

Jefferson Township Public Schools
28 Bowling Green Parkway
Lake Hopatcong, NJ 07849

MEDIA and PRESS RELEASE PERMISSION FORM

2008-2009 SCHOOL YEAR

I hereby consent to the use of my child's name, likeness, picture or voice to be released to the following media (please check yes or no to each media format). Such uses will not be viewed as a direct endorsement by my child of any product or service. I hereby indemnify the organization responsible, and their licenses, respecting any claim arising out of any acts or statements.

Media	Yes	No
<input type="checkbox"/> Newspapers (Aim, Daily Record, Star Ledger)	_____	_____
<input type="checkbox"/> School and District Websites	_____	_____
<input type="checkbox"/> School bulletin boards and displays	_____	_____
<input type="checkbox"/> School Calendar	_____	_____
<input type="checkbox"/> School video taping	_____	_____
<input type="checkbox"/> School-related exhibitions, competitions, and/or festivals	_____	_____
<input type="checkbox"/> Jefferson Highlights Community Television	_____	_____
<input type="checkbox"/> District Newsletters/Pamphlets	_____	_____

Name of Student (print) _____

Student Grade in 2008-2009 _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____

Please have your child return this form to his/her classroom teacher. This form will be kept on file in the Main Office.

Application #

School District _____

FISCAL YEAR 2009

FREE AND REDUCED PRICE SCHOOL MEALS HOUSEHOLD APPLICATION

Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamp or TANF case # (if any). Skip to Part 5 if you list a Food Stamp or TANF case #

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school, homeless liaison, or migrant coordinator. Homeless Migrant Runaway

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.

Part 4. Total Household Gross Income-You must tell us how much and how often for each person; check if no income

1. Name (List everyone in household - include students listed above)	2. List gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions How Often?	Welfare, child support, alimony How Often?	Pensions, retirement, Social Security How Often?	All Other Income How Often?	
1.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
2.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
3.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
4.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
5.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
6.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
7.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
8.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
9.	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 Social Security Number: _____ I do not have a Social Security Number

Part 6. Children's racial and ethnic identities (optional)

Mark one or more racial identities: Asian American Indian or Alaska Native White Native Hawaiian or Other Pacific Islander Black or African American Other

Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

STOP Don't fill out this part. This is for school use only. Error Prone

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12
 Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____
 Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Reason: _____
 Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)
 Determining Official's Signature: _____ Date: _____ Confirming Official's Signature: _____ Date: _____

For State Agency Use

F to R	R to F	D to F	SS #	SB Temp
F to D	R to D	D to R	Income	Other

Jefferson Township Public Schools

28 Bowling Green Parkway

Lake Hopatcong, New Jersey 07849
(973) 663-5780 FAX (973) 663-2790

Kathaleen F. Fuchs, Ph.D
Superintendent of Schools

Lynne J. Stanlick
Director, Transportation and
Educational Facilities

Joseph G. Kraemer
Assistant Superintendent of Schools

Mary K. Thornton, Ph.D.
Director, Curriculum and Instruction

Dora E. Mylchreest
Business Administrator/Board Secretary

Donna Vander Ploeg
Coordinator, Human Resources

Request for Supervision at Dismissal from School

Student Name:		Age:		Grade:	
Teacher:		Receives District Transportation (Circle one)		Y	N
<p>In the event of an early dismissal, the parent(s)/guardian(s) request that the school or program not release the pupil to walk home after dismissal unless the pupil is released to the parent(s) or legal guardian(s) or escort(s) designated by the parent(s) or legal guardian(s).</p> <p>In order for the school administration to effectively implement the requirements of this Policy and to ensure the safety and security of pupils that will be released to a parent(s) or legal guardian(s) or designated escort, the parental request shall be applicable for every school day and shall apply for a duration period of the entire school year. The Request Form must be re-submitted annually. In addition, a parent(s) or legal guardian(s) may rescind their Request by submitting a written request to the Principal indicating the date in which the parent(s) or legal guardian(s) no longer requests the school provide supervision of their child(ren) after school dismissal. The child(ren) will be dismissed in accordance with typical dismissal protocol effective the date indicated in the rescinding request.</p>					
Listed below are the escorts designated by the parent(s)/legal guardian(s)					
#1	Name:				
	Address:				
	Phone #:	H		C	
#2	Name:				
	Address:				
	Phone #:	H		C	
#3	Name:				
	Address:				
	Phone #:	H		C	

Signature of Parent/Guardian

Date

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www.jefftwp.org

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Superintendent of Schools

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Coordinator, Human Resources

September, 2008

Dear Parent(s):

Pursuant to N.J.S.A. 18A:35-4.7, any child whose parent or guardian presents to the school a signed statement that any part of instruction in health, family life education or sex education is in conflict with his conscience or sincerely held moral or religious beliefs shall be excused from that portion of the course.

As part of the Family Life Curriculum, students will receive instruction on germs, viruses and communicable diseases (AIDS), with the content directed to the appropriate grade level. If you wish to exclude your child from this area of our health education program, please return the attached exclusion form to your child's school by October 10, 2008. If the form is not returned, we will assume that your child has your permission to receive instruction.

Yours very truly,

Kathaleen F. Fuchs

Kathaleen F. Fuchs, Ph.D.
Superintendent of Schools

SCHOOL YEAR 2008-2009

I would like to have my child, _____,
excluded from instruction pertaining to AIDS.

Signature

Date

JEFFERSON TOWNSHIP PUBLIC SCHOOLS

STUDENT PHYSICAL EXAMINATION

GRADE _____ AGE _____

NAME _____ BIRTH DATE _____ SEX M_F _____

ADDRESS _____

DATE OF EXAM _____ HEIGHT _____ WEIGHT _____ BP _____ / _____

SKIN _____ SCALP _____ EARS RIGHT _____ LEFT _____

NOSE _____ THROAT _____ TEETH _____ GLANDS _____

HEART _____ LUNGS _____ HERNIA _____ SPINE _____

FEET _____ JOINTS _____ EYES/VISION RIGHT _____ LEFT _____

PAST HISTORY

AGE

IMMUNIZATION RECORD

CHICKEN POX _____
GERMAN MEASLES _____
MEASLES _____
MUMPS _____
SCARLET FEVER _____
PNEUMONIA _____
OTTITIS MEDIA _____
TONSILLITIS _____
TUBERCULOSIS/INH _____
CONVULSIVE DISORDER _____
NEUROMUSCULAR DISORDER _____
CONGENITAL ABNORMALITIES _____
RHEUMATIC FEVER _____
DIABETES _____
HEART DISEASE _____
STREP INFECTIONS _____
ASTHMA _____
ALLERGIES _____

LYME DISEASE _____
MONONUCLEOSIS _____
HIV VIRUS _____
OTHER _____

INJURIES _____

SURGERY _____

DPT _____
POLIO _____
MMR _____
MEASLES _____
MUMPS _____
RUBELLA _____
HIB _____
HBV _____
VARICELLA _____

TB SCREENING SPECIFY MANTOUX/TINE

TYPE	DATE	RESULT
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMENTS _____

PHYSICIAN'S NAME _____
(PLEASE PRINT)
PHYSICIAN'S PHONE NUMBER _____

INTERNET USER CONTRACT
Briggs School (Grades 1-2)

I _____ understand the terms and conditions outlined in the Jefferson Township Public School Internet Acceptable Use Policy and will abide by those rules. I also understand that any inappropriate conduct will be dealt with as deemed appropriate by the administration and this may include, but is not restricted to, immediate revocation of Internet access rights, detention, suspension, and legal prosecution. The administrators of the network are not responsible for any misconduct or harm that I commit. I am held fully responsible for all my actions. In using the network, I promise to:

- Be respectful of the rights, the ideas, the information, and the privacy of others.
- Neither send nor receive information that can be hurtful or harmful to others. This includes discrimination by race, religion, ethnic origin, sex and sexual orientation. (I understand that this includes the sending and receiving of sexually explicit material.)
- Neither receive nor distribute unauthorized copies of copyrighted software.
- I agree not to allow other individuals to use my account for Internet activities and I will not give anyone else my password.

Signature of Student _____ Homeroom _____

Grade _____ Date _____

PARENT OR GUARDIAN AGREEMENT REGARDING THE USE OF THE INTERNET
Briggs School (Grades 1-2)

I _____, as the parent/guardian of _____ who has signed an Agreement regarding the use of the Internet, have read the Agreement and the guidelines for the use of the Internet.

I understand that access to the Internet is designed for educational purposes and the Jefferson Township School District has taken precautions to restrict access to controversial materials. However, I also recognize that it may be impossible for the Jefferson Township School District to restrict materials acquired on this network. In addition, I understand that the Jefferson Township School District does not assume responsibility for the accuracy or quality of information obtained through the Internet.

Further, I understand that the improper or inappropriate use of the Internet by my son/daughter may result in the revocation of the privilege to access the network and the imposition of school discipline and/or criminal and civil penalties. I accept all financial and legal liabilities, which may result from my son/daughter's use and/or misuse of the Jefferson Township School District Internet connection.

I release the Jefferson Township Board of Education, its officers, employees, agents, servants, and representatives and all organizations and individuals related to the Jefferson Township Internet connection from any liability or damage that may result from my son/daughter's use of the Internet connection.

This form is valid for all grades in this building unless the parent/guardian informs the school district in writing.

Parent or Guardian: _____
(Print name)

Parent/Guardian Signature: _____

Date: _____ Student's Grade _____ Homeroom _____

For your information Morris Internet Network Cooperative set up and administers our firewall and filter (Webknot), updating weekly. Jefferson Township School District is a member of the Morris Internet Network Cooperative.

The Acceptable Use Policy is posted on our website <http://www.jefftp.org>

NO INTERNET USER CONTRACT

Name: _____
Print student's name

School: _____ **Grade:** _____

I do not want my son/daughter _____ to participate in Internet usage. This does not exclude students from using a computer and students must abide by all terms and conditions outlined in the Jefferson Township Public Schools Acceptable Use Policy.

This form is valid for all grades in this building unless the parent/guardian informs the school district in writing.

Parent/Guardian Signature

Date

(For your information, Morris Internet Network Cooperative sets up and administers our firewall and filter (WebKnot), updating weekly. Jefferson Township School District is a member of Morris Internet Network Cooperative.)

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**I** \_\_\_\_\_ **understand the terms and conditions**  
Print student's name  
**outlined in the Jefferson Township Public Schools Acceptable Use Policy and will abide by those rules.**

**I** \_\_\_\_\_ **will not attempt to use the Internet**  
Print student's name  
**against my Parent/Guardian's wishes.**

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

\_\_\_\_\_  
**Date**

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