

*Bordentown Regional  
Middle School*



*Stokes State Forest*

# Bordentown Regional MIDDLE SCHOOL



## Building a Community of Learners

**Dr. Edward J. Forsthoffer III**  
Superintendent of Schools

**Joseph F. Sprague**  
Principal

**Robert R. Schurtz**  
Assistant Principal



50 Dunns Mill Rd., Bordentown NJ 08505

Phone: (609) 298-0674

Fax: (609) 291-1929

Web: [www.bordentown.k12.nj.us](http://www.bordentown.k12.nj.us)

June 2018

Dear Parents & Guardians of Future 7<sup>th</sup> Grade Students,

On Wednesday, October 24<sup>th</sup> through Friday, October 26, 2018, your son or daughter will have the exciting opportunity to participate in the Bordentown Regional Middle School's resident Environmental Education Program in Branchville, New Jersey. This program is run in conjunction with The Montclair State University New Jersey School of Conservation.

On **Monday, June 4<sup>th</sup>, 2018** at **6:00 p.m.** in the Bordentown Regional Middle School Auditorium there will be a **parent informational meeting** regarding the seventh grade Stokes Environmental Education Program. We are doing the meeting this year so that families have enough time to plan accordingly for the upcoming school year. This meeting will address the program itinerary and answer any questions or concerns that the parents and guardians of our seventh grade students may have.

Your son or daughter will be assigned a lodging unit for the three day educational program. They will be under the direct supervision of the teaching staff members participating in the trip. Some of the educational and fun activities that we will participate in include: Fish ecology, water ecology, conservation photography, survival techniques, boating, hiking and archery. During the entire trip, your child will be encouraged to take part in several collaborative team building activities designed to increase cooperation among peers.

The Bordentown Regional School District has graciously contributed all fees necessary to efficiently operate this program. Each student is responsible for paying **\$175.00** for their meals and lodging for the three day environmental program. Please note that if your child participates in the free or reduced lunch program, the cost of the trip will be **\$155.00** for meals and lodging. We would prefer that you send a check made payable to Bordentown Regional School District for the total amount of the trip with your child's name in the memo section of the check. We will be collecting money and permission slips for the Environmental Education Program beginning **Monday, June 11, 2018**. All payments are due by **Thursday, September 20, 2018**; we will not accept any payments beyond this date. Please note; there are no refunds unless it is a medical necessity with a written note from your doctor.

This will certainly be a tremendous experience for the students, and we hope you join us in our anticipation of this exciting and educational trip! If you have any questions, comments or concerns regarding the Stokes Environmental Education Program, please feel free to contact me at (609) 298-0674 extension 2008 or by email: [rschurtz@bordentown.k12.nj.us](mailto:rschurtz@bordentown.k12.nj.us).

Thank you in advance for your cooperation.

Sincerely,

Robert R. Schurtz  
Assistant Principal

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**Dr. Edward J. Forsthoffer III**  
Superintendent of Schools

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Interim Principal

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## Permission Slip Stokes State Forrest

I \_\_\_\_\_, give permission for my son/daughter  
\_\_\_\_\_ to participate in the Environmental Education  
Residency Program that will be held at the New Jersey School of Conservation in Branchville,  
New Jersey from Wednesday, October 24, 2018 through Friday, October 26, 2018.

**Please note that the Bordentown Regional School District Board of Education will not be held responsible for any property brought by the student to this program.**

**Please note: students may not be afforded the opportunity to attend should discipline or attendance concerns warrant, which could result in payment NOT being refunded back to you.**

Thank you in advance for your cooperation,

Robert R. Schurtz  
Assistant Principal

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

**Please return with payment to Mrs. Moshinsky between: Monday, June 11<sup>th</sup> and Thursday, September 20, 2018; we will not accept any payments beyond this date.**

**Authorization for Medical Treatment of a Minor  
Temporarily Separated from Her/His Parent(s) or Guardian(s)**

Dear Parent or Guardian:

While your child is attending the New Jersey School of Conservation, he/she may need medical attention. To avoid delay in obtaining your consent, to make clear your choice of physician, and to provide other information about your child's health care needs, please complete this form and sign it. This form should be left with the person or institution who will be in charge of your child while at the New Jersey School of Conservation. This authorization will be effective if the School Nurse is unable to reach the parents or guardian.

I (We) \_\_\_\_\_  
(Parents/Guardians)

\_\_\_\_\_  
(City) (County) (State) (Zip Code)

\_\_\_\_\_  
(Home Phone No.) (Business Phone No.)

do hereby state that I am / we are the parent(s) / guardian(s) having legal custody of:

\_\_\_\_\_  
(Child's Name)

is a minor child, age \_\_\_\_\_, born on \_\_\_\_\_

who resides with me / us at \_\_\_\_\_  
(Address)

If I / we cannot be reached, I / we authorize the following person to authorize medical services for my child.

Mr. Robert Schurtz (BRMS Assistant Principal)  
(School Representative)

Bordentown Regional Middle School  
50 Dunns Mill Road  
Bordentown, NJ 08505

to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor, at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

This authorization will expire on **October 26, 2018 at 3:00 p.m.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Parent(s)/Guardian(s)

## Additional Medical Information

Child's Name: \_\_\_\_\_

Phone No. (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

In an emergency, if unable to reach parent or guardian, please contact:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Group No.: \_\_\_\_\_ Identification No.: \_\_\_\_\_

Child's allergies, if any: (medications, insects, foods, etc.) \_\_\_\_\_

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Describe reaction: \_\_\_\_\_

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Usual treatment: (i.e.: epipen, benadryl 25 mg., etc.) \_\_\_\_\_

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Existing medical problems of child, if any: \_\_\_\_\_

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Medicines child is taking: (List schedule of medications) \_\_\_\_\_

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Dietary Restrictions: (low fat, lactose intolerant, etc.) \_\_\_\_\_

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Can your child have Tylenol, Pepto Bismol, or Benadryl as needed?

Tylenol:  Yes  No

Pepto Bismol:  Yes  No

Benadryl:  Yes  No

Date of last Tetanus shot: \_\_\_\_\_

# Medication Permission Slip

Dear Parent or Guardian,

Please complete and sign this permission slip if your child will be requiring medication, prescription or over the counter, while at the New Jersey School of Conservation.

**All medications should be in the original pharmacy container with the label intact.** Each should include your child's full name, name of medication and proper dosage.

All medications must be given to Robert Schurtz by October 24, 2018  
(Coordinator) (Date)

Thank you for your cooperation.

.....  
(Cut Along Dotted Line)

## Medication Permission Slip and Dosage Information

Dear NJSOC Nurse:

You have my permission to give \_\_\_\_\_  
(child's name)

her/his medication while at the New Jersey School of Conservation.

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time to be given \_\_\_\_\_  
Reason for Giving Medication: \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time to be given \_\_\_\_\_  
Reason for Giving Medication: \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time to be given \_\_\_\_\_  
Reason for Giving Medication: \_\_\_\_\_

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



# Montclair State University

New Jersey School of Conservation  
 One Wapalanne Road  
 Branchville, NJ 07826-5116  
 800-624-7780 (dial option 3) or 973-948-4646  
 Fax: 973-948-5131 email:  
[njsoc@mail.montclair.edu](mailto:njsoc@mail.montclair.edu)  
<http://www.csam.montclair.edu/njsoc/>

## CLOTHING AND EQUIPMENT LIST

NECESSARY ITEMS	WINTER CLOTHING
Sleeping bag or 3 blankets and bed linens	Sorel type boots (insulated)
Pillow	Wool socks (2 extra pairs)
Pajamas or other sleeping attire	Warm gloves or mittens (2 pairs)
Slippers or Flip-flops	Heavy coat (insulated ski parka)
Underwear (several changes)	Wool sweater
Socks (4 pair)	Wool ski hat (must cover ears)
Shoes (2 pair – one suitable for hiking)	Long underwear
Pants or jeans (2 pair)	RAIN GEAR
Shorts (1 pair)	Raincoat or poncho
Shirts or blouses (2)	Rain hat
Sweater and/or sweatshirt	Waterproof boots
Jacket, hat, gloves	Rain chaps or pants
Clipboard or note book	
2 Pencils	
Flashlight	NOT ALLOWED
Bath towel	Radios, tape or CD players, Gameboys
Wash Cloth	Knives
Toothbrush and Toothpaste	Candy, gum, or other edibles
Soap, Shampoo	Hair dryer (except in winter months)
Comb, Brush, etc.	Fireworks
Laundry Bag	Matches
Water bottle	Pets

Comfortable and practical clothes are recommended. One of the most important articles of clothing are shoes and they should be sturdy enough to withstand the rocky ground which covers much of the campus. If you are coming during the winter, warm boots are a must (we recommend "Sorel" type boots). Students should leave jewelry, radios and other expensive items at home. Name-tags are recommended for all personal belongings. The New Jersey School of Conservation is not responsible for lost articles. The following list should prove to be helpful when packing for a three-day stay at NJSOC. Students staying four or five days should make the necessary adjustments in quantities. All sleeping quarters are heated.