



**South Amboy Public Schools**  
240 John Street, South Amboy, New Jersey 08879  
Phone: (732) 525-5400 Fax: 732-727-0730

Jorge E. Diaz  
Superintendent

www.sapublicschools.com  
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## **Enrollment Registration Form**

### **CHILD INFORMATION: Fill out information about your child**

<b>Last:</b>	<b>First/Middle:</b>	<b>Preferred Name:</b>
<b>Birth Date:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Siblings?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

### **CHILD DEMOGRAPHICS: Fill out information about your child**

<b>Race (Check all that apply)</b>	<b>Language</b>	<b>Primary Language?</b>	<b>Language Proficiency</b>
<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hawaiian/Pacific <input type="checkbox"/> Other: _____ Island		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Speaks <input type="checkbox"/> Reads <input type="checkbox"/> Writes  <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<b>Ethnicity:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Speaks <input type="checkbox"/> Reads <input type="checkbox"/> Writes  <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<b>Nationality:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Speaks <input type="checkbox"/> Reads <input type="checkbox"/> Writes  <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<b>Place of Birth:</b>	<b>Birth Country:</b>	<b>Date of Students Arrival in the US:</b>	

### **CHILD ACADEMIC INFORMATION**

<b>Has the child attended a South Amboy School before?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If so, please give the school name(s) and date of attendance:</b>		
<b>Has the child attended school outside of the South Amboy School District?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If so, please give the school name(s) and date of attendance:</b>		
<b>Has your child been classified as eligible for Special Education Services? (IEP or 504)</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has your child been eligible for Basic Skills or an I&amp;RS/RTI Plan?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Name and Birthdate of brother(s) and/or sister(s) [Include pre-school aged children also.]**


**FAMILY INFORMATION: Fill out information about parent/guardian(s)**

Parent/Guardian		Primary Caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Child:	Address:		
City, State, Zip:	Languages Spoken:		
Parent Email		Phone Type (Work, Cell, Home)	Notes (When not to call)
Phone Number	Primary Phone		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Parent/Guardian		Primary Caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Child:	Address:		
City, State, Zip:	Languages Spoken:		
Parent Email		Phone Type (Work, Cell, Home)	Notes (When not to call)
Phone Number	Primary Phone		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Are the parents divorced?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, is there a legal document describing the child's domicile for school purposes or limiting either parent's parental rights? Please provide a copy of this document.		
If the student does not live with both parents/guardians, does the parent/guardian that they do not live have the right to the following (check all that apply):		
<input type="checkbox"/> Report Cards	<input type="checkbox"/> Discipline Reports	<input type="checkbox"/> Attendance Reports <input type="checkbox"/> All-Calls

**EMERGENCY CONTACT INFORMATION**

First, Last Name	Home #	Work #	Cell #	Relationship

This Registration form has been completed by: Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SECTION A

### **STATEMENT OF DOMICILE** **(Student Residing with Parent/Guardian in the District)**

*Complete this section if the student is living with a parent or guardian whose permanent home is located in the South Amboy School District. If you are the student's guardian or will be the guardian of a student from out of state following expiration of the required six-month waiting period, you will be asked to provide official papers proving guardianship. You will not be asked to produce "Affidavit of Domicile" student proofs of the type requested in Section B.*

How long have you lived in this home? \_\_\_\_\_

Do you have any present intention of moving from this home? If so, when and to where?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have residences(s) elsewhere, and, if so, where are they and when do you live there?  
\_\_\_\_\_  
\_\_\_\_\_

Please list four forms of proof you will provide to demonstrate that the address given on this application is your permanent home. (See the list ACCEPTABLE DOCUMENTATION OF PROOF OF RESIDENCY on the first page of this packet.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

If the student's parents are domiciled in different school districts, regardless of which parent has legal custody, please answer the following questions:

Does the student reside with one parent for the entire year? If so, with which parent and at what address?  
\_\_\_\_\_

If not, for what portion of time does the student reside with each parent and at what addresses?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

**TENANT FORM A**  
**AFFIDAVIT OF RESIDENCY OF LANDLORD/OWNER**

STATE OF NEW JERSEY    )  
  ) ss.  
COUNTY OF MIDDLESEX    )

To:   The South Amboy Board of Education

*This Affidavit of Residency of Landlord/Owner is to be completed by landlord/property owner in South Amboy where there does not exist a written lease.*

I, \_\_\_\_\_, of full age, being duly sworn according to

(Name of landlord/owner)  
law, depose and say:

1.   I     am     the     landlord/owner     of     the     premises     located     at  
      \_\_\_\_\_  
      South Amboy, New Jersey.

2.   \_\_\_\_\_ is a tenant at these premises.  
      (Name of Tenant)

3.   The following school-age child resides at the premises with the above-named tenant  
      (Print name of child living with tenant below):  
      \_\_\_\_\_  
      \_\_\_\_\_

\_\_\_\_\_  
**Signature of Landlord/Owner**

Sworn and Subscribed to me  
on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
A Notary Public of the State of New Jersey  
My commission expires on \_\_\_\_\_

**PLEASE NOTE:** Pursuant to N.J.S.A. 2C:28-2, a person who makes a false statement under oath or equivalent affirmation when he or she does not believe the statement to be true is guilty of a crime of the fourth degree. The South Amboy Board of Education may prosecute those who provide false information.



**PLEASE NOTE:** Pursuant to N.J.S.A. 2C:28-2, a person who makes a false statement under oath or equivalent affirmation when he or she does not believe the statement to be true is guilty of a crime of the fourth degree. The South Amboy Board of Education may prosecute those who provide false information.

# **UNIVERSAL CHILD HEALTH RECORD**

Endorsed by: American Academy of Pediatrics, New Jersey Chapter  
New Jersey Academy of Family Physicians  
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number ( ) -		Work Telephone/Cell Phone Number ( ) -	
Parent/Guardian Name		Home Telephone Number ( ) -		Work Telephone/Cell Phone Number ( ) -	
<b>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</b>					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted:		Weight (must be taken within 30 days for WIC)			
		Height (must be taken within 30 days for WIC)			
		Head Circumference (if <2 Years)			
		Blood Pressure (if ≥3 Years)			
<b>IMMUNIZATIONS</b>		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					



## Instructions for Completing the Universal Child Health Record (CH-14)

### Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

### Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. The Immunization record must be attached for the form to be valid.

- "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

- a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at [www.nj.gov/health/forms/ch-15.dot](http://www.nj.gov/health/forms/ch-15.dot) or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

- b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

*Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.*

- c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

- d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

- e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at [www.pacnj.org](http://www.pacnj.org) or by phone at 908-687-9340.

- f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

- g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

- h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.

- For lead screening state if the blood sample was capillary or venous and the value of the test performed.
- For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
- Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)

- Print the health care provider's name.
- Stamp with health care site's name, address and phone number.

## HEALTH HISTORY FORM

STUDENT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GRADE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

**1. Disease History – Please check and if yes explain if needed:**

Contra-indications (kind)

<u>DISEASE HISTORY</u>	<u>TYPE</u>		<u>AGE</u>		<u>AGE</u>	
Allergies		Asthma		Otitis Media		Eyes
Drug Sensitivities		Chicken Pox		Rheumatic Fever		Ears
Congen. Problems		Seizure Disorders		Strep Infection		
Hepatitis		Diabetes		Mononucleosis/EBV		
Neuromusc Disease		Heart Disease		Fractures		
Blood Disorder/Anemia				Bone Disorder		

**2. Explain any of the above:**

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**3. List any medication – reason and doctor's name and telephone#**

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**4. Hospitalizations & Reason:**

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**5. Gym or any activity limitations:**

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**6. Immediate family history of: Heart, Diabetes, Blood Pressure, etc.:**

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Any changes that the school should be aware of, please send in information:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# SOUTH AMBOY PUBLIC SCHOOLS

## MEDICAL EMERGENCY PROCEDURE FORM 2019-20

Pupil \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
(Last Name) (First Name)

Home Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex: M F

Parent/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Father's Place of Business \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Place of Business \_\_\_\_\_ Phone \_\_\_\_\_

Person to be contacted if neither parent is available

(1) \_\_\_\_\_ Phone \_\_\_\_\_  
(Name) (Address) (Relationship)

(2) \_\_\_\_\_ Phone \_\_\_\_\_  
(Name) (Address) (Relationship)

In case of an emergency, I have arranged for the person named above to pick-up and care for him/her.  
Names of other children in family: (if more space is required, attach sheet)

_____	School _____	Grade _____
_____	School _____	Grade _____
_____	School _____	Grade _____

List any operation, illness or special medications your child has had recently. Also, list other medical problems.

Allergies \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

In emergency: Hospital of choice 1. \_\_\_\_\_ 2. \_\_\_\_\_

Are Medicaid Services being rendered? Yes \_\_\_\_\_ No \_\_\_\_\_

Release to NJ Family Care? Yes \_\_\_\_\_ No \_\_\_\_\_

Does Child have Health Insurance?

Yes \_\_\_\_\_ If Yes, Name of Insurance Company \_\_\_\_\_

No \_\_\_\_\_ NJ FamilyCare provides free or low cost Health Insurance for uninsured children and certain low income parents.

For more information call 800-701-0710 or visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online

You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature: \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Written consent required pursuant to 20 U.S.C. 1232 (b)(1) and 34 C.F.R. 99.30 (b)

1. I give permission for the nurse to share medical information with teachers on a need to know basis Yes \_\_\_\_\_ No \_\_\_\_\_

2. Notify parent at nurse's discretion Yes \_\_\_\_\_ No \_\_\_\_\_

3. Notify parent of every visit to the nurse (excludes annual screenings) Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Legal Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_



## South Amboy Elementary School

249 John Street

South Amboy, NJ 08879

[www.sapublicschools.com](http://www.sapublicschools.com)

PHONE: 732-525-2118

FAX: 732-525-0205

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Sean Dunphy  
Principal

Dr. Martin Gurczeski  
Vice Principal

### **GENESIS PARENT ACCESS FORM**

(Student Information System)

Date of Request: \_\_\_\_\_

I am requesting access to the district's Genesis-Parent Access Web server. I accept sole responsibility for securing my user account and password.

PARENT INFORMATION: Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone# \_\_\_\_\_

E-mail Address: \_\_\_\_\_

(This will be your user name) (Please use only lowercase letters for your e-mail address)

I certify that the information that I have provided is factual.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Grade: \_\_\_\_\_



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Sean Dunphy  
Principal

Dr. Martin Gurczeski  
Vice Principal

### **BOE WWW PARENTAL CONSENT FORM**

South Amboy Board of Education, 240 John Street, South Amboy, NJ 08879

I hereby give permission for my child's photograph, artwork, poetry or other work produced in conjunction with a school project, class or extracurricular activity to be put on the Board of Education's website, in accordance with the policies set forth in the BOE's World Wide Web Procedures and Guidelines.

I understand that the information to be posted does not include information from my child's academic, guidance, permanent or cumulative record (i.e. grades or attendance records). I also understand that the information to be posted does not include other personal information such as my child's address or phone number.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Grade: \_\_\_\_\_



**SOUTH AMBOY SCHOOL DISTRICT  
ACCEPTABLE USE POLICY FOR  
ELECTRONIC MAIL AND INTERNET SERVICES**

Information Systems Usage

The South Amboy School District provides computer equipment, Internet, and E-Mail as on-line resources to its staff and students. These services are provided for educational use only, with the primary idea being to improve teaching and learning through research and exploration of the rapidly expanding global electronic resources. To gain access to these services students under the age of eighteen must obtain parental permission and must sign and return the permission form to the Media Specialist in each respective building. Students eighteen and over (proof of age required) may sign their own forms. The South Amboy School District reserves the right to monitor all activity on district owned network facilities.

Included are district guidelines so that staff, community users, and parents/guardians of students are aware of their responsibilities. The signatures on this document are legally binding and indicate that the signer agrees to abide by established rules and understands the terms and conditions of this agreement.

Access to the Internet, and E-Mail will enable students to explore thousands of libraries, data bases, bulletin boards, and news groups, while exchanging information with other users throughout the world. Parents/guardians should be advised that some material may contain items that are illegal, inappropriate, or potentially offensive to some people. It is our intent to supervise student use as we make computer services available to further educational goals but while doing so students may find access to other materials as well. We believe the benefits to students from this access in the form of increased information resources and collaboration opportunities exceed any disadvantages.

Parents and guardians of minors are responsible for setting standards for their children to follow when using media and information sources. Therefore South Amboy School District respects each family's decision whether or not they allow students to participate.

On-Line Conduct

Any actions by students that may be determined by system administrators as inappropriate use of network resources or to restrict other students from using those resources is prohibited. Any action in this area may result in the termination of student use of all on-line services and/or action in compliance with the district's discipline policies. The following online rules are to be followed:

- Use of the Internet is a privilege not a right that may be revoked or suspended by the system administrator.
- Be polite in all on-line messages
- Use appropriate language (no abusive, obscene, profane or inaccurate language)
- Do not reveal personal home addresses or telephone numbers of yourself, other students

or colleagues.

- Electronic mail (E-Mail) is not guaranteed to be private, anyone using the system has access to E-mail. Any illegal messages may be reported to the authorities.
- Do not use the network in a way that would disrupt its use for someone else.
- Vandalism (any malicious attempt to destroy data of another user or of the network) will result in cancellation of all privileges.
- Any user identified as a security risk may be denied access.
- Transmission of any material which violates United States or State regulations are prohibited.
- The use of on-line services for advertisement, political lobbying, or religious solicitation is also prohibited.

South Amboy School District is not responsible for the accuracy or quality of information obtained through these services. The South Amboy School District will not be responsible for any damages incurred by the user. This includes loss of data, nondeliveries, misdeliveries, or service interruptions. Use of any information obtained through the Internet or any other online service is used at your own risk.

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**User Agreement and Parent Permission Form**

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As a user of the South Amboy School District computer network I hereby agree to comply with the above stated rules - communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

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Student Signature

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Date

As the parent or legal guardian of the student signing above, I grant permission for my son or daughter to access networked computer services such as Internet and E-Mail. I understand that individuals and families are held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use - setting and conveying standards for my son or daughter to follow when selecting, sharing or exploring information and media.

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Parent Signature

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Date

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Name of Student

Grade

School

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Birth Date

Home Telephone number

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