



# South Amboy Elementary School

249 John Street

South Amboy, NJ 08879

PHONE: 732-525-2118

FAX: 732-525-0205

Sean Dunphy

Principal

sdunphy@sapublicschools.com

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

March 2018

## PRE-K/KINDERGARTEN REGISTRATION

Dear Parent and/or Guardian,

South Amboy Elementary School will begin the process of pre-kindergarten and kindergarten registration for the 2018/2019 school year on Monday, March 12, 2018. If your child is currently enrolled in either our pre-school or kindergarten program, you only need to complete the required short registration form for continuation in our district and return it to your child's teacher.

Parents who would like to officially register their child in our pre-kindergarten or kindergarten program may print a registration packet from the School website or pick up a packet from the main office beginning March 12, 2018. Since it is important that your child's records are accurate, please make an appointment by calling or visiting Mrs. Wolfe in order to make certain that you have our complete attention during this process. Mrs. Wolfe can be reached at 732-525-2118, ext. 2221.

- **THE REGISTRATION PROCESS WILL NOT BE CONSIDERED COMPLETE UNTIL THE FOLLOWING REQUIREMENTS HAVE BEEN MET:**
- **Child's OFFICIAL birth certificate**
- **Proof of Residency as documented by a certificate of occupancy, deed, mortgage agreement, tax bill or lease**
- **Physical exam Physician's certificate indicating the child has had a complete physical examination including a vision, hearing and dental screening within a year of September entrance**
- **A Physician's certificate indicating that the child has received the following immunizations as required by the New Jersey Department of Health must be included:**
- **Immunizations and physical must be completed before starting school.**

### Pre-Kindergarten Immunizations

- DPT – 4 doses
- OPV – 3 doses
- MMR – 1 dose (must be given after 1<sup>st</sup> birthday)
- HIB – 1 dose (must be after 1<sup>st</sup> birthday) Tetra = HIB + DPT
- Hepatitis B – 3 doses
- Varicella – 1 dose (must be after 1<sup>st</sup> birthday) or proof of disease
- PCV-7/pneumococcal – 1 dose after 1<sup>st</sup> birthday
- Mantoux – (recommended) **Mandatory only if transferred from specific countries**
- Flu Vaccine – annual must be given before December 31<sup>st</sup> or students will be excluded January 1<sup>st</sup>-March 31<sup>st</sup>, 2019

### Kindergarten Immunizations

- DPT – 4 doses if one dose given on or after 4<sup>th</sup> birthday or a total of 5 doses
- OPV – 4 doses
- MMR – 2 doses at least one month apart, given after 1<sup>st</sup> birthday
- Hepatitis B – 3 doses
- Varicella – 1 dose (must be after 1<sup>st</sup> birthday) or proof of disease
- Mantoux – (recommended) **Mandatory only if transferred from specific countries.**

We look forward to having you as a part of our educational family. In order to provide you with more information about our kindergarten program, you and your child will be invited to an orientation on Wednesday, May 16, 2018 from 10:15 AM until 11:00 AM to have an opportunity to see our program in action.

Our preschool program orientation will take place on the first day of school in September. Pre-Kindergarten is on a first come-first serve basis. We will not put any student on a Pre-kindergarten list until all necessary paperwork is completed and filed in our office.

If you have any questions or are in need of additional information, please contact me so that we can begin the educational partnership positively.

Sincerely,

**SEAN DUNPHY**

Principal

SD/aw

Please call Mrs. Amy Wolfe  
@732-525-2118, ext. 2221 to set  
up an appointment.



## South Amboy Public Schools

240 John Street, South Amboy, New Jersey 08879

Phone: 732-525-2100 • Fax: 732-727-0730

Jorge E. Diaz  
Superintendent

www.sapublicschools.com  
jdiaz@sapublicschools.com

### **SOUTH AMBOY BOARD OF EDUCATION REGISTRATION AND DOMICILE/RESIDENCY FORMS PRELIMINARY INFORMATION: PLEASE READ BEFORE PROCEEDING**

#### **A. ELIGIBILITY TO ATTEND THE SOUTH AMBOY PUBLIC SCHOOLS**

The questions asked in the following pages will enable us to determine your child's eligibility to attend school in the South Amboy School District ("District") in accordance with New Jersey law. Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:22-1 et seq. specify that a free public education will be provided to any student between the ages of 5 and 20, and to certain students under 5 and over 20 as specified in other applicable law, who are:

- Domiciled in the District, i.e., living with a parent or guardian whose permanent home is located within the District. A home is permanent when the parent or guardian intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes or residences elsewhere.
- Living with a person, other than the parent or guardian, who is domiciled in the District and is supporting the student without compensation, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship. (See "Affidavit of Domicile" Students below.)
- Living with a person domiciled in the District, other than the parent or guardian, where the parent/guardian is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered into active military service in the U.S. Armed Forces in time of war or national emergency.
- Living with a parent or guardian who is temporarily residing in the District.
- The child of a parent or guardian who moves to another district as the result of being homeless.
- Placed in the home of a District resident by court order pursuant to N.J.S.A. 18A:38-2.
- The child of a parent or guardian who previously resided in the District but is a member of the New Jersey National Guard or the United States reserves and has been ordered into active service in time of war or national emergency pursuant to N.J.S.A. 18A:38-3(b).
- Residing on federal property within the State pursuant to N.J.S.A. 18A:38-7.7 et seq.

Note that the following do **not** affect a student's eligibility to enroll in school:

- Physical condition of housing or compliance with local housing ordinances or terms of lease.
- Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition basis in a United States public secondary school.
- Absence of a certified copy of birth certificate or other proof of a student's identity, although these must be provided within 30 days of initial enrollment, pursuant to N.J.S.A. 18A:36-25.1.
- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, N.J.A.C. 8:57-4.1 et seq.
- Absence of a student's prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the District.

**B. ACCEPTABLE DOCUMENTATION OF PROOF OF RESIDENCY**

**The following forms of documentation may demonstrate a student's eligibility for enrollment in the District. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.**

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency.
- Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location.
- Court orders, state agency agreements and other evidence of court or agency placements or directives.
- Receipts, bills, cancelled checks, insurance claims or payments, and other evidence of expenditures demonstrating personal attachment to a particular location or, where applicable, to support of the student.
- Medical reports, counselor or social worker assessments, employment documents, unemployment claims, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship or temporary residency.

- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance from the parent, legal guardian, person keeping an “affidavit of domicile” student, adult student, person(s) with whom a family is living, or others, as appropriate.
- Documents pertaining to military status and assignment.  
Any business record or document issued by a governmental entity.
- Any other form of documentation relevant to demonstrating entitlement to attend school.

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

You will not be asked for any information or document protected from disclosure by law or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may voluntarily disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the District, but *we may not, directly or indirectly, require or request:*

- Income tax returns;
- Documentation or information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa;
- Documentation or information relating to compliance with local housing ordinances or conditions of tenancy;
- Social security numbers.

**Please be aware that any initial determination of the student’s eligibility to attend school in this District is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is later found ineligible. If your child is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.**

#### C. “AFFIDAVIT OF DOMICILE” STUDENTS

As stated above, a student living with a person, other than the parent or guardian, who is domiciled in the District and is supporting the student without compensation, is entitled to attend school in the District. Students are not eligible to attend school as “Affidavit of Domicile” students unless the student’s parent or guardian is not capable of supporting or providing care for the student due to family or economic hardship, and unless it is clear that the student is not living in the District solely for purposes of receiving a public education.

A student will not be considered ineligible because required sworn statements(s) cannot be obtained so long as evidence is presented that the underlying requirements of the law are being met.

A student will not be considered ineligible when evidence is presented that the student has no home or possibility of school attendance other than with a non-parent District resident who is acting as the sole caretaker and supporter of the student.

A student will not be considered ineligible solely because a parent or guardian provides gifts or limited contributions, financial or otherwise, toward the welfare of the student provided that the resident keeping the student receives no payment or other remuneration from the parent or guardian for the student's actual housing and support. Receipt by the resident of Social Security or other similar benefits on behalf of the student does not render a student ineligible.

It is not necessary that legal guardianship or custody be obtained before a student will be considered for enrollment on an "Affidavit of Domicile" basis.

#### D. TRANSPORTATION OF STUDENTS RESIDING WITH DIVORCED PARENTS

The District is not required, as a result of being the school district of domicile for school attendance purposes where a student lives with more than one parent, to provide transportation to a student residing outside the District for part of the school year, other than transportation based upon the home of the parent domiciled within the District to the extent required by law.

#### E. EMANCIPATED STUDENTS

If you are claiming to be an emancipated student, you must also provide proof that you are not in the care and custody of a parent or legal guardian.

#### F. HOMES LOCATED IN MULTIPLE SCHOOL DISTRICTS

Under New Jersey law, where a dwelling is located within two or more local school districts or bears a mailing address that does not reflect the dwelling's physical location within a municipality, the district of domicile for school attendance purposes is that of the municipality to which the resident pays the majority of his or her property tax or to which the majority of property tax for the dwelling in question is paid by the owner of a multi-unit dwelling.

#### G. DISPUTES CONCERNING DOMICILE

**If you experience difficulties with the enrollment process, please see the building Principal. If you cannot resolve your difficulties with the building Principal, you may contact the Office of the Superintendent at (732) 525-2100 x1226.** Additionally, you may appeal a decision regarding entitlement to attend the District's school by filing an appeal before the Commissioner of Education. Directions for such an appeal are included in this enrollment packet.



(If English is not the native language, please check here \_\_\_\_\_ if English is spoken and understood by the parent/guardian/person enrolling student.)

Are the parents divorced? 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.

Provide the following information for the individual with whom the child resides:

Home Phone: \_\_\_\_\_ Home e-mail: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work e-mail: \_\_\_\_\_  
Cell Phone/Beeper: \_\_\_\_\_

Has the student attended a South Amboy School before? Yes \_\_\_ No \_\_\_  
If so, give school names and dates of attendance:

\_\_\_\_\_  
\_\_\_\_\_

Schools and dates of attendance outside the District:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child been classified as eligible for Special Education? Yes \_\_\_ No \_\_\_

Names and birth dates of brothers and sisters (please include pre-school children also):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO THE PERSON ENROLLING THE STUDENT:**

Complete SECTION A (DOMICILE) if the student is living with a parent or guardian whose permanent home is the address given on the registration form and is located in the District.

Complete SECTION B ("AFFIDAVIT OF DOMICILE" STUDENT) if the student is living with a person domiciled in the District, other than the parent or guardian.

Complete SECTION C (TENANCY) if you are a tenant and are unable to produce a copy of your lease. Use Tenant Form A or Tenant Form B as applicable.

Complete SECTION D (SPECIAL CIRCUMSTANCES) if the student's situation is not addressed by Section A, B or C or if any of the circumstances in Section D apply.

## Emergency Numbers

Please do NOT repeat the parent(s) numbers they will automatically be called first. Kindly list contact who will be available during school hours in case of emergency to pick up your child.

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First Name	Last Name	Home #	Work #	Cell #	Relationship
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First Name	Last Name	Home #	Work #	Cell #	Relationship
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First Name	Last Name	Home #	Work #	Cell #	Relationship
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First Name	Last Name	Home #	Work #	Cell #	Relationship
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### NAME OF ANY PERSONS WHO MAY NOT PICK UP YOUR CHILD:

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\*\*\*\*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*):

Report Cards \_\_\_\_\_ Discipline Reports \_\_\_ Attendance Reports \_\_\_ All-Calls

This form has been filled out by: Parent \_\_\_\_\_ Guardian \_\_\_\_\_

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

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



**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



**South Amboy Public Schools  
Registration/Home Language Survey**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Parent/Guardian: \_\_\_\_\_ Child lives  
with: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Birth state: \_\_\_\_\_

Birth country: \_\_\_\_\_

DATE OF STUDENTS ARRIVAL IN U.S.A. \_\_\_\_\_

Student's ethnic background (Country) \_\_\_\_\_

Has student previously been in school in U.S.A. \_\_\_\_\_

School/City: \_\_\_\_\_

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

1. What language did your child speak first? (Primary language) \_\_\_\_\_

2. What language is used in the home? (Home language)  
\_\_\_\_\_

3. Does your child speak a language other than the home language in other circumstances?  
\_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ What language?  
\_\_\_\_\_

6. Child writes: Spanish only \_\_\_\_\_ English \_\_\_\_\_

Other language (specify) \_\_\_\_\_

Both English and Spanish \_\_\_\_\_

English/other language \_\_\_\_\_

7. In which language do you wish the school to send your communications?

English \_\_\_\_\_ Spanish? \_\_\_\_\_ Other language (specify) \_\_\_\_\_

8. Does your child have any specific needs that the school should be aware of?

\_\_\_\_\_

9. Did your child have Day-Care Center or Pre-kindergarten program?

Yes \_\_\_\_\_ No \_\_\_\_\_ how long? \_\_\_\_\_

10. The South Amboy ESL Program was discussed with the parents \_\_\_\_\_  
The student will be placed in the General or ESL Program based on parental input  
and testing results.

Assisted by (Interpreter) \_\_\_\_\_  
Name

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

SOUTH AMBOY PUBLIC SCHOOLS

MEDICAL EMERGENCY PROCEDURE FORM 2018-19

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 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: \_\_\_\_\_

# 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

4. Hospitalizations & Reason:

\_\_\_\_\_

\_\_\_\_\_

5. Gym or any activity limitations:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_  
Date

# 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 ( ) -	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>			
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: _____
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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		

*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	

# South Amboy Elementary School

249 John Street

South Amboy, NJ 08879

Phone: 732-525-2118 Fax: 732-316-1588

Sean Dunphy

Principal

## BOE WWW PARENTAL CONSENT FORM

South Amboy Board of Education 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 identifiable information such as my child's address, phone number, or social security number.

NAME OF STUDENT: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### **GENESIS**

*(student information system)*

### **PARENT ACCESS FORM**

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: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home number: \_\_\_\_\_ Cell: \_\_\_\_\_

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

*(This will be your username) (Please use only lower case letters for your email address)*

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

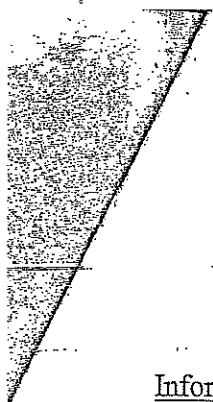
Parent's signature: \_\_\_\_\_

Student Information: Please enter information for each of the students you would like to register.

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

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

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

Date

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Name of Student

Grade

School

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Birth Date

Home Telephone number

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