



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.

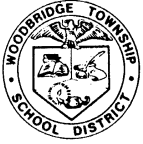
I authorize officials of New Jersey Public Schools to contact directly the persons named on this emergency information form and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

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):

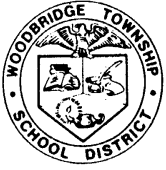
Name/s: _____

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.

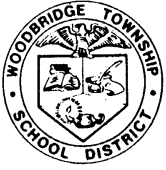
Identify key contacts for your children

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.



WOODBIDGE TOWNSHIP SCHOOL DISTRICT

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

John A. Crowe
Superintendent of Schools

August 2011

Dear Parent/Guardian:

The Elementary and Secondary Education Act is our country's most important federal education law. In 2001 this law was reauthorized and is now called the *No Child Left Behind Act* (NCLB). NCLB was designed to make changes in teaching and learning that will help increase academic achievement in our schools.

The law requires that all schools receiving Title I funds must inform parents of their right to ask schools about the qualifications of their child's teachers. Our school receives Title I funding and we are happy to share this information with you at your request.

We believe that nothing is more important to your child's education at school than having a well-prepared and highly qualified teacher. The law requires that all teachers who teach in core content areas must meet a specific legal definition of "highly qualified" in order to teach in schools that receive Title I funding. The legal definition of a "highly qualified teacher" has three parts. It states that the teacher must have the following:

1. A four-year college degree;
2. A regular teaching certificate/license;
3. Proof of their knowledge in the subject they teach.

New Jersey has some of the most qualified teachers in the country, and we are extremely proud of the quality of the teaching staff in the Woodbridge Township School District. All of our regular teachers have college degrees and many have advanced degrees. The state of New Jersey has always required a teaching certificate/license for all teachers. In addition, every teacher continues learning through professional development activities and our teachers are evaluated each year to make sure that their teaching skills remain at the highest possible level.

Most teachers already meet this legal definition of highly qualified. Teachers in the state of New Jersey are required to meet this definition.

To ensure that every child in every classroom has a highly qualified teacher, the state of New Jersey and our school district are working together to help teachers meet the requirements of the federal law by providing several options. Teachers may take a content Praxis test, or they can demonstrate their expertise through a college major in the content.

A highly qualified teacher knows what to teach, how to teach, and has a full understanding of the subject matter being taught. We believe that every teacher in our school is fully qualified and dedicated to teaching your child, and we will do everything possible to help our teachers who may not yet meet the legal definition required by the federal government.

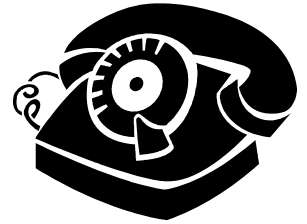
I encourage you to support your child's education and communicate with your child's teacher(s) on a regular basis. For more information on NCLB, and the role of parents, please visit the United States Department of Education Web site at www.ed.gov/nclb. By partnering, families and educators can provide your child with the best education possible.

Very truly yours,

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

John A. Crowe

PORT READING SCHOOL #9



CALL-BACK PROGRAM

(Please Print Legibly)

It is the Parent/Guardian's responsibility to notify the school of a student's absence or late arrival. Please leave a message on the answering machine to avoid unnecessary phone calls. A note must accompany the student upon return to school with an explanation of absence.

STUDENT'S

NAME _____ TEACHER _____ GRADE _____

Parent's/Guardian's Name _____

Please check one:

_____ **I DO NOT** wish to be called if my child is absent from school.
(If student is going to be absent more than 1 day, a phone call is required.)

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

IMPORTANT – Please write the person's full name, extensions and/or department below. If phone numbers should change please notify main office in writing immediately.

Father's Name _____ Mother's Name _____

Home Phone # _____ Home Phone # _____

Work Phone # _____ Ext _____ Work Phone # _____ Ext _____

Cell Phone # _____ Cell Phone # _____

Emergency Person's Name _____ Phone # _____

Other Person's Name _____ Phone # _____

Other Sibling Names in School District:

Name _____ Grade _____

Name _____ Grade _____

Date

Parent's/Guardian's Signature





WOODBRIDGE TOWNSHIP SCHOOL DISTRICT

77 Turner St.
Port Reading, NJ 07064
(732) 602-8409
FAX: (732) 541-0195
Nurse: (732) 602-8405

John Bader
Principal
Port Reading School #9



NEWSPAPER ARTICLE – PHOTO – VIDEO

RELEASE PERMISSION FORM



My son/daughter _____ does, _____ does not (please check one) have permission to be included in any newspaper article/photo/video of events/projects taking place in school. I hereby release the school district from any and all liability.

School: PORT READING SCHOOL #9

Student's Name _____

Grade _____ Teacher _____

Parent/Guardian

Signature: _____

Date: _____

****Failure to return this form will mean that permission is assumed.**

HEALTH RECORD UPDATE

STUDENT NAME _____

GRADE _____ TEACHER _____

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, please 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.

Doctor to be called at the expense of parent/guardian:

Name _____ Phone _____

Address _____