

Rock Brook School - 2018-2019

Please Print Clearly

RETURN BY: MONDAY, JULY 2, 2018

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 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:

Paternal Grandparents Name & Address:

email: _____

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 <u>in-school</u> communication purposes. | Y / N |
| • Appear in photos or video for public relations purposes <u>outside of school.</u>
This includes the RBS website, newspaper & Rock Brook Family News. | Y / N |
| • Appear in photos on Facebook and Twitter. | Y / N |
| • RBS Staff may email me about my child. | Y / N |
| • May have his/her photo(s) with First Name ONLY in the 2018-2019 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:

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 2, 2018.**

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