

# Rock Brook School - 2017-2018

\*\*\*Please Print Clearly\*\*\*

RETURN BY: Wednesday, July 5, 2017

Classroom: \_\_\_\_\_  
(For RBS Use)

## STUDENT INFORMATION

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

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ School District: \_\_\_\_\_

Mother Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ email: \_\_\_\_\_

Father Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ email: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother/Guardian Business Name: \_\_\_\_\_

Mother/Guardian Business Address: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

Father/Guardian Business Name: \_\_\_\_\_

Father/Guardian Business Address: \_\_\_\_\_

Are parents separated/divorced? \_\_\_\_\_ If so, who is legal guardian? \_\_\_\_\_

Parent name and address if not living at above address: Name \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

## EMERGENCY CONTACTS

IT IS VERY IMPORTANT THAT WE HAVE THE PHONE NUMBER(S) OF TWO PEOPLE WILLING TO TAKE EMERGENCY MEDICAL RESPONSIBILITY FOR YOUR CHILD IN THE EVENT THAT WE CANNOT REACH YOU.

Please obtain permission from this person so that they know what to expect. It should be someone who could get to the school within 20 minutes, if possible.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

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**MEDICAL INFORMATION**

Doctor's Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Does the child have Health Insurance?

Yes: \_\_\_\_\_ If Yes, Name of Insurance Company: \_\_\_\_\_

No: \_\_\_\_\_ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Written consent required pursuant to 20 U.S.C & 1232g (b) (1) and 34 C.F.R.30 (b).*

If your child has a chronic illness or specific medical problem, please describe it: \_\_\_\_\_

\_\_\_\_\_

Has your child ever had a seizure? \_\_\_\_\_ If so, when? \_\_\_\_\_

Type of seizure \_\_\_\_\_ Date of latest seizure \_\_\_\_\_

If appropriate, describe any conditions that precipitate seizure activity: \_\_\_\_\_

\_\_\_\_\_

List any medications your child is currently taking - Prescription and/or Over the Counter: \_\_\_\_\_

\_\_\_\_\_

List all medications, food, salves or substances your child is allergic to: \_\_\_\_\_

\_\_\_\_\_

If allergic reactions should occur, what type of reaction usually takes place? \_\_\_\_\_

\_\_\_\_\_

**\*\*\*\*\*EMERGENCY MEDICAL AUTHORIZATION ~ SIGNATURE REQUIRED BELOW\*\*\*\*\***

I hereby authorize Rock Brook School staff members to contact directly the persons named on this form and I authorize the named physician(s) to render treatment as may be deemed necessary in an emergency, for the health of the listed child. In the event that physician(s), other persons named on this card, or parents/guardians cannot be contacted, Rock Brook School officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of my child.

I hereby give my permission for a Rock Brook School staff member to obtain emergency treatment and first aid for my child and release the Rock Brook School and its employees from all liability in connection therewith.

\_\_\_\_\_ Date

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

\_\_\_\_\_ Relationship

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## FAMILY

Names and Ages of Siblings: \_\_\_\_\_

Maternal Grandparents Name & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

email: \_\_\_\_\_

Paternal Grandparents Name & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

email: \_\_\_\_\_

Hobbies/Special Interests of Child/Family: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## REQUIRED PERMISSIONS

- parentReach Number ~ Please list the one main number that you want automatically called in-case of a weather related school closing or delay. In the event of a true unexpected emergency all family phone numbers listed in the student information section will be called.

Main Emergency Number: \_\_\_\_\_

**Please circle  
Y-Yes or N-No**

- May receive routine hearing screenings at RBS while he/she is enrolled at RBS. Y / N
- May receive vision screenings at RBS while he/she is enrolled at RBS. Y / N
- Go on walks around Rock Brook School neighborhood. Y / N
- Appear in photos, video or iPads for classroom/and in-school communication purposes. Y / N
- Appear in photos or video for public relations purposes outside of school.  
This includes the RBS website, newspaper & Rock Brook Family News. Y / N
- Appear in photos on Facebook and Twitter. Y / N
- Visit with "Roxy Brook" the RBS school dog. Y / N
- RBS Staff may email me about my child. Y / N
- May have his/her photo(s) with First Name ONLY in the 2017-2018 RBS Year Book. (No last names are ever used for students.) Y / N

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**REQUIRED PERMISSIONS (Continued)**

- May be included in the RBS Friend Finder. This will include Family Last Name, Child’s Name, Home Address, Home Phone Number. **If you would like to add an email and/or a cell number please indicate that here.** \_\_\_\_\_  
\_\_\_\_\_ Y / N
- My child has received the RBS Student Handbook. They understand the RBS rules and will make every effort to follow them. They have been told and understand the consequences for the choices that they make. Y / N
- As the parent/guardian I/we have read the RBS Student Handbook and have discussed it with my child. Y / N
- Internet access is available to students, teachers and staff at RBS. You have received and read the RBS Internet Agreement. You have discussed the rights and responsibilities contained in the agreement with your child and he/she agrees to abide by the restrictions contained in the agreement. Y / N

Anything else you would like to share with us:

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**REQUIRED SIGNATURES**

Mother/Guardian Signature: \_\_\_\_\_

Printed Mother/Guardian Name: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_

Printed Father/Guardian Name: \_\_\_\_\_

If able to:

Student Signature: \_\_\_\_\_

Printed Student Name: \_\_\_\_\_

Today’s Date: \_\_\_\_\_

Please return to Rock Brook School on or before **JULY 5, 2017.**

Rock Brook School  
109 Orchard Road  
Skillman, NJ 08558  
908-431-9500