WILBRAHAM & MONSON ACADEMY 2019-2020

423 Main Street Wilbraham, Massachusetts 01095 Phone 413.596.6811 Fax 413.596.0022 Website: www.wma.us

STUDENT/PARENT CONTACT INFORMATION

Last	First	Date of Birth
Home Address:		
Home Phone:	Student Cell phone:	
Legal Guardian:	ther Mother Other:	
(If both parents are not the legal guardians, p	lease submit legal guardianship documents)	
Parent/Guardian Name:		
Relationship to Student:		
Address (if different):		
Best Phone for Daytime Contact:		
Email:		
Home Phone:	Cell phone:	
Emergency Contact		
Parent/Guardian name:		
Relationship to Student:		
Address (if different):		
Best Phone for Daytime Contact:		
Email:		
Home Phone:	Cell phone:	
Emergency Contact		
Alternate person to be reached in case of er	nergency if parent or guardian is unavaila	ble.
EMERGENCY CONTACT Relationship	to Student:	
Name:		
Address (if different):		
Best Phone for Daytime Contact:		
Email:		
Home Phone:	Cell phone:	

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ALL STUDENTS TRANSPORTATION PERMISSION

Trips for athletics, academics, or recreational activities are an integral part of the Academy's program. All students are granted permission to ride with WMA faculty drivers or adult drivers authorized by the school. Parents must complete the additional transportation permissions below.

Student Name:			
	Day Stu	idents	
If your child drives to and from school registration: make, model, year, color sticker will also be issued. The sticke Once the vehicle is parked on campus Deans Office gives him/her permission. My child has permission to ride with Failure to register automobile(s) with careless driving, driving without permission. Make Mod. License Plate - please include state	r, and registration plater must be placed on the s, it may not be moved on. other day students ill result in cancellater mission, or failure	e number of each vehine inside of the back valuatil your child is lessent and the privilege to park in the appropriate in the privilege to the park in the appropriate in the appropriat	window and kept there at all times. aving for the day or unless the o drive to campus, as will any opriate parking lot.
License Plate - please include state			
T	٠ D	J: C4 J4	
Please check one.	ransportation: B	oarding Students	
☐ 1: My child may ride with anyone member, WMA friend or visiting frie	_	<u> </u>	· · · · · · · · · · · · · · · · · · ·
☐ 2: My child may ride with anyone may not use public transportation, in		iver (family member,	WMA friend or visiting friend) but
☐ 3: My child may ride only with th taxis:	ne person(s) listed belo	ow and may not use p	public transportation, including
Name			Telephone Number
☐ 4: My child may only use public	transportation, includ	ing taxis to the airpor	<i>t.</i>
	Weekend P	ermission	
Boarding students may be granted permission to tak authorized persons. In the case of any overnight a departure regardless of the student's age. For trips outside of the regular school required to grant separate permission	ke overnight or weekend trips absence from campus, a pare ol program (i.e. Sunda	. After following the proper sent/guardian must contact the	he Deans Office at least one day prior to
☐ 1: Parent/Guardian listed on first	page is the only perso	on who may authorize	overnight trips for my child.
☐ 2: The person(s) listed below can	act as my representat	ive to authorize overr	night permission.
Name	Address_		
Telephone	Email		
Name	Δddress		
Telephone	Audicss_ Email		

FORMAL COMPLIANCE

Before returning this form to the Deans Office, please discuss these permissions with your child. In signing this form, we signify the following:

- I have read the most current posted version of the Academy's *Student/Parent Handbook* available on the Academy's website at https://www.wma.us/students/handbooks-policies
- I understand that I am responsible for reading annual revisions to this handbook.
- I agree to abide by the Academy's expectations including academic, athletic/extracurricular, social, and behavioral expectations.
- I am familiar with the Academy's tobacco-free campus and policy on drug/alcohol use.
- I am familiar with the Academy's dress code policy.
- I recognize that a violation of any of these expectations will result in affirmative discipline taken by the Academy, up to and including dismissal.
- I understand that once my child turns 18 years old he/she must sign the Addendum to the Reservation and Enrollment Contract in order to remain a student at WMA. This Addendum gives WMA permission to interact with parents or legal guardians as if the student were less than 18 years of age.

In signing this form, I also give my consent to WMA to release my child's name and photograph to the media for academic and athletic achievements and to have his/her photograph published in WMA publications, including the website.

Student's Name	
Parent's/Guardian's signature	Date
Parent's/Guardian's signature	Date
Student's signature	Date
Name and city of local community newspaper:	