Dear Parents/Guardians,

We would like to take this opportunity to wish you a successful school year. The efforts of the staff, students, and school community in helping make this year productive and enjoyable is appreciated.

During the school year, please visit the Claremont Avenue School #20 web page at www.woodbridge.k12.nj.us where you will find information and forms relating to our school. Please review the information, print, complete and return the necessary forms that may have information which needs to be updated in our files.

PARENTS

- In the event of absences or an anticipated lateness, please call our attendance line at 732-568-5639. Leave a message so we are aware of your child’s status.
- Parents/guardians of students attending Woodbridge Township Elementary Schools have access to the District Online Parent Access Portal. From this portal, parents/guardians can view their child’s Attendance, Schedule and Grades. In order to participate, parents MUST provide Claremont Avenue School #20 with a valid/accurate email address.
- Changes in telephone numbers should be reported to school. You will need to print and complete the emergency form giving us your updated information.

PARKING

- No one is permitted to park or stop any motor vehicle in the circle in front of the main entrance, in the faculty parking lot, or in the rear lot of the building.
- Double parking and/or leaving motor vehicles unattended are not permitted.
- Parent/guardians dropping off or picking up students should do so by the curb line along the sidewalk. Side streets may also be utilized for this purpose.
- Please adhere to these guidelines at all times regardless of the weather conditions.
FOOD/CELEBRATIONS

- As many of our students are afflicted with various food allergies, any food sent into your child’s class cannot be homemade. All store bought snacks must have the ingredients noted.
- Parents and guardians are strongly encouraged to send in healthy snacks such as fruit and vegetables. (Dunkin Donuts items are not permitted).
- When sending cards for holidays i.e. Valentine’s Day, please be sure to send one for each child in the class. We do not want any student excluded from the celebration. Only first names should be used on any cards being distributed.

Demographics
In addition to the Emergency form, you will be receiving the current demographics we currently have for your child. Please make/add any corrections and return this form promptly to our school so we may update our student records.

During the school year, please visit the Claremont Avenue School #20 web page at www.woodbridge.k12.nj.us where you will find information and forms relating to our school. Our school Calendar and Parent Information areas will inform you of dates to remember.

If you have any questions or concerns, please do not hesitate to contact us.
WOODBRIDGE TOWNSHIP SCHOOL DISTRICT

STUDENT EMERGENCY INFORMATION

Note: This is a 2 page form.

Emergencies, such as sudden illness/injury, or unscheduled early dismissals, may make it necessary for the school to communicate with someone who can assume responsibility for the welfare of students. It is the responsibility of each parent/guardian to provide their child's school with specific instructions to make it possible for the school to ensure the care and safety of your child. Please complete this form in its entirety and clearly print all information. If any information changes during the course of the school year, PLEASE CONTACT THE SCHOOL IMMEDIATELY.

**STUDENT INFORMATION**

Student's Name: 
- Last
- First/Mi

Student's date of Birth: mmdyyyy

Home Address: 
- Street/Town/Zip

School:

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

**PARENT/GUARDIAN INFORMATION**

Name:

Home Phone: | Work Phone:

Cell Phone: | E-mail address:

Name:

Home Phone: | Work Phone:

Cell Phone: | E-mail address:

I authorize the following persons to sign-out my child from school, and/or escort my child home (please list at least 2 persons). NOTE: IN THE EVENT OF AN UNSCHEDULED EARLY DISMISSAL, KEEPING YOUR CHILDREN AT SCHOOL AFTER DISMISSAL TIME AND WAITING UNTIL YOU ARRIVE IS NOT AN OPTION.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Contact Phone:</th>
<th>Relationship</th>
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<tbody>
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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. NOTE: Voice mail or answer machines WILL NOT be considered as a personal contact.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Contact Phone:</th>
<th>Relationship</th>
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</table>

I have instructed my children on what to do in the event of an emergency situation or unscheduled early dismissal, and I agree to the responsibilities noted above.

Parent's Signature | Date

CONTINUED
**STUDENT EMERGENCY HEALTH INFORMATION**

<table>
<thead>
<tr>
<th>Student's Name:</th>
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<tr>
<td>First/MI</td>
<td>Last</td>
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<tr>
<td>School:</td>
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<tr>
<th>Physician's Name:</th>
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| Physician's Address: |  |

| Physician's Phone: |  |

**NOTE:** Physicians will be called at the expense of the parent/guardian in case of emergency.

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.

<table>
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<th>Parent's Signature</th>
<th>Date</th>
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**STUDENT INSURANCE INFORMATION**

**Does the child have health insurance?**

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<tr>
<th>Yes</th>
<th>If Yes, name of insurance company:</th>
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<table>
<thead>
<tr>
<th>Parent's Signature</th>
<th>Date</th>
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<tr>
<th>No</th>
<th></th>
</tr>
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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](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. *Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30(b)*

<table>
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<tr>
<th>Parent's Signature</th>
<th>Date</th>
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Acceptable Use Agreement

Student

I, ________________________________, print full name of student, accept and agree to abide by the following rules:

1. I agree to abide by the rules which are listed in the Woodbridge Township School District (WTSD) Policy #197 and Regulation #1970, Acceptable Internet Use.

2. I realize that the primary purpose of the WTSD Internet Connection is educational, and that as such, educational purposes shall take precedence over all others.

3. I realize that the use of the Internet is a privilege, not a right. I accept that inappropriate behavior may lead to penalties including revoking of use, disciplinary, and/or legal action.

4. I agree not to participate in the transfer of inappropriate or illegal materials through the WTSD Internet Connection. I realize that in some cases transfer of such material may result in legal action against me.

5. I release the WTSD and all other organizations related to the WTSD Internet Connection from any liability or damages that may result from the use of the Internet Connection. In addition, I will accept full responsibility and liability for the results of my actions with regards to the use of the Internet. I release the school and related organizations from any liability relating to consequences resulting from my use of the Internet.

6. If I am permitted to use my own electronic device, I understand that, in doing so, I am bound by all WTSD policies and regulations.

7. By accessing the WTSD Network, I am aware that the district may record or collect information on my activity or my use of the device if the electronic device is equipped with a camera, global positioning system, or other feature capable of recording or collecting information on my activity or use of the device; and the district shall not use any of the capabilities in a manner that would violate my privacy rights.

8. I understand that by accessing the WTSD Network with any device, I will be allowing the district limited access to the contents of my device.

9. I understand that any Internet access with any device during school will be via the WTSD network only. I also understand that, accessing any other network, including my own network, is prohibited and is subject to disciplinary action.

Signature of Student ___________________________ Date __/____/______ Homeroom ______

Continued
Regulations
Board of Education
Woodbridge Township

PARENT/GUARDIAN

My child named above has regular access to the Internet in our home:

Yes _____ No _____

I give permission for my child (named above) to have access to the Internet through the connection in the Woodbridge Township School District (WTSD). I have read and understood WTSD Policy #197 and Regulations #1970 regarding Acceptable Internet Use*. I have reviewed the Acceptable Internet Use Policy and Regulations with my child. He/She agrees to abide by these rules. I agree to accept all financial and legal liabilities which may result from my son’s/daughter’s use of the WTSD Internet Connection.

PLEASE PRINT FULL NAME OF PARENT/GUARDIAN

______________________________
SIGNATURE OF PARENT/GUARDIAN     _____ / ______ / ______

Date

Home Phone

   -             -             -

Business Phone

   -             -             -

Cell Phone

   -             -             -

* Policies and Regulations of the Woodbridge Township School District are available for review at www.woodbridge.k12.nj.us, or can be viewed in the Main Office of your child’s school.
Dear Parents/Guardian,

Special events may be held during the school year, which School #20 would like to publicize either in our newsletter, web site, newspapers, radio and videotapes on the township cable channel and television stations.

If your child is new to our school or you wish to update the form on file, please take some time to check the appropriate items, sign below and return to school.

Thank you.

______________________________  ________________________________
Your approval will apply to your child's elementary school years at  
Claremont Avenue School #20

PHOTOGRAPH / VIDEO

Student Name ___________________ Teacher ___________________ Grade ___________

Please Check:

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

_____ No, I do not want my child published.

______________________________  ________________________________
DATE  PARENT/GUARDIAN SIGNATURE

Revised 9/14
Stay Connected!

Claremont Avenue School #20 is doing our part to Go Green!

Visit us on the web for school information, notices of events & more...

1. Go to [www.woodbridge.k12.nj.us](http://www.woodbridge.k12.nj.us)

2. Look on the left hand side and click ES (Elementary Schools)

3. Then click Claremont Avenue School #20

4. Now you can access our Teacher web pages, Calendar, Parent Information, Staff e-mail website links and more.

We encourage you to visit our school website and Teacher web pages daily!