

MANDATORY #1 – MUST BE RETURNED

Clarendon School

685 FIFTH STREET
SECAUCUS, NEW JERSEY 07094 – 1465

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OFFICE OF THE PRINCIPAL
STEVE VIGGIANI

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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 2018-2019 School Year.

STUDENT & ATHLETIC INSURANCE FOR THE 2018-2019 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 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