

# Rock Brook School 2020-2021

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

**RETURN BY: SEPTEMBER 8, 2020**

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

## STUDENT INFORMATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Are there any legal or custody arrangements that we need to be aware of: \_\_\_\_\_

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).*

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## **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: (\_\_\_\_) \_\_\_\_\_

## **parentReach Number**

Please list the main number(s) 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 (s): \_\_\_\_\_

## **FAMILY**

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

Maternal Grandparents Name & Address:

Paternal Grandparents Name & Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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## REQUIRED PERMISSIONS

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. Y / N  
This includes the RBS website, Rock Brook Family News, emailed school newsletters, outside newspapers & websites.
- 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 2020-2021 RBS YearBook. (No last names are ever used for students.) Y / N
- May be included in the RBS Friend Finder. This will include Parent's Name(s), 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.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 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 and staff at RBS. You have 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 SEPTEMBER 8, 2020.**

**Rock Brook School**

**ATT: Carla Baron**

**109 Orchard Road**

**Skillman, NJ 08558**

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**Fax: 908-431-9503**

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