heart:			
Abdomen:			
Back:			
Extremities:			
Feet:			
Joints:			
Neurologic:			
Urinalysis:			
Hct and Hgb:			
Tuberculin test: Type: _____ Date: _____ Result/mm: _____			
If positive: Result of chest x-ray: _____ Prophylactic therapy?: _____			

If there are any activities this student should be restricted from, please list below

### IMMUNIZATION HISTORY

#### Vaccine Date:

DPT #1 \_\_\_\_\_  
 DPT #2 \_\_\_\_\_  
 DPT #3 \_\_\_\_\_  
 DPT #4 \_\_\_\_\_  
 DPT #5 \_\_\_\_\_  
 Td \_\_\_\_\_  
 MMR #1 \_\_\_\_\_  
 MMR #2 \_\_\_\_\_  
 Polio #1 \_\_\_\_\_  
 Polio #2 \_\_\_\_\_  
 Polio #3 \_\_\_\_\_  
 Polio #4 \_\_\_\_\_  
 Polio #5 \_\_\_\_\_  
 Hib #1 \_\_\_\_\_  
 Hib #2 \_\_\_\_\_  
 Hib #3 \_\_\_\_\_  
 Hib #4 \_\_\_\_\_

#### Hepatitis B Vaccine:

HBV #1 \_\_\_\_\_  
 HBV #2 \_\_\_\_\_  
 HBV #3 \_\_\_\_\_

#### Other Immunizations:

BCG \_\_\_\_\_

Physician's name (Print): \_\_\_\_\_  
 Physician's signature: \_\_\_\_\_  
 Physician's address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Physician's telephone: ( ) \_\_\_\_\_

### Chickenpox History

\_\_\_\_\_ Please check if this person has a reliable history of chickenpox.

Reliable history may be based on:

- Interpretation of parent/guardian



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### Student Health History and Emergency Contact Information

Please fill out the health history below and on the following page and **return by July 15.**

Please read the release and sign and date the form on the bottom of this page.

Student name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/guardian #1 name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/guardian #2 name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact #1 name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact #2 name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Physician Name: \_\_\_\_\_ Primary Physician Phone: \_\_\_\_\_

Primary Physician Address: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Plan number: \_\_\_\_\_

### Meridian Academy Medical Permission and Release

Student name: \_\_\_\_\_ Date \_\_\_\_\_

#### MEDICAL PERMISSION AND RELEASE

I understand that there are no medical professionals on staff at Meridian Academy. I hereby give consent for the Meridian staff to administer medications (including an age appropriate dose of acetaminophen or ibuprofen) to my son/daughter/ward \_\_\_\_\_ . I understand that when my child has been prescribed medications which need to be taken during the school day, (including medications for ADD/ADHD) that I must bring the pharmacy labeled medication to the school for a Meridian staff member to administer medication to my child. Although Meridian does not have medical personnel on staff, Meridian's medical consultant is Dr. Eileen Costello of the Southern Jamaica Plain Health Center (640 Centre Street, Jamaica Plain, MA 02131). Both Dr. Costello and the Center are affiliated with Brigham and Women's Hospital. Dr. Costello will review student health records and provide advice regarding immunizations, medication administration, or any outbreaks should they occur. In the event of serious illness or injury, the school will notify the student's parent or guardian, the student's doctor and take the student to the hospital designated by the parent or guardian notified or to the nearest available hospital. The Academic Coordinator/Head of School or his appointee shall have the authority to permit hospitalization, and/or emergency or surgical procedures and anesthesia. I agree to assume responsibility for all medical expenses not covered by health insurance.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_





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# Meridian Academy Parental Permission Form

Please complete and return to Meridian Academy by July 15.

One of Meridian's commitments to your child's education relies on the ability of the staff to plan fieldtrips on short notice and in a spontaneous manner that emerges from the interests of the students themselves. In order for the school to meet its goal of using the city as an extension of the classroom, parents/guardians must sign and return this form allowing staff to take students on fieldtrips using a variety of transportation methods. Please, read the following permission options and sign the bottom of this form. Signing this form indicates that you grant these permissions.

## FIELD TRIP CONSENT FORM, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

I/We, the undersigned parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby CONSENT to his/her participation in any and all educational field trips planned by the staff at Meridian Academy. I/We CONSENT to allowing our child to ride in transportation provided by Meridian staff including but not limited to transportation driven by staff members and chaperones, public transportation, and contracted drivers.

I/We forever RELEASE and discharge Meridian Academy and its departments, officers, employees, and agents (hereinafter collectively referred to as "Meridian"), from any and all claims, damages, losses or expenses of whatever kind or nature which I/we may have or acquired as the parent(s) or guardian(s) of said minor arising out of or resulting, directly or indirectly, from said minor's participation in this field trip. I/We also RELEASE and discharge Meridian from any and all claims, damages, losses or expenses of whatever kind or nature which said minor may have or acquire arising out of or resulting from, directly or indirectly, his/her participation in this field trip.

I/We furthermore agree to defend and INDEMNIFY against any claims, damage, loss or expense of whatever kind or nature that Meridian may have to pay that arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in this field trip.

I/We further authorize Meridian's employee(s) or agent(s) who is/are supervising said minor while participating in this field trip to require said minor to comply with any rules, standards of behavior or instructions such employee(s) or agent(s) may reasonably establish.

I/We hereby authorize Meridian employee(s) or agent(s) who is/are supervising said minor, to act on our behalf in authorizing and consenting to emergency medical care, dental care, and/or hospitalization for said minor if he/she becomes ill or is injured while participating on the field trip. This Authorization and Consent may be presented to the appropriate medical/dental staff at such time as emergency medical care, dental care or hospitalization is required. I/We hereby RELEASE and discharge Meridian from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care, dental care or hospitalization during this field trip.

I/We give permission for delegated school personnel to administer required prescribed medication during the field trip.

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Signature of Parent or Guardian

Date

Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hazing -

Definition 603 CMR 33.03 as promulgated by the Board of Education pursuant to Massachusetts General Law c. 269, § 19:

Hazing 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.

Meridian Academy  
Brookline, MA 02446  
Hazing Policy

Under Chapter 536 of the laws of the Commonwealth of Massachusetts, it is a crime to "haze" a student, that is, to participate in "any conduct or initiation into any student organization which willfully, or recklessly, endangers the physical or mental health of any student or other person." All students are provided with a copy of the law and must sign an affidavit to that effect.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

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



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**T-pass Request**

I would like an MBTA student monthly T-pass for my child and will reimburse Meridian for the monthly charges.

Student's name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**End of Day Release**

I understand that students are dismissed at the end of the academic school day. Students may choose to stay for after school activities when available, but Meridian Academy is NOT responsible for my child's actions, whereabouts, or any injuries that may be incurred after his/her release.

Student's name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Publicity Release**

I \_\_\_\_\_ give my permission for my child's image and work to be used for promotional and academic purposes on websites, in publications, and in or on any other media outlet.

Student name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_



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## School Supplies

Each student needs:

- **3 three-ring binders 1.5 – 2” thick for Spanish, Humanities, and MST.**
- **Dividers and pockets to hold handouts for each binder.**
- **A pouch filled with their favorite pens and pencils in each binder.**
- **Replacement pens and pencils for use as the year goes on.**
- **Several hundred pages of lined paper for the binders. If your child has organizational problems and their loose-leaf pages tend to rip out of their binders, you might look into “reinforced filler paper” with a plastic edge that makes ripped holes less likely. This paper is more expensive but if you search the web, it can be found for ~ \$4 per 100 pages.**
- **12” ruler with metric markings.**
- **A TI-84 plus or TI-84 plus silver Graphing Calculator (these should cost around \$100 or may be found more cheaply sometimes on eBay – please contact the school if you need help finding a good price). Returning students should make sure that they have their calculator and that it is in good working order.**
- **Appropriate gym clothes, athletic sneakers, and a water bottle.**
- **Clothing suitable for messy art activities.**
- **A lunchbox.**



1187 Beacon Street Brookline. MA

### High School – During-the-Day Release Form

Meridian Academy strives to give its students both rights and responsibilities that are consistent with their age and maturity. When not in school, high school students typically enjoy the freedom to travel around their neighborhoods and the city independently. While most of their time at school will always be spent in class and with their teachers, students may benefit from the opportunity to leave the school building without a teacher or other chaperone to make use of the school’s neighborhood for, for example, lunch, community service, or a school-related errand.

Meridian students in grades 9 through 12 who have been responsible in all aspects of their membership in the school community and with the below permission of their parents may be allowed to leave the school during select free or academic times when given permission by a teacher.

During this time, if a school policy requires that they have a partner, then they must remain with a similarly eligible schoolmate and must return with that partner in time for their next at-school obligation.

Students will be eligible if:

- The student is in good academic and social standing at the school.
- The student has been on time for the prior week of school and classes.
- Their homework has been submitted completed and on time.
- Prior unchaperoned times have been satisfactory in all regards.
- They sign out in the staff room with a teacher.
- A fellow, qualified schoolmate is available to go with them, if required.

While outside of the school building, students must:

- Stay with their partner(s) at all times (if a partner was required).
- Behave politely, responsibly, and in a manner that will bring credit to themselves and the school. These guidelines include the language a student uses, not littering, and treating others with respect.
- Keep track of the time and return promptly.

I/We, the undersigned parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby CONSENT to his/her leaving the school without adult supervision for periods during the school day approved by the staff at Meridian Academy. I/We understand that during these periods our son/daughter will be unmonitored and responsible for his or her own safety and behavior.

I/We forever RELEASE and discharge Meridian Academy and its departments, officers, employees, and agents (hereinafter collectively referred to as “Meridian”), from any and all claims, damages, losses or expenses of whatever kind or nature which I/we may have or acquired as the parent(s) or guardian(s) of said minor arising out of or resulting, directly or indirectly, from said minor’s activities during these unchaperoned times. I/We also RELEASE and discharge Meridian from any and all claims, damages, losses or expenses of whatever kind or nature which said minor may have or acquire arising out of or resulting from, directly or indirectly, his/her activities during these periods.

I/We furthermore agree to defend and INDEMNIFY against any claims, damage, loss or expense of whatever kind or nature that Meridian may have to pay that arises from said minor’s intentional, grossly negligent, or reckless acts or omissions while away from school during these periods.

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Signature of Parent or Guardian	Date	Relationship	Signature of Student
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