

# Rock Brook School 2021-2022

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

RETURN BY: \_\_\_\_\_

## STUDENT INFORMATION

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

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:

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

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](mailto:carla.baron@rock-brook.org)**