



Dr. Edythe B. Austermuhl
Superintendent

BERLIN TOWNSHIP SCHOOL DISTRICT

(856) 767-9480 Fax (856) 767-8235 225 Grove Avenue West Berlin, NJ 08091

Megan Stoddart
Business Administrator

Dina Bottley
Curriculum Coordinator

Kristin Braidwood
Supervisor of Special Services

Thomas Cunningham
Technology Coordinator

Charles Pfluger, C.E.F.M.
Supervisor Buildings and Grounds

Dear Parent/Guardian:

I am enclosing our registration packet for you to complete for your child.

What to bring to Registration:

- ☐ **Completed Registration Packet**
- ☐ **Proof of Residency – bring 2 (utility bill, tax document, bank statement, lease or mortgage documents, Driver’s License)**
- ☐ **Child’s Birth Certificate**
- ☐ **Immunization Records**

When this is all together – please call me at 856-767-9480, ext 1111. We can schedule your registration appointment, which will take just about 10 minutes if you have all the documents listed above.

Welcome to our district! I look forward to helping you register your children!

Sincerely,

Jodi Aspinall
Secretary to the Superintendent

Enclosures

“Educating Today For Tomorrow’s Success”

BERLIN TOWNSHIP SCHOOL DISTRICT
225 GROVE AVENUE, WEST BERLIN, NJ 08091
Phone: (856) 767-9480 Fax: (856) 767-8235

Student Name: _____ Date: _____

In order that the requirements of various State and Federal laws are met, the following information is necessary for the registration of students in the Berlin Township School District:

1. RESIDENCY REQUIREMENT

If the student is the child of a parent or guardian, or an adult student, whose permanent home is in the Berlin Township School District or if the student is living with a parent or guardian temporarily residing within the Berlin Township School District, even if the parent has a domicile elsewhere — please provide, if possible, TWO or more of the following:

- Property tax bills, deeds, contracts of sale, 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, 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.

Please Note: The forms of documentation may demonstrate your student’s eligibility for enrollment in the district. 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/information relating to citizenship or immigration/visa status or social security numbers.

If the student’s parents are domiciled in different districts, regardless of which parent has custody, please provide a copy of a court order or written agreement between the parents of the student designating the district for school attendance.

If the student resides with a Berlin Township School District resident (other than a parent or guardian), please provide ALL of the following:

- Student Residency Form (included in this registration packet).
- A sworn statement from the student's parent or guardian, together with documentation to support its validity, that he or she is not capable of supporting or providing care for the student due to family or economic hardship and the student is not residing with the Berlin Township School District resident solely for the purpose of receiving a free public education.
- A sworn statement from the person keeping the student that he or she is domiciled within the school district, is supporting the child without remuneration and intends to do so for a time longer than the school term, and will assume

all personal obligations for the student pertaining to school requirements *and* a copy of his or her lease if a tenant, a sworn landlord's statement if residing as a tenant without written lease, or a mortgage or tax bill if an owner.

Please Note: A student will not be considered ineligible because required sworn statements(s) cannot be obtained, so long as evidence is presented that the underlying requirements of the law are being met. A student will not be considered ineligible when evidence is presented that the student has no home or possibility of school attendance other than with a non-parent district resident who is acting as the sole caretaker and supporter of the student. A student will not be considered ineligible solely because a parent or guardian provides gifts or limited contributions, financial or otherwise, toward the welfare of the student, provided that the resident keeping the student receives no payment or other remuneration from the parent or guardian for the student's actual housing and support. Receipt by the resident of social security or other similar benefits on behalf of the student do not render a student ineligible. It is not necessary that guardianship or custody be obtained before a student will be considered for enrollment on an "affidavit" basis.

2. DOCUMENTATION OF RELATIONSHIP TO STUDENT

- Parent – Provide a certified copy of the student's birth certificate (within thirty days of registration)
- Legal Guardian – Provide official records appointing the student's legal guardian
- Foster Parent – Provide official records from the agency appointing the student's foster parent
- Domicile Affidavit (signed by Berlin Township resident)
- Affidavit of Non-Support (signed by Parent – corresponds with above)

3. DOCUMENTATION OF GRADE PLACEMENT

Please provide one or more of the following items as documentation of grade placement:

- Transfer Card
- Current Report Card
- Official Transcript

Please Note: Absence of a student's prior educational record does not affect a student's eligibility to enroll in school, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the District.

4. DOCUMENTATION OF HEALTH

Please provide one of the following items as documentation of health:

- Immunization Record
- Religious Exemption Letter

Please Note: Absence of student medical information does not affect a student's eligibility to enroll in school, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students.

Any person who fraudulently allows a child of another person to use his residence and is not the primary financial supporter of that child AND any person who fraudulently claims to have given up custody of his child to a person in another district commits a disorderly person offense. It is illegal for any person to make a false statement on this form in an attempt to cause the Berlin Township School District to provide a free education to a person under false pretenses. It is illegal for any person to offer a written instrument that contains a false statement or false information to the Berlin Township School District in an attempt to secure a free education.



STUDENT REGISTRATION FORM

(For office use only)

LID Number: _____ SID Number: _____

SCHOOL START DATE: _____ GRADE: _____

A. BASIC INFORMATION - PARENTS/GUARDIANS - PLEASE COMPLETE

1. STUDENT NAME (as it appears on birth certificate):

Last First Middle Suffix

2. GENDER (circle one): MALE FEMALE

3. DATE OF BIRTH: _____

4. CITY OF BIRTH: _____

5. STATE OF BIRTH: _____

6. COUNTRY OF BIRTH: _____

7. PRIMARY LANGUAGE SPOKEN IN HOME: _____

8. HOME PHONE NUMBER: _____

9. CELL PHONE NUMBER: _____

10. HOME ADDRESS: _____

11. EMAIL ADDRESS: _____

12. STUDENT'S PREVIOUS MAILING ADDRESS: _____

13. FATHER'S FULL NAME: _____

14. MOTHER'S FULL NAME: _____

15. MOTHER'S MAIDEN NAME: _____

16. GUARDIAN'S FULL NAME (if applicable): _____

17. IF. GUARDIAN, WHAT IS YOUR RELATIONSHIP TO THE STUDENT?

18. LEGAL PAPERWORK INVOLVED FOR STUDENT (circle below):

CUSTODY: YES NO Date Received: _____

DCP & P: YES NO Date Received: _____

OTHER: _____ Date Received: _____

19. NAME OF PREVIOUS SCHOOL ATTENDED: _____

20. ADDRESS OF PREVIOUS SCHOOL ATTENDED:

21. PHONE NUMBER OF PREVIOUS SCHOOL ATTENDED: _____

22. IS YOUR CHILD CLASSIFIED BY THE CHILD STUDY TEAM? (CIRCLE ONE) Y N

23. IF YOU ANSWERED YES TO THE ABOVE, THE MOST RECENT IEP MUST BE
SUPPLIED AS SOON AS POSSIBLE TO DETERMINE STUDENT SERVICES

OTHER: (The information that is requested below is required by the New Jersey State Department of Education. The State Department of Education has begun an initiative to track background information and test scores for each child enrolled in public schools throughout the state. NJ Standards Measurement and Resources for Teaching (NJSMART) information will be collected by the state each year. It is pertinent that we have this information for the completion of our reports.)

A. CHILD'S ETHNICITY: HISPANIC OR LATINO – PLEASE CIRCLE ONE

YES NO

B. CHILD'S RACE: PLEASE CIRCLE ALL THAT APPLY

AMERICAN INDIAN

BLACK OR AFRICAN AMERICAN

ASIAN

CAUCASIAN

NATIVE AMERICAN OR OTHER PACIFIC ISLANDER

C. HEALTH INSURANCE

DOES YOUR CHILD HAVE ANY HEALTH INSURANCE INCLUDING NJ FAMILYCARE,
MEDICAID OR OTHER PRIVATE INSURANCE?

YES NO

IF SO, PLEASE LIST YOUR INSURANCE PROVIDER'S NAME (ie AETNA, BCBS, HORIZON)

IF NO INSURANCE, MAY A REPRESENTATIVE OF NJ FAMILYCARE CONTACT YOU? Y N
Written consent required pursuant to 20 U.S.C. 1232g(b)(1) and 34 C.F.R. 99.30(b). NJ FamilyCare provides free or low cost insurance for uninsured children and certain low income parents. For more information please call: 1-800-701-0710.

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D. MILITARY CONNECTED STUDENT INDICATOR:

Please check the appropriate description below, please only check ONE description

_____ Not Military Connected – Parent is not military connected

_____ Active Duty – Student is a dependent of a member of the U.S. Active Duty Forces

_____ National Guard or Reserve – Student is a dependent of a member of the National Guard or Reserve Forces

PLEASE PRINT YOUR NAME HERE: _____

PLEASE SIGN YOUR NAME HERE: _____

DATE: _____

BERLIN TOWNSHIP BEFORE AND/OR AFTER SCHOOL CHILDCARE PROGRAM

C.A.R.E. (Children's Afterschool Recreation Education)

C.A.R.E. is a convenient and reasonably priced before/after school program for students in PK – 8th grades. This program is located in the John F. Kennedy School.

C.A.R.E. provides a healthy snack, homework time and help, age appropriate games, outdoor activities, crafts, trips and more.

If interested, please call (609) 929-4271

Student Name _____

Last, First & Middle

STUDENT RESIDENCY QUESTIONNAIRE

The information requested on this form fulfills one requirement of the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as the Title X, Part C, of the No Child Left Behind Act. The answers you give will help determine the services your student may be eligible to receive. **No student(s) will be discriminated against based upon any of this confidential information provided.**

School: _____ Grade: _____ Date of Birth: _____ Age: _____

Gender: M or F Ethnicity: _____ Parent/Guardian Name: _____

Phone Number: _____ Current Street Address: _____

Today's Date: _____ City, State, Zip _____

Complete Section A... IF you are living in a TEMPORARY RESIDENCE. If you have a **PERMANENT residence** (such as a house, an apartment, or a condo), please **only** complete **Section C** below.

Section A.

1. **Is the student living in a temporary place such as:** motel/hotel, car, camper, emergency shelter, friend's house, relative's house? YES _____ NO _____
2. **Was the student forced into a temporary place due to loss of housing** from eviction, foreclosure, financial hardship, domestic violence, fire or natural disaster, death or incarceration of parent/guardian, or other crisis situation? YES _____ NO _____

If either question above is answered Yes, please explain further: _____

If you answered **Yes to BOTH QUESTIONS** in **Section A**, please **complete Section B** below. **Otherwise**, you may **skip to Section C** below and **sign** the form.

Section B. Please check the box that best describes where the student is presently living:

- ☐ In the home/apartment of a friend or relative (sharing someone else's home because you have nowhere else to live)
- ☐ In a shelter or transitional housing program (examples: family shelter, domestic violence shelter, youth shelter, etc.)
- ☐ In a hotel or motel because of economic hardship, eviction, foreclosure, fire, lack of deposits for permanent housing, etc.
- ☐ In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or at another unsheltered location
- ☐ Moving from place to place

Check the box that best describes with whom the student resides. (Please note: legal guardianship may be granted only by a court; students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.)

☐ Parent(s) ☐ Legal Guardian(s) ☐ Caregiver(s) who are not legal guardian(s) (example: relatives, friends, parent of friends, etc.) Other,

☐ please specify: _____

☐ Is this student awaiting foster care placement? If so, please explain: _____

Please list all student(s) and their age(s) of this family under your care: _____

Section C. I understand that the information provided above is correct, true and current. I also understand that enrolling a child in a Tennessee public school under false pretense is punishable by law.

Signature of Parent/Guardian or Other Person completing form

Relationship to Student

Date

Step 1: Home Language Survey (Parent/Family Version)

Purpose: The home language survey is used solely to offer appropriate educational services ([U.S. ED EL Toolkit](#), Chapter 1). This survey is the first of three steps to identify whether or not a student is eligible to be identified as an English language learner (ELL). "Home" is defined as a student's current place of residence.

Student Information:

Student Name: _____ Date of Birth (YYYYMMDD): _____

Current Address: _____

Survey Questions:

1.) List all languages used in the student's home.

2.) Was the first language used by the student a language other than English?

_____ **No**

_____ **Yes**

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

_____ **No**

_____ **Yes**

4.) When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English **most of the time**?

_____ **No**

_____ **Yes**

5.) When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English **most of the time**?

_____ **No**

_____ **Yes**

Berlin Township School District Consent for Use of Electronic Signature

Valid July 2021 – student graduates from BTWP

Consent of Electronic Signature

The Berlin Township School District is moving to a process of completing forms and permission slips online, using an Electronic Signature Agreement authorization. In accordance with Board Policy 3570.1, Electronic Signatures, parents will be asked to complete Berlin Township School District's forms and permission slips online and sign them electronically, thus replacing the handwritten form and wet signatures. The new process will require all documents to be sent through the Berlin Township School District's Formality program.

This Electronic Signature Authorization will allow us to use your electronic signature on all important forms and permission slips from July 2021 until student graduates from BTWP.

Electronic Signature Agreement

You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this Agreement. You further agree that your e-signature, used on our online document forms (through Formality), is as valid as if you signed the document in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature, and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting agreement between you and Berlin Township School District. You are also confirming that you are the parent or legal guardian authorized to enter into this Agreement. You further agree that each use constitutes your agreement to be bound by the terms and conditions of these Disclosures and Agreement as they exist on the date of your signature on this form.

Consent to Electronic Delivery. By signing below, you specifically agree to receive, obtain, and/or submit any and all Berlin Township School District documents and information electronically. These documents and information will be collectively known as "Electronic Communications," and will include, but not be limited to, any and all current and future required notices and/or disclosures concerning permission slips, online forms, agreements, and medical forms, as well as such documents, statements, data, records and other communications regarding your student. You are acknowledging that you are able to use Formality and are able to retain Electronic Communications by printing and/or downloading and saving this Agreement and any other agreements, Electronic Communications, documents, or records that are signed using your E-Signature. You accept Electronic Communications provided via Formality as reasonable and proper notice for the purpose of fulfilling any and all rules and regulations, and agree that such Electronic Communications fully satisfy any requirement that communications be provided to you in writing or in a form that you may keep.

Definitions

- **Electronic** means technology having electrical, digital, magnetic, wireless, optical, electromagnetic, or similar capabilities.
- **Electronic Signature** means an electronic symbol or process attached to, or logically associated with, a record and used by a person with the intent to sign the record.
- **Student File** means the paper and/or electronic record pertaining to the student.
- **System** means a data processing or student information system used to create, store, sign, retrieve and/or manage the documents or records that constitute the student file.
- **System Rules** mean rules that apply to all participants using a particular system. For example, such rules might cover issues relating to access rights, distribution of system risk, sending and receiving electronic documents, intellectual property rights, and remedies for breach of system rules.

Paper version of Electronic Communications

You acknowledge and agree that you may request a paper version of any document by emailing or calling the main office of your child's school.

Revocation of electronic delivery

You have the right to withdraw your consent to submit communications via Berlin Township School District's Formality at any time. You acknowledge that you are aware this action may delay the process of reviewing your forms. If you wish to withdraw your consent, you must contact the Main Office.

Valid email address

Your current valid email address is required for you to receive communication from Berlin Township School District. It is your responsibility to check your email regularly for Electronic Communications. You will be deemed to have received an electronic communication from the school/district when the communication is sent to you. You are responsible for notifying the schools of your email address change in order to receive messages.

Violations

A. It is a violation of this provision for an individual to sign/e-sign a transaction on behalf of another individual, unless he or she has been granted specific, written and legal authority to do so by that individual or by a court of competent jurisdiction.

B. Individuals shall report any suspected fraudulent activities related to electronic signatures immediately to the Berlin Township School District.

C. Students and/or parents who falsify electronic signatures or otherwise violate this regulation are subject to disciplinary action under the Student Code of Conduct and/or criminal prosecution under applicable State laws.

We recommend that you print a copy of this Agreement for future reference

Parents/legal guardians are urged to carefully read the terms and conditions of this Agreement. Please keep all records relating to this Agreement and print or make an electronic copy of the Terms and Conditions.

I understand and agree to each and all of the Terms and Conditions in this Berlin Township School District Consent for Use of Electronic Signature Agreement. My electronic signature is legally binding. Please check the appropriate box and provide your signature.

*****If you do not have an email address, please check "I Decline". *****

☐ ***I Accept***

☐ ***I Decline***

Date: _____

Parent 1 name (printed): _____

Signature: _____

Email Address (mandatory): _____

Parent 2 name (printed): _____

Signature: _____

Email Address (mandatory): _____

Student #1 name: _____

School attending: _____

Student #2 name: _____

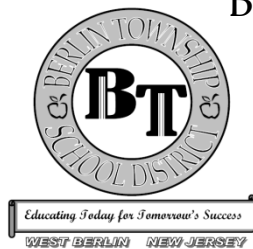
School attending: _____

Student #3 name: _____

School attending: _____

Student #4 name: _____

School attending: _____



BERLIN TOWNSHIP SCHOOL DISTRICT

Huster Administrative Building

225 Grove Avenue
West Berlin, New Jersey 08091
(856) 767-9480

“Educating Today for Tomorrow’s Success”

SUPERINTENDENT OF SCHOOLS
Dr. Edythe Austermuhl

BUSINESS ADMINISTRATOR
Megan Stoddart

SUPERVISOR OF SPECIAL SERVICES
Kristin Braidwood

Special Education Medicaid Initiative (SEMI) Parental Consent form

Our school district is participating in the Special Education Medicaid Initiative (SEMI) program that allows school districts to bill Medicaid for services that are provided to students.

In accordance with the Family Educational Rights and Privacy Act, 34 CFR §99.30 and Section 617 of the IDEA Part B, consent requirements in 34 CFR §300.622 require a one-time consent before accessing public benefits.

This consent establishes that your child's personally identifiable information, such as student records or information about services provided to your child, including evaluations and services as specified in my child's Individualized Education Program (IEP) (occupational therapy, physical therapy, speech therapy, psychological counseling, audiology, nursing and specialized transportation,) may be disclosed to Medicaid and the Department of the Treasury for the purpose of receiving Medicaid reimbursement at the school district.

As parent/guardian of the child named below, I give permission to disclose information as described above and I understand and agree that Medicaid may access my child's or my public benefits or insurance to pay for special education or related services under Part 300 (services under the IDEA).

I understand that billing for these services by the district **does not** impact my ability to access these services for my child outside of the school setting, **nor will any cost be incurred by my family including co-pays, deductibles, loss of eligibility or impact on lifetime benefits.**

Child's Name: _____

Child's Date of Birth: ____/____/____

Parent/Guardian: _____

Date: ____/____/____

I give consent to bill for SEMI:

Yes ☐

No ☐

This consent can be revoked at any time by contacting the administrator at your child's school.



Dr. Edythe B. Austermuhl
Superintendent

BERLIN TOWNSHIP SCHOOL DISTRICT

(856) 767-9480 Fax (856) 767-8235 225 Grove Avenue West Berlin, NJ 08091

www.btwpschools.org

Megan Stoddart
Business Administrator

Kristin Braidwood
Director of Special Services

PERMISSION TO RELEASE ALL STUDENT RECORDS TO:

Berlin Township School District
Huster Administration Building
225 Grove Avenue
West Berlin, NJ 08091
ATTN: RECORDS

Last School Attended: _____

School's Mailing Address: _____

City, State, Zip _____

The following student has enrolled in Berlin Township School District on: _____

NAME: _____

GRADE _____

DATE OF BIRTH _____

I give permission for you to release the records for the student indicated above. (Note – permission is not required under NJAC)

I understand under the Federal No Child Left Behind requirements, I must now also authorize the release of my child's discipline records to be included with the release of my child's permanent records, and my signature below indicates my authorization and permission to release the records to the above-mentioned school as soon as possible.

Parent/Guardian Signature

Date

**** According to New Jersey Administrative Code 6:3-2.1 to 2.8, "Mandated pupil records shall be forwarded to the receiving district....". Cumulative Folder, Health Records, Grade-to-date, Child Study Team Records, Test Results and any other mandated records on the pupil listed above as soon as possible.**

"Educating Today For Tomorrow's Success"

Berlin Township Schools

Yearly Medical Update

Child's Name: _____ Grade/Teacher: _____

Family Doctor: _____ Office #: _____

1. Does your child take medication on a regular basis? ____ Yes ____ No. If yes, please indicate the exact name and reason: _____
 - a. Will medication be needed at school? ____ Yes ____ No
2. Does your child have any corrective/assistive devices? ____ Yes ____ No
 - a. _____ Glasses _____ Hearing Aide/Device _____ Orthopedic Brace
3. PLEASE LIST ANY MEDICAL PROBLEMS or CONDITIONS INCLUDING ALLERGIES: _____

4. Does your child have specific food allergies? ____ Yes ____ No If yes, please describe: _____
5. Does your child require an epi-pen for any allergies? ____ Yes ____ No If yes, please explain: _____
6. Does your child have any physical limitations? ____ Yes ____ No If yes, please explain: _____

Please list the telephone numbers in order of importance to call between 8:00am and 3:00pm in case your child is sick and needs to be picked up from school. These are the 1st numbers we will use in case of an emergency.

<u>Name/Relationship</u>	<u>Phone Number</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Please indicate your primary language and preferred method of communication with the School Nurse.

Primary Language of Parent/Guardian _____ Email _____ Telephone _____ Text _____

I GIVE PERMISSION FOR PERTINENT MEDICAL INFORMATION TO BE SHARED WITH APPROPRIATE STAFF IN ORDER TO ENHANCE YOUR CHILD'S EDUCATION AND SAFETY.

____ YES ____ NO **Parent/Guardian Signature:** _____

Health Screening Permission Form

The State of NJ requires schools to perform yearly health screenings. The purpose of these screenings is for early detection of problems which may affect your child's health and/or learning. Listed below are the screening services that are provided at each grade level. **Please inform the school nurse in writing if you do not wish for your child to participate in these services.**

Height/weight/Blood Pressure – Grades K-8th

Vision Screening – Grades K, 2,4,6, & 8

Hearing Screening – Grades K,1,2,3,&7

Scoliosis Screening – Grades 5 & 7

Please contact your school nurse if any information changes during the year. We look forward to a happy and healthy year with your student. By signing below, I agree all medical information is up to date and give permission for my student's yearly screening.

Parent/Guardian

Signature _____ Date _____

(OVER)

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last) (First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth / /	
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number () -		Work Telephone/Cell Phone Number () -	
Parent/Guardian Name		Home Telephone Number () -		Work Telephone/Cell Phone Number () -	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted:		Weight (must be taken within 30 days for WIC)			
		Height (must be taken within 30 days for WIC)			
		Head Circumference (if <2 Years)			
		Blood Pressure (if ≥3 Years)			
IMMUNIZATIONS		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. The Immunization record must be attached for the form to be valid.

- "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.

b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.

- For lead screening state if the blood sample was capillary or venous and the value of the test performed.
- For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
- Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)

- Print the health care provider's name.
- Stamp with health care site's name, address and phone number.



Dr. Edythe B. Austermuhl
Superintendent

BERLIN TOWNSHIP SCHOOL DISTRICT

(856) 767-9480 Fax (856) 767-8235 225 Grove Avenue West Berlin, NJ 08091

Megan Stoddart
Business Administrator

Dina Bottley
Curriculum Coordinator

Kristin Braidwood
Supervisor of Special Services

Thomas Cunningham
Technology Coordinator

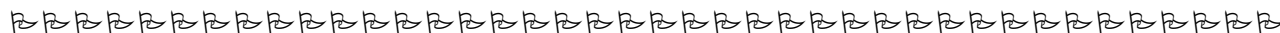
Charles Pfluger, C.E.F.M.
Supervisor Buildings and Grounds

IMMUNIZATION & HEALTH HISTORY REQUIREMENTS FOR ENTRANCE INTO:

PRESCHOOL

- **Diphtheria, Tetanus and Pertussis (DPT/DTaP): 4 doses**-1 dose on or after the 4th birthday
- **Poliovirus Vaccine (IPV/OPV): 3 doses** - 1 dose on or after the 4th birthday
- **Measles, Mumps and Rubella Vaccine (MMR): 1 dose** received on or after 1st birthday
- **Varicella/Varivax Vaccine (chicken pox): 1 dose** on or after 1st birthday or date of disease
- **Haemophilus influenza type B conjugate Vaccine (Hib):**
Child 12 to 59 months in preschool must have at least 1 dose on or after 1st birthday
- **Pneumococcal Conjugate Vaccine (PCV):**
Child 12 to 59 months in preschool must have at least 1 dose on or after 1st birthday
- **Influenza Vaccine (Required by December 31, 2019):**
Please note that NJ law mandates that children ages 0 to 59 months who attend childcare or preschool must have the current year flu shot. The current year flu shot is available after August 15th. Flu shots administered before August of the current year **do not** meet the State requirement.

Proof of flu immunization must be received by the school before December 31st.

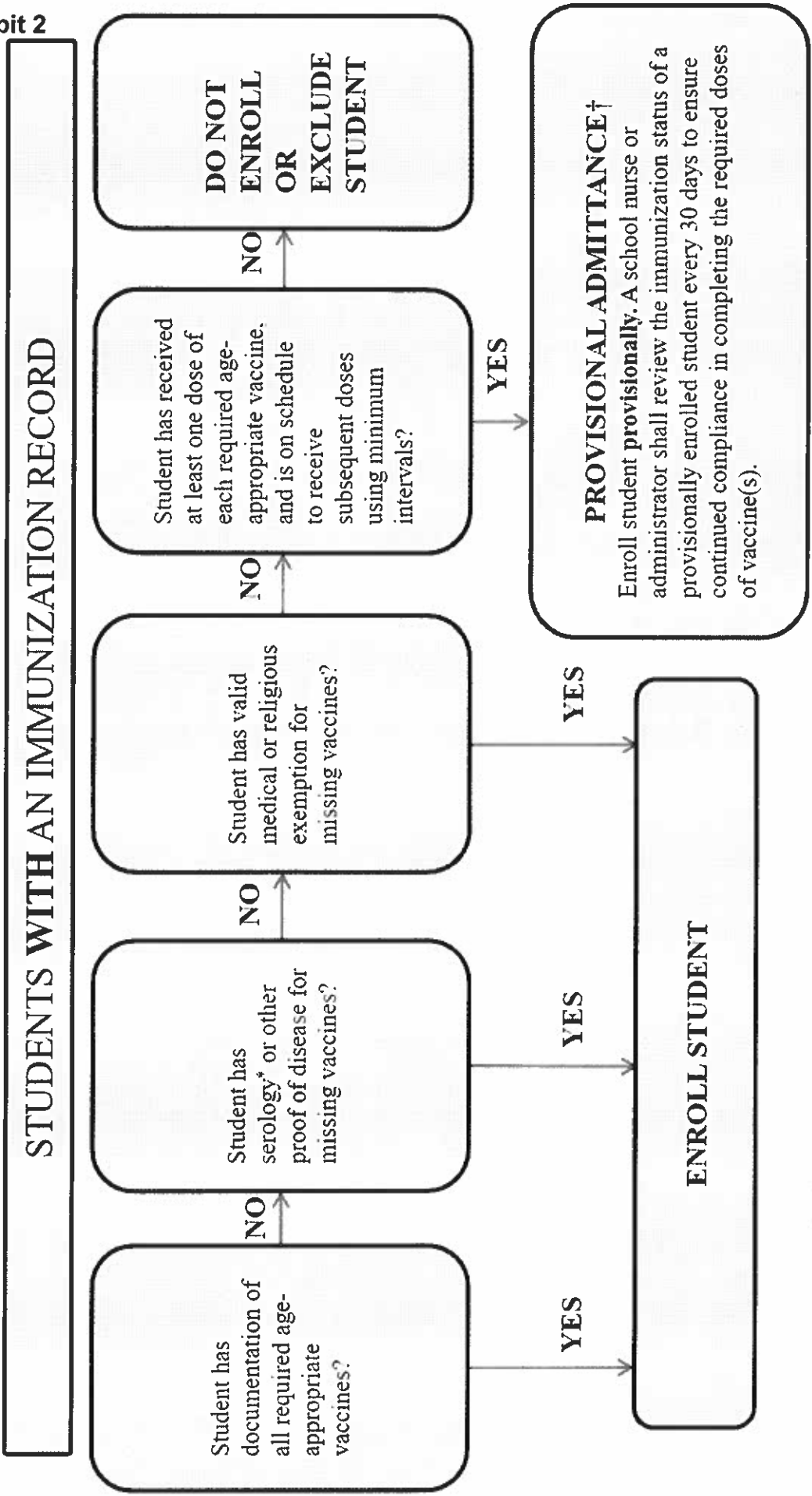


KINDERGARTEN

- **Diphtheria, Tetanus and Pertussis (DPT/DTaP): Minimum of 4 doses**-1 dose on or after the 4th birthday. A child with any total of 5 doses will satisfy this requirement.
- **Poliovirus Vaccine (IPV/OPV): Minimum of 3 doses** - 1 dose on or after the 4th birthday. A child with appropriately spaced combination of 4 doses will satisfy this requirement.
- **Measles, Mumps and Rubella Vaccine (MMR): 1 dose** received on or after 1st birthday.
- **Hepatitis B Vaccine (HepB): Entering Kindergarten students must have received 3 doses** of hepatitis B Vaccine.
- **Varicella/Varivax Vaccine (chicken pox): 1 dose** on or after 1st birthday or date of disease.

“Educating Today for Tomorrow’s Success”

New Jersey Department of Health Vaccine Preventable Disease Program

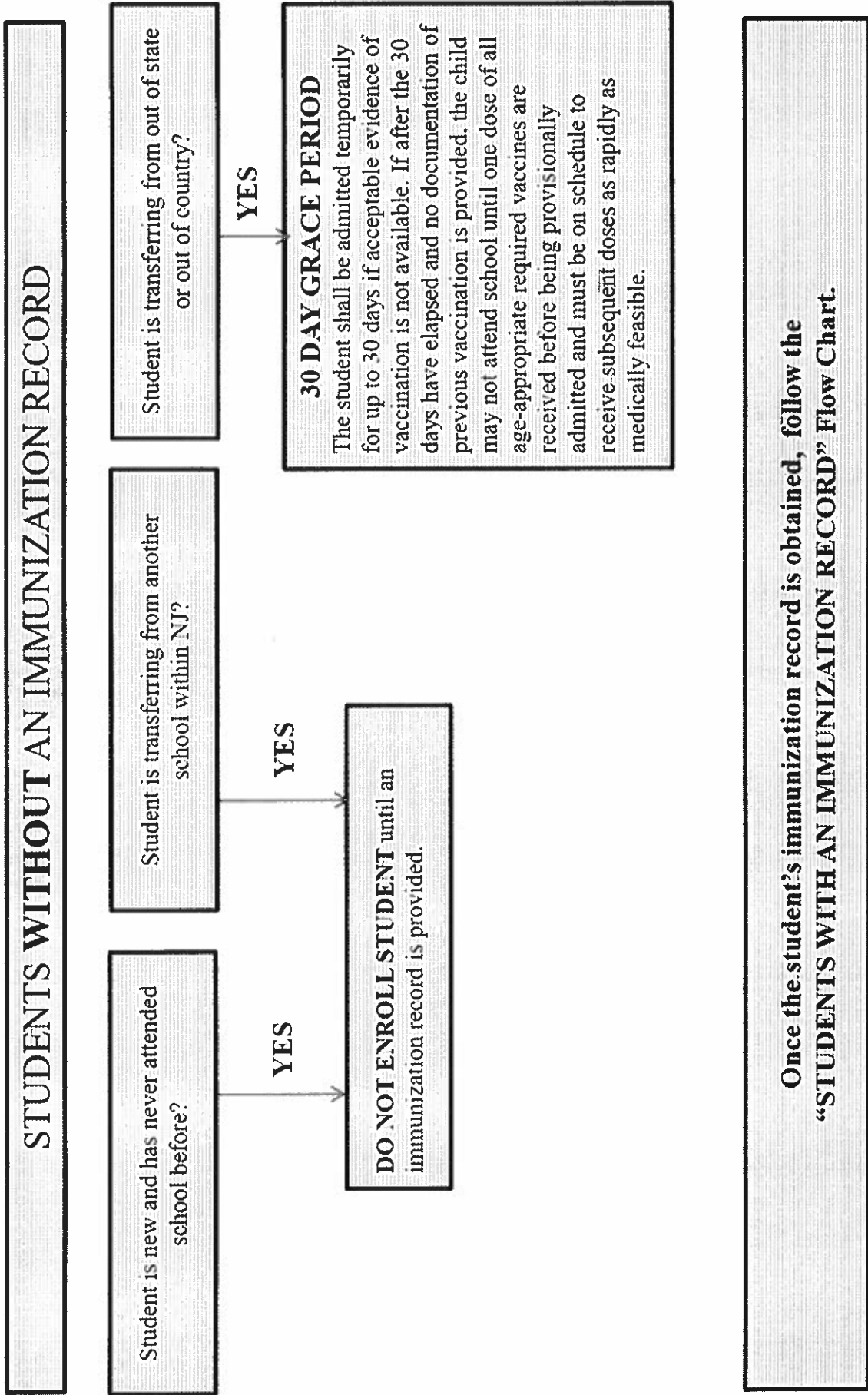


*Serology cannot be used in lieu of completing the ACIP recommended vaccination series. A list of ACIP approved serologic tests for school immunization requirements can be accessed in the NJ Immunization Requirements Frequently Asked Questions at http://nj.gov/health/cd/documents/vaccine_qa.pdf.

†Provisional Admittance: The student has received at least one dose of each age-appropriate vaccine required, and is on schedule to receive subsequent doses as rapidly as medically feasible.

Please note: Once enrolled, track students to ensure continued compliance with immunization requirements (N.J.A.C. 8:57-4). For instructions on viewing these requirements, please visit <http://www.nj.gov/health/cd/reporting.shtml>.

New Jersey Department of Health Vaccine Preventable Disease Program



**Berlin Township Schools
Emergency Contact Form**

Student First Name:	Student Last Name:
Street Address:	
Home Telephone:	Primary Home Language:

Contact Relationship to Student (primary contact #1):	Contact Name:	
Work Phone:	Cell Phone:	Email Address:
Home Phone:	___ Check if same as home address.	___ Check to allow contact to pick up student from school.
Contact Address:	___ Check for access to OnCourse Connect parent portal for grades and attendance of this student.	___ Check to receive alerts for emergencies.

Contact Relationship to Student(primary contact #2):	Contact Name:	
Work Phone:	Cell Phone:	Email Address:
Home Phone:	___ Check if same as home address.	___ Check to allow contact to pick up student from school.
Contact Address:	___ Check for access to OnCourse Connect parent portal for grades and attendance of this student.	___ Check to receive alerts for emergencies.

Contact Relationship to Student (emergency contact):	Contact Name:	
Work Phone:	Cell Phone:	Email Address:
Contact Address:	___ Check if same as home address.	___ Check to allow contact to pick up student from school.

Contact Relationship to Student (emergency contact):	Contact Name:	
Work Phone:	Cell Phone:	Email Address:
Contact Address:	___ Check if same as home address.	___ Check to allow contact to pick up student from school.

Please list below any person who is strictly prohibited from contact with your child.

Contact Relationship to Student:	Contact Name:	This person may have NO contact with my child.
----------------------------------	---------------	---

Signature of the Person Completing this Form

DATE

PARENT STATEMENT OF ASSURANCE for BUS TRANSPORTATION AND GENERAL ATTENDANCE 2021-2022 School Year (1 per Family)

PARENT STATEMENT OF ASSURANCE for BUS TRANSPORTATION AND GENERAL ATTENDANCE

2021-2022 School Year

Dear Parents and Guardians,

In order to protect the health and safety of all our students and staff, please submit this HEALTH STATEMENT OF ASSURANCE for your child(ren) before SEPTEMBER 7, 2021

As a parent/guardian of a child who attends the Berlin Township School District, I assure District Administration that I will:

1. Check my child(ren)'s temperature daily
2. Screen my child(ren) for COVID-19 Symptoms (fever of 100.4 or greater, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell, fatigue, congestion or runny nose, nausea or vomiting, or diarrhea.)
3. Keep my child(ren) away from anyone who is sick or has tested positive for COVID-19 and;
4. Self-quarantine my child(ren) if he/she/they were exposed to someone with COVID-19 as per New Jersey Department of health guidelines in effect at the time of exposure.

By signing below, I assure the Berlin Township School District that I will not place my child(ren) on the bus or send them to school if they are ill.

Thank you for your cooperation and assistance.

Edythe B. Austermuhl, Ed. D.

Superintendent

First Student's Full Name *

Second Student's Full Name

Third Student's Full Name

Fourth Student's Full Name

Fifth Student's Full Name

Parent/Guardian's Full Name *

Parent / Guardian's Signature *

Sign this Form

10/13/2021

jdoe@example.com

Please enter your email address. You will be emailed a copy of this signed form at this address.

Submit

2021-2022 Berlin Township Public Schools

Web Site/Photo/Name Posting Parental/Guardian Consent

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes student names, photos or images, residential addresses, e-mail addresses, phone numbers and locations and times of class trips.

Student' First Name *

Student's Last Name: *

Student's Grade: *

Select an option



I give permission to allow a photo/image of my child to be published on the school and/or district web site, newspapers, online/printed publications. NO personal identification information will be provided (name, residential address, phone number). Examples of use: sports, student of the month announcements, other recognitions, achievement awards, etc. *

- ☐ Yes
☐ No

I give permission to allow a photo/image child's school work (artwork, writing, projects, etc.) to be published on the school and/or district web site, newspapers, online/printed publications with first name only. NO other personal identification information will be provided (last name, residential address, phone number). Examples of use: sports, student of the month announcements, other recognitions, achievement awards, art displays, etc. *

- ☐ Yes
☐ No

I give permission permission to allow my child's first and last name to be published on the school and/or district web site, newspapers, online/printed publications. NO other personal identification information will be provided (residential address, phone number). Examples of use: sports, student of the month announcements, other recognitions, achievement awards, etc *

- ☐ Yes
☐ No

Acceptable Use Policy/Regulation Student Agreement Form

Parent/Guardian Section

I have read and understand the Berlin Township Public Schools' Student Acceptable Use Policy (6142.10) and Regulation (6142.10(R)) documents, which includes the Google Apps for Education Agreement. I understand that this form will be kept on file at the school. This information has been discussed with my child as is age-level appropriate. I hereby release the district, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the electronic network. This includes, but is not limited to, claims that may arise from the unauthorized use of the network components. I give permission for my child to access all components of the district electronic network that includes Internet access, Google Apps for Education, computer services, videoconferencing, computer equipment and related equipment for educational purposes *

- ☐ Yes
☐ No

Policies can be found here: https://boardpolicyonline.com/?b=berlin_township

Parent/Guardian Name *

Parent/Guardian Signature *

Sign this Form

09/22/2021

jdoe@example.com

Please enter your email address. You will be emailed a copy of this signed form at this address.

Acceptable Use Policy/Regulation Student Agreement Form

Student Section

I have read, or have had read to me, the Berlin Township Public Schools' Student Acceptable Use Policy and Regulation documents. I agree to follow the rules contained in this policy/regulation (all grades), including the Google Apps for Education Agreement (Gr PreK-8). I understand that if I violate the rules my access can be terminated and I may face other disciplinary measures. *

- ☐ Yes
☐ No

Student Signature *

Sign this Form

09/22/2021

jdoe@example.com

Please enter your email address. You will be emailed a copy of this signed form at this address.

Google Meet or Zoom Permission Form

Formulario de permiso de Google Meet o Zoom

I agree to have my students' teachers contact myself or my child via Meet or Zoom for Distant Learning meetings, optional activities, or "homework" assistance. / Acepto que los maestros de mis estudiantes se comuniquen conmigo o con mi hijo a través de reuniones de Meet o Zoom for Distant Learning, actividades opcionales o asistencia con "tareas". *Select One: *

- ☐ Yes / Si
☐ No

Chromebook Acceptance Form (1 per student)

Berlin Township School District

Electronic Equipment Release Form Parent/Student

File Code: 3514

Please fill out the form to acknowledge acceptance of your child receiving a Chromebook for either in-school (hybrid) instruction or remote instruction.

Each of your children from grades 2 - 8 need to have their own form.

Distrito escolar del municipio de Berlín Formulario de liberación de equipo electrónico Padre / estudiante

Código de archivo: 3514

Complete el formulario para reconocer la aceptación de que su hijo reciba una Chromebook para instrucción en la escuela (híbrida) o instrucción remota.

Cada uno de sus hijos de los grados 2 a 8 debe tener su propio formulario.

Child's First Name / El primer nombre del niño *

Child's Last Name / Apellido de la niña *

Grade Level: *

Select an option



Parent Email / Correo electrónico de los padres:

Phone Number / Número de teléfono

Please enter your phone number.

Check the Instructional model you chose on the Intent Form you filled out earlier this month. / Verifique el modelo de instrucción que eligió en el formulario de intención que completó a principios de este mes. *

- ☐ Hybrid (2 days in-person, 3 days remote) / Híbrido (2 días en persona, 3 días a distancia)
- ☐ Full Remote (5 days remote) / Control remoto completo (5 días de control remoto)

If you need to change your instructional model from when you initially filled out the form, you MUST contact your school's main office to have it officially changed on the schedule - NOT HERE! Si necesita cambiar su modelo de instrucción de cuando llenó inicialmente el formulario, DEBE comunicarse con la oficina principal de su escuela para que se cambie oficialmente en el horario, ¡NO AQUÍ!

Check all devices needed / Compruebe todos los dispositivos necesarios *

- ☐ Chromebook with Charger / Chromebook con cargador
- ☐ Hot Spot (only if you have no internet) / Hot Spot (solo si no tiene Internet)
- ☐ Do not need a device - we are fully REMOTE and have our own device - USE THIS BOX ONLY IF YOU SIGNED UP FOR FULLY REMOTE AND WILL USE YOUR OWN DEVICE AT HOME!!! / No necesita un dispositivo - somos completamente REMOTOS y tenemos nuestro propio dispositivo - USE ESTA CAJA SÓLO SI SE REGISTRÓ PARA COMPLETAMENTE REMOTO Y USARÁ SU PROPIO DISPOSITIVO EN CASA !!!

I agree to the following conditions when borrowing electronic equipment from the Berlin Township School District:

Estoy de acuerdo con las siguientes condiciones al pedir prestado equipo electrónico del distrito escolar del municipio de Berlín:

- ☐ A school district provided technology device must be used only by the pupil for school district authorized use / Un dispositivo de tecnología proporcionado por el distrito escolar debe ser utilizado solo por el alumno para el distrito escolar. uso autorizado *
- ☐ A pupil shall comply with the school district's acceptable use of technology policies, which is currently on file for the 2020-2021 school year in district offices. / Un alumno deberá cumplir con el uso aceptable de las políticas de tecnología del distrito escolar, que es actualmente archivado para el año escolar 2020-2021 en las oficinas del distrito *

- ☐ Parents agree to supervise students while using district owned and issued devices off school property in accordance with the terms and conditions of the Acceptable Use Procedures document and district policies 3514, 6142.10 and 6142.10R previously agreed to during the 2020-2021 school year and on file in the Berlin Township School District. / Los padres acuerdan supervisar a los estudiantes mientras usan dispositivos propiedad y emitidos por el distrito fuera de la propiedad escolar de acuerdo con los términos y condiciones del documento de Procedimientos de uso aceptable y las políticas del distrito 3514, 6142.10 y 6142.10R acordadas previamente durante el año escolar 2020-2021 y archivadas en la Escuela Municipal de Berlín District. *
- ☐ The borrower shall not install or uninstall software on electronic devices owned and loaned by the Berlin Township School District / El prestatario no instalará ni desinstalará software en dispositivos electrónicos propiedad y prestados por el distrito escolar del municipio de Berlín. *
- ☐ Any school district provided technology device loaned to a pupil must be returned to the school district in the condition it was initially provided to the pupil considering reasonable use and care by the pupil. / Cualquier dispositivo tecnológico proporcionado por el distrito escolar prestado a un alumno debe devolverse al distrito escolar en la condición en que se le proporcionó inicialmente al alumno considerando el uso y cuidado razonables por parte del alumno. alumno *
- ☐ The parent or pupil shall be responsible to reimburse the school district the cost of any technology device that is lost, damaged beyond reasonable use or beyond its value, abandoned, missing, stolen, or cannot be returned to the district in accordance with the terms of the School District Provided Technology Device Form / El padre o alumno será responsable de reembolsar al distrito escolar el costo de cualquier tecnología dispositivo perdido, dañado más allá del uso razonable o más allá de su valor, abandonado, perdido, robado, o no se puede devolver al distrito de acuerdo con los términos del distrito escolar. Formulario de dispositivo tecnológico *
- ☐ A pupil will be required to report any hardware or software problems in the operation of the device to the school district staff member, designated on the School District Provided Technology Device Form, within two school days of the commencement of the problem. / Se requerirá que un alumno informe cualquier problema de hardware o software en el funcionamiento del dispositivo. al miembro del personal del distrito escolar, designado en el dispositivo tecnológico proporcionado por el distrito escolar Formulario, dentro de los dos días escolares siguientes al inicio del problema. *
- ☐ A pupil must report to the school district staff member designated on the School District Provided Technology Device Form within two school days in the event the technology device has been damaged or is missing. / . Un alumno debe informar al miembro del personal del distrito escolar designado en el distrito escolar. Formulario de dispositivo de tecnología dentro de dos días escolares en caso de que el dispositivo de tecnología haya sido dañado o falta. *

- ☐ A parent or pupil is required to immediately file a police report in the event it is believed the technology device has been stolen. Within one school day after filing a police report, a parent or pupil shall complete the School District Provided Technology Device Loss Form and submit the completed Loss Form and a copy of the police report to the Principal or designee. / 9. Se requiere que un padre o alumno presente inmediatamente un informe policial en caso de que se crea que El dispositivo tecnológico ha sido robado. Dentro de un día escolar después de presentar un informe policial, un padre o alumno completará el formulario de pérdida de dispositivo tecnológico proporcionado por el distrito escolar y enviará el Formulario de pérdida y una copia del informe policial al director o su designado. *

Furthermore, I understand:

The Berlin Township School District hereby notifies the pupil and parent with written or electronic notification that the technology device provided by the school district may record or collect information on the pupil's activity or the pupil's use of the technology device if the device is equipped with a camera, global positioning system, or other feature capable of recording or collecting information on the pupil's activity or use of the device. Furthermore, This notification states that the school district shall not use any of the capabilities in a manner that would violate the privacy rights of the pupil or any individual residing with the pupil. The parent shall be required to acknowledge receipt of this notification by signing here.

Además, entiendo:

El Distrito Escolar del Municipio de Berlín notifica al alumno y al padre con una notificación por escrito o electrónica que el dispositivo tecnológico proporcionado por el distrito escolar puede registrar o recopilar información sobre la actividad del alumno o el uso del dispositivo tecnológico por parte del alumno si el dispositivo está equipado con una cámara, sistema de posicionamiento global u otra característica capaz de registrar o recopilar información sobre la actividad del alumno o el uso del dispositivo. Además, esta notificación establece que el distrito escolar no utilizará ninguna de las capacidades de una manera que viole los derechos de privacidad del alumno o de cualquier persona que viva con el alumno. El padre deberá acusar recibo de esta notificación firmando aquí.

- ☐ By checking this box I agree and understand that the device has GPS and camera capabilities. / Al marcar esta casilla, acepto y entiendo que el dispositivo tiene GPS y capacidades de cámara. *

The parent acknowledgement and a signed School District Provided Technology Device Form shall be required before the issuance of a technology device to a pupil.

Se requerirá el reconocimiento de los padres y un formulario de dispositivo tecnológico proporcionado por el distrito escolar firmado antes de la emisión de un dispositivo tecnológico a un alumno.

Pupils shall comply with all school district policies for the use of a school district provided technology device. A pupil shall be subject to consequences in the event the pupil violates any school district policy, including the district's acceptable use policies; pupil code of conduct; any provision of this Policy; or any provision of the School District Provided Technology Device Form.

Los alumnos deberán cumplir con todas las políticas del distrito escolar para el uso de un dispositivo tecnológico proporcionado por el distrito escolar. Un alumno estará sujeto a consecuencias en caso de que el alumno viole cualquier política del distrito escolar, incluidas las políticas de uso aceptable del distrito; código de conducta del alumno; cualquier disposición de esta Política; o cualquier disposición del formulario de dispositivo tecnológico proporcionado por el distrito escolar.

Parent/ Guardian Name: / Nombre del Padre de Familia / Guardian *

Signature of Borrower (parent) / Firma del prestatario (madre o padre) *

Sign this Form

08/28/2020

jdoe@example.com

Please enter your email address. You will be emailed a copy of this signed form at this address.

Submit