

# Consolidated Consent for the Implementation of Policies & Procedures of the Secaucus Board of Education

*Please visit [www.sboe.org](http://www.sboe.org) to view the following documents:*

- Student/Athletic Insurance
- Student Release
- NJ FamilyCare
- Medication
- HIB Policy
- PTSA Membership
- Free/Reduced Lunch
- Random Drug Testing
- Computer Network
- \* Code of Conduct
- Bell Schedule
- Delayed Opening/Closing
- District Calendar
- Uniform Information

## Please Sign Below.

***By signing below, you are stating that you have read and understand the policies and procedures to be implemented by the Secaucus Board of Education***

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### STUDENT & ATHLETIC INSURANCE FOR THE 2018-2019 SCHOOL YEAR

*Excess Insurance Plan carried by the Secaucus Board of Education.*

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### STUDENT RELEASE FORM

*Procedure regarding photographs or videos of students that may be used by the Secaucus School District.*

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

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### HEALTH INSURANCE

***Does your child have any health insurance?*** (check one)

NJ Family Care     Medicaid     Medicare     Private     Other     None

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

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### AGREEMENT TO COMPUTER NETWORK/COMPUTER POLICY

Parents/Guardians signature is required for student to receive his or her introduction letter with his or her computer network password.

YES - I agree to the requirements, restrictions, disciplinary actions stated in the Computer Network Policy.

NO - I do not agree to the requirements, restrictions, disciplinary actions stated in the Computer Network Policy.

### HARRASSMENT, INTIMIDATION AND BULLYING (HIB) POLICY

YES – I have read and understand the HIB Policy set forth by the Secaucus Board of Education

### CODE OF CONDUCT

YES – I have read and understand the Code of Conduct Policy set forth by the Secaucus Board of Education

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Student's Name (Please Print)

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School

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Grade

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Student's Signature

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Address

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Parent/Guardian Signature

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Home Phone #

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Parent/Guardian Name (Please Print)

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Parent e-mail