

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 # |
|--|-------------|-------|--|
| | | | |
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| | | | |
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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
- White
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

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 |
| F to D | R to D | D to R | Income | Temp 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