

# **J**efferson Township Public Schools

28 Bowling Green Parkway  
Lake Hopatcong, New Jersey 07849  
(973) 663-5780 FAX (973) 663-2790  
[www.jefftwp.org](http://www.jefftwp.org)

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

**Joseph G. Kraemer**  
Assistant Superintendent of Schools

**Dora E. Zeno**  
Business Administrator/Board Secretary

**Lynne J. Stanlick**  
Director, Transportation and  
Educational Facilities

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

**Donna M. Vander Ploeg**  
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

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## SCHOOL YEAR 2008-2009

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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 <input type="checkbox"/>
	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
F to D	R to D	D to R	Income	Temp Other

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## 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

# MILTON TRI-SCHOOL PTA 2008-09 REGISTRATION

**(complete only one registration per family - please print)**

## PTA MEMBERSHIP SECTION:

Checks only please. Make Checks Payable to "Milton Tri-School PTA"

Type of Membership: Check one: Single Membership (\$8.00) (one membership card) Dual Membership (\$12.00) (two membership cards)

For PTA Use
Payment Enclosed:
Membership # (s)

Parent/Guardian First Name: \_\_\_\_\_  
 Parent/Guardian Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Parent/Guardian First Name: \_\_\_\_\_  
 Parent/Guardian Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

## CLASS REP./PARTY SECTION:

Instructions:  
Class Rep Section:

Circle "Yes" if you would like to be the PTA class rep for that child's class. \*\*A Class rep is a liaison between the Teacher and other parents in class. It does not entitle you to personally fill all Teacher requests or attend all parties.\*\*

Party Section: PLEASE select only ONE party per child.  
 If you have no party preference, please mark the ANY box and a party will be selected for you.  
 PLEASE LABEL KINDERGARTEN AS AM OR PM.

CHILD'S NAME	GRADE	TEACHER	IN CLASS REP?	PARTY SELECTION		
				HALLOWEEN	HOLIDAY	VALENTINE
			Yes			ANY
			Yes			
			Yes			
			Yes			

## LUNCH DUTY / BANK DAY:

Lunch Room volunteers are needed each school day at both White Rock and Cozy Lake Schools to assist the children during their lunch periods. Bank Day volunteers are needed one day each week (to be determined) at both White Rock and Cozy Lake Schools. Please circle Lunch Duty and/or Bank Days to indicate your interest in helping at White Rock and/or Cozy Lake Schools.

**WHITE ROCK:** Lunch Duty Bank Day

**COZY LAKE:** Lunch Duty Bank Day

Authorized Signature: \_\_\_\_\_

**VIP REGISTRATION ON REVERSE SIDE**

**RETURN FORM TO SCHOOL BY SEPTEMBER 12TH**

Please complete this section to be included in the VIP Database. Whether you can volunteer frequently, only once a year or help from home, your contribution of time and effort shows your child(ren) how important their education is to you. We use this survey to create a database from which we can match teacher/school requests with volunteers. We need to know your talents, interests and availability. We encourage all parents to become VIPs!

YES, include me in the VIP Database (parent/guardian 1)  
PLEASE PRINT

Name: \_\_\_\_\_

I am available to volunteer in school: (Please circle all that apply)

Monday      Tuesday      Wednesday      Thursday      Friday  
Regularly      Once a Month      Special Occasion      Home Work  
Mornings: 9am-12noon      Afternoons: 12noon-3pm

I am willing to work in any classroom: Yes      or      No

I may be available for last minute assignments/substitutions: Yes      No

I would be willing to volunteer in other areas to: (please check all that apply)

- Library       Computer Lab
- Assist Specials staff (art, music, gym etc.)
- Copying & Laminating       Bulletin Boards

I would be willing to volunteer from home to: (please check all that apply)

- Prepare bulletin boards       Sew       Shop
- Make phone calls       Bake       I am creative       Evening Event

My occupation is: \_\_\_\_\_

My talents/interests are: \_\_\_\_\_

Please sign the VIP Pledge,

I promise to be a responsible and caring VIP. I will respect the integrity of our schools, faculty and students. I will honor their privacy.

This is my commitment: \_\_\_\_\_

YES, include me in the VIP Database (parent/guardian 2)  
PLEASE PRINT

Name: \_\_\_\_\_

I am available to volunteer in school: (Please circle all that apply)

Monday      Tuesday      Wednesday      Thursday      Friday  
Regularly      Once a Month      Special Occasion      Home Work  
Mornings: 9am-12noon      Afternoons: 12noon-3pm

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**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.

<b>Media</b>	<b>Yes</b>	<b>No</b>
<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 by  
September 17, 2008. This form will be kept on file in the Main Office.**