

# MANDATORY #1 – MUST BE RETURNED

## Huber Street School

1520 Paterson Plank Road

SECAUCUS, NEW JERSEY 07094 – 1465

TEL: (201) 974-2053

email: [rvalente@shoe.org](mailto:rvalente@shoe.org)

FAX: 201-815-2532

OFFICE OF THE PRINCIPAL

ROBERT VALENTE

### CONSOLIDATED CONSENT FORM For the Implementation of Policies & Procedures of the Secaucus Board of Education

**Please Initial and Sign Below.** Return ENTIRE FORM on the first day of school. By signing and initialing below, you are stating that you have read and understand the policies and procedures to be implemented by the Secaucus Board of Education for the 2019-2020 School Year

\_\_\_\_ STUDENT & ATHLETIC INSURANCE FOR THE 2019-2020 SCHOOL YEAR - POLICY Excess Insurance Plan carried by the Secaucus Board of Education. \_\_\_\_\_

\_\_\_\_ STUDENT PHOTO RELEASE FORM – POLICY For photographs/ videos of students that may be used by Secaucus School District.

\_\_\_ YES I give permission for my child to be photographed \_\_\_ NO - I do not give permission \_\_\_\_\_

\_\_\_\_ HEALTH INSURANCE - Does your child have any health insurance including

NJ Family Care  Medicaid  Medicare  Private  Other  None (check one)

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](http://www.njfamilycare.org) to apply online

May the Secaucus Board of Education release your name to NJ FamilyCare Program?  YES - I give permission  NO - I do not give permission \_\_\_\_\_

### ADMINISTERING MEDICATION DURING SCHOOL HOURS – FORM MUST BE SIGNED & RETURNED

\_\_\_\_ POLICY MEDICATION FORM For any medication to be administered to a student during school hours, a written request form completed by physician and parent must be submitted. Including any prescription drug or over the counter medicine. \_\_\_\_\_

**ELECTRONIC COMMUNICATION** - In an effort to communicate with you quickly and efficiently, it is important that we have your current email address and telephone number. Throughout the year, there are many notifications, events and documents related to your child that we need to send to you, some of which need to be returned. The Secaucus School District uses Electronic Communication to increase speed and reduce costs.

YES - I want to continue to receive emails from the Secaucus School District

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

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

NO - I do not want to receive emails from the Secaucus School District. \_\_\_\_\_

Student's Name (Please Print)

Student's Date of Birth

Grade

Parent/Guardian Name (Please Print)

Address

Parent/Guardian Signature

Student's Signature

# MANDATORY #2

## HUBER STREET SCHOOL

### Release of Student at Dismissal From School 2019-2020

School employees are expected to know and supervise the implementation of parents'/guardian's plans for dismissal. It is the responsibility of parents/guardians to notify the school as to the preferred plan for the dismissal of their children, as well as be familiar with the school calendar and dismissal times. Please read the choices below in order to let school officials know how your child should be released at dismissal time and indicate your preference. All students in grades K thru 3 must be picked up by an adult/or a sibling of appropriate age.

Child's Name \_\_\_\_\_ 2019-2020 Grade \_\_\_\_\_

1. \_\_\_ My child is aware of our family plan for leaving school grounds each day. The supervising staff member will dismiss my child from the assigned door at the designated time. My child knows to return to the teacher or main office if there is an unexpected change in our plans. **\*\*Please note: This option should be selected if the child walks home alone or with a group, or if a parent (or other adult/group) meets the child at a designated location other than the dismissal door on a regular basis. \*\*\* STUDENTS in GRADES 4 and 5 ONLY\*\*\***
2. \_\_\_ My child takes the bus. If your child is not going home on the bus for any reason a NOTE must be provided to the main office with an assigned pick up person listed.
3. \_\_\_ My child may be released by the supervising staff member ONLY to the following: **\*\*Please note: If this option is selected, make sure to include all caregivers and siblings.**
4. \_\_\_ My child will go directly to AFTERCARE unless the office is notified in writing that they will not attend that day or any longer. I understand this request shall be for every school day, including one-session and early closing days due to emergencies, and shall apply for the duration of time designated in Board Policy 8601. The following persons are designated to pick-up my child(ren) after school dismissal in accordance with the terms of Board Policy 8601.

NAME:

PHONE #

_____	_____
_____	_____
_____	_____

**I understand that school personnel will follow the plan indicated above every day. Changes to this plan may only be made in writing and given to the teacher in advance of the anticipated change. I have reviewed the school calendar on the district website and will plan accordingly.**

Parent Signature

Date

Print Name

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# **MANDATORY #3**

## **BIRTHDAY PROCEDURE**

Dear Parents,

A Birthday is a special time in our lives. We like to acknowledge your child's special day and allow time to celebrate with classmates. This year we encourage parents/guardians to do so in other ways that do not involve food. Please note the procedures that have been established for the 2019-2020 school year:

- Birthdays in school will not be celebrated with food –students cannot bring snacks for the class.
- A family member is invited to read the birthday student's favorite book. If you choose this optional activity please inform your child's teacher and they will advise what time is available for you to read to the class.
- Students are permitted, but not required, to give a small activity or non-food treat to classmates to celebrate. These include crayons, pencils, stickers, a small non-food item grab-bag party favor, etc. or a donation of a book to the school or classroom library in honor of your child's birthday.
- Students are not permitted to bring in balloons or whistles for the class to celebrate a birthday.
- Please be sure to include all students if you choose to send a non-food treat to celebrate a birthday.

**Please be aware that if you do send in a food item it will be returned to you!**

Please sign the bottom of this form and return it to school. Your cooperation in this matter is truly appreciated.

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**I have read the birthday procedures.**

Child's name: \_\_\_\_\_

Parent signature: \_\_\_\_\_

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Student's Date of Birth

Grade

Parent/Guardian Name (Please Print)

Address

Parent/Guardian Signature

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