

# GLEN ROCK PUBLIC SCHOOLS



## PLEASE READ CAREFULLY BEFORE PROCEEDING

The questions asked on the following pages will enable us to determine your student's eligibility to attend school in this district in accordance with New Jersey law. *Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:28-2 specify that a free public education will be provided to any student between the ages of 5 and 20 who is:*

- Domiciled in the district, i.e., living with a parent/guardian whose permanent home is located within the district. A home is permanent when the parent/guardian intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes or residences elsewhere.
- Living with a person, other than the parent/guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent/guardian cannot support the child due to family or economic hardship.
- Living with a person domiciled in the district, other than the parent/guardian, where the parent/guardian is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered into active military service in the U.S. armed forces in time of war or national emergency.
- Living with a parent/guardian who is temporarily residing in the district.
- The child of a parent/guardian who moves to another district as the result of being homeless.
- Placed in the home of a district resident by court order pursuant to *N.J.S.A. 18A:38-2*.
- The child of a parent/guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency pursuant to *N.J.S.A. 18A:38-3(b)*.
- Residing on federal property within the State, pursuant to *N.J.S.A. 18A:38-7.7 et seq.*

Please note that "guardian" means a person to whom a court of competent jurisdiction has awarded guardianship or custody of a child, provided that a residential custody order shall entitle a child to attend school in the residential custodian's school district subject to a rebuttable presumption that the child is actually living with such custodian; it also means the Department of Children and Families for purposes of *N.J.S.A. JBA:38-1(e)*.

### **Note that the following do not affect a student's eligibility to enroll in school:**

- Physical condition of housing or compliance with local housing ordinances or terms of lease.
- Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition basis in a United States public secondary school.
- Absence of a certified copy of birth certificate or other proof of a student's identity, although these must be provided within 30 days of initial enrollment, pursuant to *N.J.S.A. 18a: 36-25.1*.
- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, *N.J.A.C. 8:57-4.1 et seq.*
- Absence of a student's prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district.

**The following forms of documentation may demonstrate a student's eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.**

- Property tax bills, deeds, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy, or residency.
- Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location.
- Court orders, state agency agreements and other evidence of court or agency placements or directives.
- Receipts, bills, cancelled checks, and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student.
- Medical reports, counselor, or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable. Family or economic hardship or temporary residency.
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, legal guardian, person keeping an "affidavit student," adult student, person(s) with whom a family is living, or others, as appropriate.
- Documents pertaining to military status and assignment.
- Any business record or document issued by a governmental entity.
- Any other form of documentation relevant to demonstrating entitlement to attend school.

**The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.**

***You will not be asked for any information or document protected from disclosure by law or pertaining to criteria, which are not legitimate bases for determining eligibility to attend school. You may voluntarily disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but we may not, directly or indirectly, require, or request:***

- Income tax returns;
- Documentation or information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa;
- Documentation or information relating to compliance with local housing ordinances or conditions of tenancy;
- Social security numbers.

**Please be aware that any initial determination of the student's eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is later found ineligible. If your student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.**

# GLEN ROCK PUBLIC SCHOOLS



## DOCUMENTATION REQUIRED FOR REGISTRATION

**Student's Name:** \_\_\_\_\_

- Copy of Student's Birth Certificate or Passport
- Completed Student Registration form
- Completed Genesis Parent Portal Request Form
- Permission for Student Participation in School Publicity Form
- District Telecommunications/Technology Acceptable Use Policy Form
- Home Language Survey
- Signed Google Apps Agreement
- Elementary School Dismissal Procedures Form
- Signed Request for Release of Records, if transferring
- If applicable, copy of IEP or Section 504 Plan
- If you are the custodial parent of a divorced family, you must provide a copy of your custody agreement.

### Verification of Residency

- Copy of recorded deed or notarized copy of current lease or Affidavit of Resident of Glen Rock with deed attached
- Copy of recent (60 days or less) utility bill (PSE&G or water bill)
- If the utility bill is not in the name of the parent/guardian, (2) additional pieces of official mail showing parent/guardian name, address, and date are required such as:

Property tax bill

Car insurance bill

Medical insurance bill

Homeowners/Renters insurance bill

Bank or mortgage statement

Voter registration

Drivers license

Credit card bill

Cable TV bill

### Medical Forms

***In accordance with NJ State Law and the policies of the Glen Rock School District:***

- Immunization Record
- Student Health History
- Physical Examination (completed by your medical provider, considered current within 365 days of the first day of school.)

# GLEN ROCK PUBLIC SCHOOLS



## STUDENT REGISTRATION FORM

PLEASE PRINT ALL INFORMATION AND SIGN THE END OF THIS FORM

**STUDENT DATA** (Please provide the legal name that appears on the Birth Certificate or Passport)

**ENTRY GRADE:** \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Male  Female

Birth Date (mm/dd/yyyy): \_\_\_\_\_

Place of Birth (City, State): \_\_\_\_\_ Country of Birth (If not U.S.): \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Address at which child *currently* resides if different from above: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Student Resides With: (please check *ONLY one*)

Both Parents/Guardians - Full Time

Both Parents/Guardians - Shared Time

One Parent/Guardian - Only

**ETHNICITY** (You can select multiple choices if applicable)

White  Black (Non-Hispanic)  Hispanic or Latino  American Indian / Alaskan Native

Asian  Hawaiian Native / Other Pacific Islander

Primary Language (Most often spoken at home): \_\_\_\_\_ Home Language (First Acquired): \_\_\_\_\_

**FAMILY DATA**

Parent 1  Guardian (if guardian, court issued guardianship must be presented)  Mrs.  Ms.  Mr.  Dr.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address (if different than student): \_\_\_\_\_

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Business Telephone #: \_\_\_\_\_

Parent 2  Guardian (if guardian, court issued guardianship must be presented)  Mrs.  Ms.  Mr.  Dr.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address (if different than student): \_\_\_\_\_

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Business Telephone #: \_\_\_\_\_

**SPECIAL CIRCUMSTANCES**

Please describe any *custody* or *residential circumstances* that may exist. Please provide appropriate documentation for these circumstances prior to student attendance.

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**SIBLINGS**

First Name	Last Name (if different)	Date of Birth	School/Grade

**EDUCATIONAL INFORMATION**

Has this student previously attended a school in the Glen Rock Public School District? YES NO  
 List all schools that this student has previously attended - if more than two (2) schools, please provide additional information on a separate sheet.

	School #1	School #2
Name of School Last Attended:		
Address of School Last Attended:		
City and State:		
Telephone #:		
Date of Withdrawal:		
Grade Level(s) Completed at this School:		

**EMERGENCY CONTACTS (Other than Parent/Guardian)****FIRST CONTACT**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Allowed to Pick up Student  Medical Contact

**SECOND CONTACT**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Allowed to Pick up Student  Medical Contact

**PLEASE SIGN AND DATE TO INDICATE THAT ALL INFORMATION YOU HAVE PROVIDED IS ACCURATE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent/Guardian*

# GLEN ROCK PUBLIC SCHOOLS



## GENESIS PARENT PORTAL REQUEST FORM

**Please fill out this form completely.** Creating a Genesis Parent Portal account will give you access to view your child's schedule, report card, and attendance information. After your account is created, you will receive an email from Genesis with a temporary password and instructions on how to login and change your password information. Login ID's and Passwords are case sensitive. Please keep your password in a safe place for future reference.

***PLEASE PRINT ALL INFORMATION AND SIGN THE END OF THIS FORM***

### **Parent / Guardian Information**

*(Please Print Legibly)*

**Parent/Guardian Primary Email Address (*this is required as it will be your Login ID*)**

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

### **Student Information**

*(Please Print Legibly)*

#### **Student #1**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_

#### **Student #2**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_

#### **Student #3**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*If additional space is required, use the back of this form*

# GLEN ROCK PUBLIC SCHOOLS

MICHELLE GIURLANDO  
OFFICE OF THE DIRECTOR



COUNSELING DEPARTMENT  
400 HAMILTON AVENUE  
GLEN ROCK, NJ 07452-2398  
(201) 445-7700 EXT. 8918

## PERMISSION FOR STUDENT PARTICIPATION IN SCHOOL PUBLICITY

Dear Parent/Guardian,

Your child will be participating in many interesting and exciting events and activities during the coming school year, which may result in publicity both within the school community and beyond the District via mass and social media.

In an effort to share accomplishments of our students and staff, students' names and/or likeness, photographs, images, and/or other personally identifiable information may appear on, but not limited to, the following:

- Bulletin boards in classrooms/hallways
- Internal school publication
- School slide presentations
- Area media outlets including newspapers, radio and TV stations and their websites
- School videos
- The school or District websites
- The District Facebook page
- Schools' and District's Twitter feed
- The GRHS student TV news program via Glen Rock TV

As you are aware, there are potential dangers associated with the sharing of personally identifiable information on a website since global access to the Internet does not allow the District to control who may access such information. These dangers have always existed; however, the District's sole intent is to celebrate your child and his/her achievement and to publicize the interesting and exciting events occurring during the school year.

Pursuant to law, we will not post or share your child's name and/or likeness, photos/images/videos without your written consent. Please review the enclosed consent form and indicate your position with regard to your child's participation in publicity for BOTH items 1 and 2 below. You may rescind your decision(s) at any time by providing written notice to your school principal. Such rescission shall take effect upon receipt of your written notice by the school principal.

Sincerely,

Michelle Giurlando  
Director of Student Personnel Services

# GLEN ROCK PUBLIC SCHOOLS

MICHELLE GIURLANDO  
OFFICE OF THE DIRECTOR



COUNSELING DEPARTMENT  
400 HAMILTON AVENUE  
GLEN ROCK, NJ 07452-2398  
(201) 445-7700 EXT. 8918

## PARENT/GUARDIAN CONSENT FORM

### 1. INTERNAL PUBLICITY (*Please select one response*)

\_\_\_\_\_ **I GIVE** permission for the following student's name and/or likeness to be included in internal school publicity (i.e., school bulletin boards, internal slide presentations, and school publications).

\_\_\_\_\_ **I DO NOT** give permission for the following student's name and/or likeness to be included on internal school publicity (i.e., school bulletin boards, internal slide presentations, and school publications).

### 2. EXTERNAL PUBLICITY (*Please select one response*)

\_\_\_\_\_ **I GIVE** permission for the following student's name and/or likeness to be included in school publicity via mass media, GRHS student TV news, and the school district's social media, including the World Wide Web.

In granting permission, I understand that the school district may use my child's photographs/images/videos, name and/or likeness on the school district's website, social media, GRHS student TV news, mass media, including the World Wide Web. I am signing this consent form with the knowledge that any photography/images/videos, name and/or likeness of my child, that is posted or shared on the school district's website, social media, GRHS student TV news, mass media, including the World Wide Web, can be downloaded and reprinted by other entities and the news organizations, including print, electronic and broadcast media, and I therefore, release the Glen Rock Board of Education from any liability arising from use of my child's photographs/images/videos, name and/or likeness in the school district's website, social media, GRHS student TV news, mass media, including the World Wide Web. Additionally, I understand that there are potential dangers associated with posting or sharing of personally identifiable information on a website, since global access to the Internet does not allow for control of who may access such information.

\_\_\_\_\_ **I DO NOT** give permission for the following student's name and/or likeness to be included in school publicity via mass media, GRHS student TV news, and the school district's social media, including the World Wide Web.

\_\_\_\_\_  
*Student Name*

\_\_\_\_\_  
*Grade*

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

\_\_\_\_\_  
*Date*



INTERNET SAFETY AND TECHNOLOGY

GLEN ROCK SCHOOL DISTRICT AGREEMENT WITH PARENTS/GUARDIANS AND STUDENTS  
FOR USE OF THE DISTRICT'S TELECOMMUNICATIONS SYSTEM

**To the Parents/Guardians and Students:**

Internet access is now available to students and teachers in the Glen Rock School District via the district's telecommunications system. We are very pleased to bring this access to Glen Rock and believe the Internet offers vast, diverse, and unique resources to both students and teachers. Our goal in providing this service to teachers and students is to promote personal and academic growth and excellence in schools by facilitating resource sharing, innovation, and communication.

The use of a telecommunications system and the Internet is a privilege, increasingly essential to learning that offers new freedoms and demands new responsibilities. However, you must be aware that along with access to computers and people all over the world also comes the availability of material that is not of educational value in the context of the school setting. We are making every effort to prevent access to inappropriate material by using software designed to prohibit access to sites which do not have educational value, but it is impossible to control access to all materials. Nonetheless, we firmly believe that the valuable information and interaction available on the Internet far outweighs the possibility that users may find material not consistent with the educational goals of the district.

The terms and conditions upon which your child will be granted the right to use the district's telecommunications system and the Internet are set forth in the Glen Rock Board of Education Technology Policy and Regulation 2361, a copy of which are attached to this Agreement and incorporated herein by reference. Please be mindful of the fact that the use of the district's telecommunications system and the Internet is a privilege, not a right, and a student's failure to comply with all of the terms of this Agreement may result in a revocation or suspension of those privileges, may subject the student to a suspension/expulsion hearing before the Glen Rock Board of Education and/or may result in criminal and/or civil penalties.

STUDENT AGREEMENT

I have read and I understand the Glen Rock Board of Education Technology Policy and Regulation 2361 and this Agreement. By signing this Agreement, I hereby agree to abide by their terms. Should I violate the Agreement, I understand my access privileges may be revoked, school disciplinary action may be taken against me and/or criminal and civil appropriate legal action may be taken, and I accept all financial and legal liabilities that may result.

I release the Glen Rock Board of Education, its officers, employees, agents, servants, representatives and all organizations and individuals related to the Glen Rock School District telecommunications system from any and all liability or damages that may result from my use of the district's telecommunications system and the Internet. I specifically agree to indemnify and hold the Glen Rock Board of Education, its officers, employees, agents, servants and representatives harmless for any actions, claims, costs, damages or losses, including, but not limited to attorneys' fees, incurred by the Glen Rock Board of Education relating to, or arising out of my use of the district's telecommunications system and the Internet or any breach of this Agreement or the Glen Rock Board of Education's technology policy and regulation by me.

By signing this Agreement, I acknowledge that:

- I understand the use of the network and internet is a privilege not a right.
- I realize that the network and the computers are the property of the board and all work that I do on the network and internet is subject to review by the Glen Rock staff. I have no expectation of privacy.

INTERNET SAFETY AND TECHNOLOGY (exhibit continued)

- I have read and I understand this Agreement and the Glen Rock Board of Education's Technology Policy and Regulation 2361, and I agree to accept responsibility for my use of the district's telecommunications system and the Internet.

User's Name \_\_\_\_\_  
Please Print

Signature \_\_\_\_\_ Date \_\_\_\_\_

PARENT OR GUARDIAN AGREEMENT

I, (print name) \_\_\_\_\_, as the Parent / Guardian of (print child's name) \_\_\_\_\_ have agreed to the terms and conditions of this Agreement regarding the use of the district's telecommunications system and the Internet and have read the Glen Rock School District Technology Policy and Regulation 2361. I understand that access to the telecommunications system and the Internet is designed for educational purposes, and I grant permission for my child to access the district's network and the Internet. However, I also recognize that some materials on the district's telecommunications system and/or the Internet may be controversial and objectionable and that it is impossible for the Glen Rock School District to restrict access to all controversial and objectionable materials. I will not hold the Glen Rock School District responsible for any materials, or the accuracy or quality thereof, acquired or viewed on this network by my child.

Further, I understand that improper or inappropriate use of the district's telecommunications system and the Internet by my child may result in revocation or suspension of my child's privilege to access the network and the Internet and the imposition of school discipline, criminal penalties and/or civil penalties, and I accept all financial and legal liabilities resulting therefrom.

I release the Glen Rock Board of Education, its officers, employees, agents, servants, representatives and all organizations and individuals related to the Glen Rock School District's telecommunications system from any and all liability or damages that may result from my child's use of the district's telecommunications system and the Internet. I specifically agree to indemnify and hold the Glen Rock Board of Education, its officers, employees, agents, servants and representatives harmless for any actions, claims, costs, damages or losses, including, but not limited to attorneys' fees, incurred by the Glen Rock Board of Education relating to, or arising out of my child's use of the district's telecommunications system and the Internet or any breach of this Agreement or the Glen Rock Board of Education's Technology Policy and Regulation by my child.

By signing this Agreement, I acknowledge that:

- I understand my child's use of the network and internet is a privilege not a right.
- I realize that the network and the computers are the property of the board and that all work that my child does on the network and internet is subject to review by the Glen Rock staff. I recognize that my child has no expectation of privacy.
- I have read and I understand this Agreement and the Glen Rock Board of Education policy and regulation 2361 Internet Safety and Technology, and I agree to accept their terms and conditions and the responsibility for guiding my child and conveying to him/her appropriate standards for selecting, sharing and/or exploring information.

**[PLEASE CHECK THE APPLICABLE STATEMENT]**

\_\_\_\_\_ **I DO NOT** grant my child permission to use the district's telecommunications system and the Internet while at school.

INTERNET SAFETY AND TECHNOLOGY (exhibit continued)

\_\_\_\_\_ I grant my child permission to use the district's telecommunications system and the Internet while at school.

Parent/guardian  
Name \_\_\_\_\_

Please Print

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

Street Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Adopted: July 24, 1997  
Revised: December 18, 2008  
NJSBA Review/Update: April 2017  
Readopt:

# GLEN ROCK PUBLIC SCHOOLS



## HOME LANGUAGE SURVEY PARENT/GUARDIAN LANGUAGE QUESTIONNAIRE

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(first) (middle) (last)

Date of School Entrance: \_\_\_\_\_ Date of Entrance to the United States: \_\_\_\_\_

Person completing the survey:  Mother  Father  Grandparent  
 Guardian  Other \_\_\_\_\_

**DIRECTIONS:** Check or write in the correct response for each of the following questions about your child.

1. What was the first language used by the student?

English \_\_\_\_\_ Other [specify] \_\_\_\_\_

2. At home, does the student hear or use a language other than English more than half of the time?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Does the student understand a language other than English?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. What language does the child speak to his/her parent [guardian] more than half of the time?

English \_\_\_\_\_ Other [specify] \_\_\_\_\_

5. When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Has the student recently moved from another school district / charter school where he/she was identified as an English language learner?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Do you believe that the student needs ELL services?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. List all home languages spoken:

\_\_\_\_\_

# GLEN ROCK PUBLIC SCHOOLS



## GOOGLE APPS FOR EDUCATION STUDENT AGREEMENT

Dear Parent/Guardian:

The Glen Rock School District has entered into a partnership with *Google Education*. This partnership allows your child to use certain Google applications in order to communicate, create, and collaborate online with teachers and classmates. The idea behind this initiative is to provide all students the opportunity to work with their peers on class assignments in a more productive manner.

By signing this agreement, you are giving permission for your child to participate in online collaborative assignments in his or her classes.

The District has control over the accounts and to which services it allows student access. Software version and computer platform (Mac, PC) will not affect your child's ability to use these services.

Please know that this account belongs to the school; it is not a private space and should not be used by students for *non-school related activities*. If this account is used improperly by the student, the Glen Rock School District reserves the right to cancel the student account or take other disciplinary action at any time. The use of this Google account will be in support of and consistent with the educational goals of the Glen Rock School District, in conjunction with our code of conduct.

Sincerely,

A handwritten signature in cursive script that reads "Michelle Giurlando".

Michelle Giurlando  
Director of Student Personnel Services

**I give my child permission to participate in the aforementioned collaborative project.**

\_\_\_\_\_  
*Name of Student*

\_\_\_\_\_  
*Date*

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

# GLEN ROCK PUBLIC SCHOOLS

Office of the Superintendent



620 Harristown Road  
Glen Rock, N.J. 07452-2398  
(201) 445-7700  
Fax (201) 389-5019

Dear Parents/Guardians of **Elementary** School Students,

Parents/guardians are required to complete, sign and return to the school the attached form indicating exactly how you want your child to leave school (be dismissed) at the end of the school day. This protocol is to assist the safe dismissal of Glen Rock elementary school students. Parents should consult the **SCHOOL HANDBOOK** for complete information regarding the school calendar, hours, etc.

a. An “Officially Escorted” Student

If a student’s parent/guardian designates his/her child as an “officially escorted” student, the student shall be taken to a designated room in school to be picked up and signed out by one of the persons authorized to do so. The individual escorting the student is required to go to the area designated in the school for student pick-up and sign-out.

b. An Unescorted Student

If a parent/guardian designates that his/her child may leave school unescorted, the child will be taken to the school exit and shall leave campus by walking, biking, riding in a car or another method without being signed out and “officially escorted” as described above in item a.

c. A Student Enrolled in the Fee-Based District Sponsored Community School After Care Program SACC

If a parent/guardian enrolls his/her child in the district sponsored SACC program, the student will be taken to the SACC program location by a member of the staff and put in the care of a member of the SACC staff. Parents/guardians whose child does not attend the SACC program full time will be responsible for selecting another dismissal option for their child on the days they are not enrolled in the SACC program.

d. Parents/guardians wishing to register their child for the SACC program should contact the Community School at 201-445-7700 extension 5011.

# GLEN ROCK PUBLIC SCHOOLS



## ELEMENTARY SCHOOL DISMISSAL PROCEDURES

**PLEASE PRINT THE FOLLOWING INFORMATION:**

Name of Child: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Receipt and Review of Dismissal Information**

1. I read the information regarding the school dismissal.
2. I understand my responsibilities to provide for the safe traverse of my child to and from school in accordance with the calendar and arrival and dismissal times.
3. I understand my responsibility to resume the custody of my child at the end of every school day unless he/she is enrolled in the *Community School After Care Program* (SACC).

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

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent/Guardian Choice of Dismissal Process – CIRCLE OPTIONS THAT APPLY AND SIGN BELOW**

1. My child has permission to leave school at the normal or early dismissal time **unescorted** (only applies to students in Grades 4 & 5; students in Grades K-3 will **not** be allowed to self-dismiss and/or leave school unescorted). The individuals listed below are also authorized to take my child home due to an emergency early dismissal.
2. My child is enrolled in the district's fee-based *Community School After Care Program* (SACC) on the following days. (**CIRCLE DAYS**) The individuals listed below are also authorized to take my child home due to an emergency early dismissal.  
**MONDAY                  TUESDAY                  WEDNESDAY                  THURSDAY                  FRIDAY**
3. My child will be **officially escorted** from school at the end of each day by one of the following authorized individuals. The following individuals are also authorized to take my child home due to an emergency early dismissal **or on the days they are not enrolled in the *Community School After Care Program* (SACC).**

**PLEASE PRINT ALL INFORMATION**

a. \_\_\_\_\_ / \_\_\_\_\_  
*Adult Name* *Relationship*

b. \_\_\_\_\_ / \_\_\_\_\_  
*Adult Name* *Relationship*

c. \_\_\_\_\_ / \_\_\_\_\_  
*Adult Name* *Relationship*

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

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**THIS FORM MUST BE RETURNED TO THE SCHOOL**

# GLEN ROCK PUBLIC SCHOOLS



## ELEMENTARY SCHOOL HEALTH OFFICE

Dear Parent/Guardian:

Good health is an important factor in your child's ability to secure the maximum benefits from education. In order that we may have better knowledge of the health of our students, and in accordance with New Jersey law and the Board of Education policy, each student must be examined upon entry into the school district. This examination must be done no more than 365 days *prior* to entry, and must state what, if any, modifications are required for full participation in the school program.

Each student's medical examination must be conducted by a healthcare provider chosen by the student's parent/guardian(s) at the provider's facility (the student's medical home). If the student does not have a medical home, arrangements may be made for the examination to take place at the school physician's office.

Kindly have the Physical Examination Form completed by your child's physician and return it to the Health Office as soon as possible. This form must be received no later than thirty (30) days after entering the district.

If you have any questions, please call or email the Health Office.

Thank you for your cooperation.

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# GLEN ROCK PUBLIC SCHOOLS

## IMMUNIZATION RECORD

Grades Pre-K – 12

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Vaccine Type	Disease Date	1 <sup>st</sup> Dose Mo/Day/Yr	2 <sup>nd</sup> Dose Mo/Day/Yr	3 <sup>rd</sup> Dose Mo/Day/Yr	4 <sup>th</sup> Dose Mo/Day/Yr	5 <sup>th</sup> Dose Mo/Day/Yr	Mo/Day/Yr
Diphtheria, Tetanus, Pertussis vaccine (DTaP) or any combination of Td or DT							
Tdap (1 dose after 10 years old)							
Inactive Poliovirus (IPV) if oral vaccine, indicate OPV							
HIB (Haemophilus B conjugate vaccine)							
Prevnar (Pneumococcal conjugate Vaccine – PCV)							
Influenza							
MMR							
Measles					Measles Serology	Date:	Titer:
Mumps					Mumps Serology	Date:	Titer:
Rubella					Rubella Serology	Date:	Titer:
Varicella			Disease Date:		Varicella Serology	Date:	Titer:
Hepatitis B (3 doses)							
Hepatitis A (2 doses)							
Menactra (1 dose)							
Gardasil (HBV 3 doses)							

Medical Exemption Attached/Date: \_\_\_\_\_ Religious Exemption Attached/Date: \_\_\_\_\_

**TB Screening (Mantoux Test)**

	Date	Date	Date
Tested			
Read			
Result (mm)			

\_\_\_\_\_  
Signature of Licensed Medical Provider

\_\_\_\_\_  
Date

**GLEN ROCK PUBLIC SCHOOLS**



**HEALTH HISTORY - ELEMENTARY SCHOOLS**

**Health History (to be completed by Parent/Guardian)**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Birth Weight: \_\_\_\_\_

Normal Vaginal Delivery: \_\_\_\_\_ Forceps: \_\_\_\_\_ Caesarian Section Delivery: \_\_\_\_\_

Problems, if any, during pregnancy, labor, infancy: \_\_\_\_\_

**Developmental Milestones - at what age did this child attain the following :**

Walk: \_\_\_\_\_ Talk: \_\_\_\_\_ Toilet Trained: \_\_\_\_\_ Feed Self: \_\_\_\_\_

**COMMUNICABLE DISEASE HISTORY (indicate month and year)**

Chickenpox: \_\_\_\_\_ Measles: \_\_\_\_\_ Mumps: \_\_\_\_\_ Rubella: \_\_\_\_\_

Pertussis: \_\_\_\_\_ Strep Throat: \_\_\_\_\_ Scarlet Fever: \_\_\_\_\_

**DISEASE HISTORY (indicate month and year of onset/episode)**

Bronchitis: \_\_\_\_\_ Ear Infection: \_\_\_\_\_ High Fever: \_\_\_\_\_ Of: \_\_\_\_\_

Allergies (type): \_\_\_\_\_ Asthma: \_\_\_\_\_ Medications for Either: \_\_\_\_\_

Allergy to Bee Venom: \_\_\_\_\_ Nuts: \_\_\_\_\_ Describe: \_\_\_\_\_

**IMMEDIATE ACTION TO BE TAKEN:**

Heart Condition (describe): \_\_\_\_\_

Convulsions: \_\_\_\_\_ Kidney Problems: \_\_\_\_\_ Spina Bifida: \_\_\_\_\_

Urinary Tract Infection: \_\_\_\_\_ Diabetes: \_\_\_\_\_

**INJURIES, HOSPITALIZATIONS, SURGERY (indicate month and year)**

Concussion: \_\_\_\_\_ Fractures: \_\_\_\_\_ Stiches: \_\_\_\_\_

Surgery: \_\_\_\_\_ Hospitalization: \_\_\_\_\_ Other: \_\_\_\_\_

**Medical and Developmental Concerns:**

Hearing: \_\_\_\_\_ Speech: \_\_\_\_\_

Does this child wear glasses?: \_\_\_\_\_ Condition: \_\_\_\_\_ Use of other appliance: \_\_\_\_\_

Explain any of the above: \_\_\_\_\_

Does this child require medication? (explain): \_\_\_\_\_

**I certify that the information provided herein is accurate to the best of my knowledge as of the date of my signature. I hereby authorize the release of pertinent medical information to be shared among appropriate professional staff involved in the care of my child.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent/Guardian*

# GLEN ROCK PUBLIC SCHOOLS



## PHYSICAL EXAMINATION

Examination of: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Height \_\_\_ ft. \_\_\_ in Weight \_\_\_ lbs. BP \_\_\_\_\_ General Appearance: \_\_\_\_\_

Nutrition: \_\_\_\_\_ Skin: \_\_\_\_\_

Posture: \_\_\_\_\_ Scoliosis (*age appropriate*): \_\_\_\_\_

Eyes: \_\_\_\_\_ Ears: \_\_\_\_\_

Nose: \_\_\_\_\_ Mouth: \_\_\_\_\_

Teeth: \_\_\_\_\_ Appliance: \_\_\_\_\_ Gums: \_\_\_\_\_

Throat: \_\_\_\_\_ Tonsils: \_\_\_\_\_

Glands: \_\_\_\_\_ Heart: \_\_\_\_\_

Lungs: \_\_\_\_\_ Extremities: \_\_\_\_\_

Abdomen: \_\_\_\_\_ Hernia: \_\_\_\_\_

Tanner Stage: \_\_\_\_\_ Speech: \_\_\_\_\_

Allergies: Type: \_\_\_\_\_ Asthma: \_\_\_\_\_ Normal Peak Flow: \_\_\_\_\_

Medications taken for above: \_\_\_\_\_

Anaphylaxis History: \_\_\_\_\_

Immunizations: Record attached: \_\_\_\_\_ Received today: \_\_\_\_\_

Vision Screening: Right - 20/ \_\_\_\_\_ Left - 20 \_\_\_\_\_ Corrected \_\_\_\_\_ Uncorrected \_\_\_\_\_

Audiometric Screening: Right - \_\_\_\_\_ Left - \_\_\_\_\_

Behavioral Issues/Mental health Diagnosis/hyperactivity, lethargy, gait, etc.: \_\_\_\_\_

Student may/may not participate in all normal school activities, including physical education: Yes: \_\_\_\_\_ No \_\_\_\_\_

**RESTRICTIONS:** \_\_\_\_\_

**SPECIAL NEEDS:** \_\_\_\_\_

\_\_\_\_\_  
*Medical Provider's Signature*

\_\_\_\_\_  
*Printed Name/Stamp  
Address/Telephone*

**Date of Examination:** \_\_\_\_\_

\* I certify that the information provided herein is accurate to the best of my knowledge as of the date of my signature. I hereby authorize the release of pertinent medical information to be shared with appropriate professional staff involved in the care of my child.

\_\_\_\_\_