

Rock Brook School 2021-2022

Please Print Clearly

RETURN BY: JULY 6, 2021

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 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:

email: _____

Paternal Grandparents Name & Address:

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 2021-2022
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.** _____

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: _____

Today's Date: _____

Please return to Rock Brook School on or before July 6, 2021.

Rock Brook School

ATT: Carla Baron

109 Orchard Road

Skillman, NJ 08558

Tel: 908-431-9500

Fax: 908-431-9503

carla.baron@rock-brook.org