



WOODBIDGE TOWNSHIP SCHOOL DISTRICT

STUDENT EMERGENCY INFORMATION

Note: This is a 2 page form.

Page 1 of 2

Emergencies, such as sudden illness and injury, may make it necessary for the school to communicate with someone who can assume responsibility for the welfare of students. We, therefore, request that you complete this form in its entirety to make it possible for the school to take care of emergencies that may relate to your child.

IMPORTANT: PLEASE CLEARLY PRINT ALL INFORMATION. IF ANY INFORMATION CHANGES DURING THE COURSE OF THE SCHOOL YEAR, PLEASE CONTACT THE SCHOOL IMMEDIATELY.

Student's Name: _____
Last First

Home Address: _____

School: _____

Grade: _____ Home Room (if applicable): _____ Check one: Rides Bus: _____ Walks: _____

DO NOT include numbers that are beepers or pagers. Voice mail or answer machines WILL NOT be considered as a personal contact.

Home Phone: _____ - _____ - _____ Parent's e-mail address _____

Parent's/Guardian's Name: _____ Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

Parent's/Guardian's Name: _____ Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

I authorize the following persons to sign-out my child from school in case of a health-related or other emergency (please list at least 2):

Name: _____ Relationship: _____ Phone: _____ - _____ - _____

Name: _____ Relationship: _____ Phone: _____ - _____ - _____

Name: _____ Relationship: _____ Phone: _____ - _____ - _____

If I am not at home when my child arrives there, he/she has permission to go to the home of one of the following neighbors with whom I have made arrangements:

Name: _____ Phone: _____ - _____ - _____

Address: _____

Name: _____ Phone: _____ - _____ - _____

Address: _____

Parent's/Guardian's Name (PRINT): _____

Parent's/Guardian's SIGNATURE: _____ Date: _____

EMERGENCY HEALTH INFORMATION

Physician's Name: _____ Physician's Phone: _____ - _____ - _____
(To be called at expense of parent/guardian in an emergency.)

Physician's Address: _____

I acknowledge that pertinent information regarding my child's health may be shared with school personnel on a need-to-know basis only.

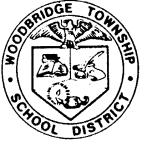
I authorize officials of New Jersey Public Schools to contact directly the persons named on this emergency information form and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event that physicians, or other persons named on this emergency information form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Parent's/Guardian's SIGNATURE: _____ Date: _____

CONTINUED



WOODBIDGE TOWNSHIP SCHOOL DISTRICT

STUDENT EMERGENCY INFORMATION (Continued)

Note: This is a 2 page form.

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Does the child have health insurance?

Yes _____ If Yes, name of insurance company:

Parents Signature _____ Date _____

No _____ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents.
 For more information call 1-800-701-0710 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.

Parents Signature _____ Date _____

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



WOODBIDGE TOWNSHIP SCHOOL DISTRICT

UNSCHEDULED EARLY DISMISSAL INFORMATION FOR ELEMENTARY AND MIDDLE SCHOOL STUDENTS

PARENT/GUARDIAN REGISTRATION IN THE HONEYWELL INSTANT ALERT SYSTEM IS REQUIRED.

If you have not yet registered, please visit www.honeywell.com to register, or click on the Honeywell link on the school district's Website, located at www.woodbridge.k12.nj.us. Instructions on registering in the Honeywell system are attached. Please keep the attachment and return this form to your child's school.

If your family does not have a personal computer, please be advised that computers are available for public use at all public libraries throughout Woodbridge Township.

Your cooperation regarding registration in the Honeywell *Instant Alert* System is expected and appreciated.

NOTE: If any of the following contact information changes during the course of the school year, THE SCHOOL MUST BE NOTIFIED IMMEDIATELY and YOU MUST UPDATE YOUR HONEYWELL PROFILE.

PARENTS/GUARDIANS: Please review the following IMPORTANT NOTES regarding your children's safety.

1. It is the responsibility of each parent/guardian to provide their child's/ren's school with specific instructions for their child/ren in the event of an unscheduled early dismissal.
2. **KEEPING YOUR CHILD/REN AT SCHOOL AFTER DISMISSAL TIME AND WAITING UNTIL A PARENT ARRIVES IS NOT AN OPTION !**
3. All AFTER CARE programs in the schools of Woodbridge Township are CANCELLED in the event of an unscheduled early dismissal.
4. **PLEASE DO NOT CALL THE SCHOOL FOR INFORMATION REGARDING EARLY DISMISSALS** as this ties up the school's telephone lines. If the decision is made to proceed with an unscheduled early dismissal, **you will be notified via the Honeywell Instant Alert System** at the telephone numbers you identify in your family's Honeywell profile.

School: _____

Please list below all children in your household who attend this school

Child's Name	Grade	Teacher or Homeroom Teacher

Check one: Child/ren Ride/s bus _____ or Walk/s _____

Home Address: _____

Parent/Guardian Name/s: _____

List below the instructions you have given your child/ren to follow in the event of an unscheduled early dismissal.

REMEMBER: KEEPING YOUR CHILDREN AT SCHOOL AFTER DISMISSAL TIME AND WAITING UNTIL YOU ARRIVE IS NOT AN OPTION !

The following information will help us in making safe decisions about your child/ren.

I give permission for my child/ren to be picked up and/or driven home by the following local person/s (list name/s and phone number/s):

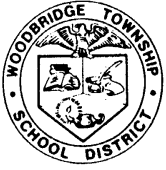
Name/s: _____

If I am not at home when my child/ren arrive/s there, he/she/they should go to the home of one of the following neighbors, with whom I have made arrangements. (Note: Your child/ren, or the designee/s listed below, should be instructed to telephone you upon your child's/ren's arrival at this destination.)

Name/s: _____

I have instructed my child/ren on what to do in the event of an unscheduled early dismissal and I agree to the responsibilities noted above.

Parent's/Guardian's Signature: _____ **Date:** _____



WOODBIDGE TOWNSHIP SCHOOL DISTRICT

P. O. Box 428, School Street
Woodbridge, New Jersey 07095
Telephone: (732) 602-8550
Fax: (732) 750-3493

Dr. John A. Crowe
Superintendent of Schools

To Parents and Guardians of the Woodbridge Township School District:

Keeping parents informed and involved helps to insure student safety and to improve student success. With today's on-the-go lifestyles, it has become more difficult for schools to reach families quickly and effectively. This is why the Woodbridge Township School District utilizes the Honeywell *Instant Alert*® System for Schools.

Instant Alert for Schools is an essential tool for notification and communication which will eliminate the need for parent "call chains." Within minutes of an emergency, school officials can use the *Instant Alert* system to deliver a single, clear message to our students' parents and guardians through communication by telephone, cell phone, e-mail, pager and/or PDA, or any combination of these communication devices. *Instant Alert* can also be used to notify families of school closings due to inclement weather. It is also an equally effective way to keep families informed of everyday activities, such as event times and locations, and any schedule changes.

Instant Alert is Internet-based, which allows parents and guardians to maintain secure, password-protected online profiles. Instructions for accessing the system and for creating your profile are provided on the following page.

You will have the ability to log into your profile as needed to update your contact information. Maintaining the accuracy of your profile will increase the ability of the school to keep you informed. Your online profile will enable you to:

- Input your personal contact information;
- Select which type of school information you would like to receive on each of your contact devices;
- Add contact information of other caretakers of your children, such as a grandparent or neighbor.

The *Instant Alert* system will be the only communication you receive with regard to inclement weather school closings and other important school information.

In order to use the *Instant Alert* system, parent registration is required.

Log-on to <https://instantalert.honeywell.com>. A link has also been provided on the district's Website, located at www.woodbridge.k12.nj.us. As the school district will be utilizing this system for most school-to-home communications, I urge you to register as soon as possible.

Note: Messages listed under the heading of "SCHOOL CLOSINGS" will include school closings for a full day, notices of delayed openings, and unscheduled early dismissals.

Messages listed under the heading of "HIGH IMPORTANCE" will include messages regarding school evacuations, bomb threats, lockdowns, and any other emergency situation that occurs at individual schools.

If you need assistance with your profile, please go to <https://instantalert.honeywell.com> and click on the "Help Request" link on the lower right hand side of the page. (Please be sure to set your e-mail spam filter to receive e-mail from Honeywell.com.)

If you do not have access to a computer, please contact your child's school.

Thank you for your participation in this very important communication system.

Very truly yours,

A handwritten signature in black ink that reads "John A. Crowe".

John A. Crowe

JAC/z

Honeywell Instant Alert® for Schools

Parent User Interface

Website URL: <https://instantalert.honeywell.com>

Minimum Requirements

Register and create your account

1. Go to the Honeywell Instant Alert for Schools website listed above.
2. If you are not a staff member in the school, click on 'Parent' in the New User box.
3. If you are a staff member in the school, use the user name and password given to you by the school.
4. Complete the student information form. Click 'Submit.'
5. Complete the corresponding screen. Click 'Submit.'
6. After receiving the Confirmation message, click 'Proceed' to get started with Instant Alert.
7. Note: Remember your Login Name and Password so you may use it to update your profile.

View and check details about yourself and your family members

1. Upon successful login, click on 'My Family.'
2. Click on a parent name to view and edit parent details.
3. Click on a student name to view details about your children enrolled in this school.

Configure alert settings for yourself

1. Click on 'Alert Setup.'
 2. Click on the check boxes to select which alert type you would like to have sent to which device. Click on 'Save' when complete.
 3. If you would like to add another contact device, select the device type and enter the device details. Select the person to whom the device belongs and click on 'Add.'
 4. For e-mail, text messaging and pagers you may send yourself a test message. Click on 'Send Test Message' to send yourself a message.
-

Additional Functions

View History of Alerts

Click on 'Alert History' to view Alerts that have been sent to you. Use the calendar icons and 'Alert Type' list to filter the Alerts.

Identify key contacts for your children

1. Click on 'Other Contacts.'
 2. Click on 'Add New Contact' and complete the form.
 3. Click on the 'Pick Up Rights' check box if you wish to allow this person the right to pick up your child from school. This person's name will appear on a report for the school.
 4. Click on 'Save' when complete.
 5. If you would like this person to receive Alerts from the school, return to the 'Alert Setup' page to configure this person's alert settings.
-

For Assistance: <https://instantalert.honeywell.com>

Click on the **Help Request** link in the lower right hand side of the page

Be sure to set your e-mail spam filter to receive e-mail from Honeywell.com.



WOODBRIIDGE TOWNSHIP SCHOOL DISTRICT

PENNSYLVANIA AVENUE SCHOOL
80 N. Pennsylvania Avenue
Colonia, New Jersey 07067
Tel: (732) 499-6566
Fax: (732) 574-1841

Denise O'Donaghue-Smith
Principal

Dear Parents,

Special events may be held during the school year which School #27 would like to publicize either in local newspapers or air videotapes on the township cable channel.

Please take some time and check the appropriate box, sign below and return to school.

Thank you.

Denise O'Donaghue-Smith
Principal

PHOTOGRAPH

Student Name _____ Teacher _____ Grade _____

Please check:

_____ Yes, I give permission for my child's photo to be used in publications.

_____ No, I do not want my child's photo published.

_____ Date

_____ Parent/Guardian Signature

VIDEO TAPE

Student Name _____ Teacher _____ Grade _____

Please check:

_____ Yes, I give permission for my child to be videotaped during class/school activities.

_____ No, I do not want my child videotaped.

_____ Date

_____ Parent/Guardian Signature



Woodbridge Township School District

P.O. Box 428, School Street
Woodbridge, New Jersey 07095

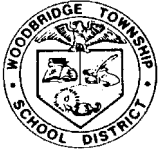
HEALTH RECORD UPDATE

STUDENT NAME _____ GRADE _____

In order to keep our health records up-to-date, answer the following with regard to this past summer.

1. Has your child had any accidents, injuries, or surgery during the summer?
Yes _____ No _____
If yes, explain: Date: _____
2. Has your child contracted any illness during the summer (i.e., diabetes, Lyme Disease, asthma, chicken pox, etc.) Yes _____ No _____ If yes, explain: _____
3. Has your child received any immunizations during the summer? Yes _____ No _____ If yes, list so that it may be entered on your child's health record card. Must include your doctor's official verification.
Date: _____
Date: _____
4. Is your child receiving any medications? Yes _____ No _____ If yes, list medications. An MD note will be required for the new school year if the medication is to be given during school hours.

5. Does your child have any chronic illness or condition that requires any specific needs or restrictions in school? An MD note will be required for the new school year.



WOODBIDGE TOWNSHIP SCHOOL DISTRICT

80 N. Pennsylvania Avenue
Colonia, NJ 07067
(732) 499-6566
FAX: (732) 574-1841

Denise O'Donaghue-Smith
Principal
Pennsylvania Avenue School #27

Dear Parents/Guardians:

Again this year your school district will have in place a telephone alert system ("Call Back") to check on absent students. This program has been designed to provide another means for ensuring the safety of your child.

In order for the "Call Back Program" to function smoothly, and more importantly, achieve its objective, namely; to alert a parent that his/her child did not report to school, the school personnel must have your full cooperation.

If your child is going to be absent for any reason, please call the school, at the number listed below, before 9:15 A.M. and provides the person answering the phone with the following information:

- | | | | |
|----|----------------------------------|----|---------------------|
| 1) | Name of child/children | 3) | Reason for absence |
| 2) | Teacher/Teachers' name and grade | 4) | Duration of absence |

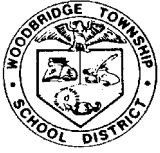
If no call is received, a school employee assigned to the "Call Back Program," will telephone you to check on your child/children's absence. This initial call will be made between 9:30 and 11:00 A.M. If there is no answer the first time a call is made, additional attempts will be made to reach the parent during the morning hours.

The school must know whether or not you wish to participate in this "Call Back Program" and, if so, what telephone number may be called in order to reach you. Please complete the attached form and return it to the school tomorrow.

Parents with questions about this program are asked to call the school.

Very truly yours,

Denise O'Donaghue-Smith
Principal



WOODBIDGE TOWNSHIP SCHOOL DISTRICT

STUDENT'S NAME _____

School: Pennsylvania Avenue School No. 27 Grade _____ Teacher _____

Parent's/Guardian's Name _____

Please check () one:

_____ I **DO NOT** wish to be called if my child is absent from school.

_____ I **DO** wish to be called if my child is absent from school.

IMPORTANT – Please write the person(s) full name below.

Father's Name _____

Mother's Name _____

Home Phone Number _____

Home Phone Number _____

Work Number & extension _____

Work Number & extension _____

Emergency Person's Name _____

Phone No. _____

Other Person's Name _____

Phone No. _____

Date

Parent's/Guardian's Signature

PENNSYLVANIA AVENUE SCHOOL NO. 27

PLEASE DETACH THIS RECEIPT FORM, COMPLETE, SIGN AND RETURN TO SCHOOL AS SOON AS POSSIBLE. IN ADDITION, PLEASE COMPLETE ITEMS NO. 1, 2, 3, 4, 7 AND 8 IN THE ATTACHED PACKET AND ALSO RETURN TO SCHOOL WITH THIS RECEIPT. THANK YOU FOR YOUR COOPERATION.

I have received a copy of:

1. ***PHOTO/VIDEO PERMISSION FORMS – MUST BE COMPLETED AND RETURNED.***
2. ***EMERGENCY FORM - MUST BE COMPLETED AND RETURNED TO SCHOOL***
3. ***HEALTH RECORD UPDATE - MUST BE COMPLETED AND RETURNED TO SCHOOL***
4. ***CALL BACK FORM - MUST BE COMPLETED AND RETURNED TO SCHOOL.***
5. SCHOOL CALENDAR (located on-line)
6. Emergency School Closing & Delayed Opening Information (located on-line)
7. ***UNSCHEDULED EARLY DISMISSAL INFORMATION FORM / HONEYWELL INSTANT ALERT SYSTEM - THIS MUST BE COMPLETED AND RETURNED TO SCHOOL***

8. ***Internet User's Contract (Must be completed and returned to school!)***

CHILD'S NAME _____ TEACHER'S NAME _____

DATE _____ PARENT/GUARDIAN SIGNATURE _____