

# Fort Lee Public Schools

## Annual Student Information Form

### STUDENT INFORMATION:

Student's Legal Last Name: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix (Sr., Jr., III) \_\_\_\_\_

Nickname (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

XXX-XXX-XXXX

Grade Level: \_\_\_\_\_

### STUDENT ADDRESS:

Student Home (Physical) Address: \_\_\_\_\_

Street, Apt/Suite

City, State, Zip

Student Mailing Address: \_\_\_\_\_

Street, Apt/Suite

City, State, Zip

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### PARENT/GUARDIAN INFORMATION:

Father's Name (Last, First): \_\_\_\_\_

Father's Address (if different from student): \_\_\_\_\_

Street, Apt/Suite

City, State, Zip

Father's Day Phone: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_

\*\* Circle Applicable Needs:

RECEIVES MAILINGS

HAS CUSTODY

LIVING WITH

Mother's Name (Last, First): \_\_\_\_\_

Mother's Address (if different from student): \_\_\_\_\_

Street, Apt/Suite

City, State, Zip

Mother's Day Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_

\*\* Circle Applicable Needs:

RECEIVES MAILINGS

HAS CUSTODY

LIVING WITH

Mother's Name (Last, First): \_\_\_\_\_

Guardian E-mail: \_\_\_\_\_

## **MEDICATION INFORMATION AND EMERGENCY CONTACT INFORMATION**

### **STUDENT INFORMATION:**

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Teacher: (If Applicable) \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_

Does your child use any prescription or non-prescription medications on a regular basis? YES \_\_\_\_ NO \_\_\_\_

If yes, please name them: \_\_\_\_\_

Does your child have any medical condition we should be aware of? YES \_\_\_\_ NO \_\_\_\_

(e.g., asthma, heart conditions, seizures, diabetes, orthopedic conditions, etc.)

If yes, please explain: \_\_\_\_\_

List any medical/surgical care your child has received during the past year: \_\_\_\_\_

Dental Exam \_\_\_\_\_  
Date \_\_\_\_\_ Braces \_\_\_\_\_

Eye Exam \_\_\_\_\_  
Date \_\_\_\_\_ Glasses/Contacts \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Allergic Reaction \_\_\_\_\_  
Date \_\_\_\_\_ Medications \_\_\_\_\_

Immunizations/Tetanus \_\_\_\_\_  
Date \_\_\_\_\_ Type \_\_\_\_\_

Restrictions \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Name/Address \_\_\_\_\_

### **EMERGENCY ACKNOWLEDGEMENT:**

*I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the person(s) named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that physicians, other persons named on this card, or parents/guardians cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the previously mentioned child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.*

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

Date \_\_\_\_\_

PLEASE SIGN  
& RETURN

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

Date \_\_\_\_\_

PLEASE SIGN  
& RETURN

**EMERGENCY CONTACT INFORMATION:**

Please list the names of at least two (2) persons (relatives, friends, and neighbors) who are authorized to pick up your child in the event of illness or minor injury:

1.	_____	_____
	Name	Relationship
	_____	_____
	Address	Telephone
2.	_____	_____
	Name	Relationship
	_____	_____
	Address	Telephone
3.	_____	_____
	Name	Relationship
	_____	_____
	Address	Telephone

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**NJ FAMILY CARE/HEALTH INSURANCE INFORMATION:**

***Does this child have any health insurance including NJ Family Care/Medicaid, Medicare, private or other?***

☐ **NO, my child does not have health insurance. You may release my name and address to NJ Family Care Program to contact me about health insurance.**

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

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

Date: \_\_\_\_\_

***Written consent required pursuant to 20 U.S.C. § 1232g(b)(1) and 34 C.F.R. 99.30(b).***

NJ Family Care provides free or low cost health insurance for uninsured children and certain low income Parents. For more information, call 1-800-701-0710, or visit [www.nifamilycare.org](http://www.nifamilycare.org) to apply online.

☐ **YES, my child has health insurance.**

Health Insurance Provider Name: \_\_\_\_\_

## ANNUAL PERMISSIONS

**-PLEASE CIRCLE YOUR RESPONSE FOR EACH ITEM, AND SIGN BELOW-**

- |     |    |   |
|-----|----|---|
| YES | NO | Parent/Guardian information may be provided to the PTA parent volunteer in order to contact you about school closings, emergencies, and important school activities.  |
| YES | NO | I give permission for my child's photo/image to be used in any form of media (e.g., video, Internet, or print) to publicize school activities in which he or she is involved.   |
| YES | NO | I give permission for my child's name to be used in any form of media (e.g., district/school mailings or newsletters) to publicize school activities in which he or she is involved.  |
| YES | NO | I give permission for my child's health information to be shared with pertinent school staff if necessary to maintain his/her well-being and safety.  |
| YES | NO | <b>(ELEMENTARY ONLY)</b> My child has my permission to walk home in an emergency school closing.  |
| YES | NO | <b>(ELEMENTARY ONLY)</b> My child has my permission to be dismissed in an emergency to any of the authorized emergency contacts noted on the previous page.   |
| YES | NO | After reviewing the <b>Policy 2361</b> "Acceptable Use of Educational Technology" located on the Fort Lee Public Schools website: <a href="http://www.FLBOE.com">www.FLBOE.com</a> , I give permission for my child to use computers in the Fort Lee Public Schools.  |
| YES | NO | After reviewing the <b>Policy 2361</b> "Acceptable Use of Educational Technology" located on the Fort Lee Public Schools website: <a href="http://www.FLBOE.com">www.FLBOE.com</a> , the student agrees by his/her signature below to abide by the guidelines of the policy. <b>(Mandatory for Grades 3-12)</b> |

**School-issued devices contain cameras, GPS systems, or other features that may record or collect information on a student's activity or use of the device. Monitoring capabilities will not be used in any way that might violate the student's privacy rights, or the privacy rights of anyone living with the student.**  
(N.J.S.A.) 18A:36-39 (P.L. 2013, c. 44).

**The signatures below attest to the fact that the above information is in force for the 2016-2017 academic year.**

<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Parent/Guardian Signature	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Date	<div style="background-color: #e91e63; color: white; padding: 5px; transform: rotate(-15deg); display: inline-block;">PLEASE SIGN &amp; RETURN</div>
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Parent/Guardian Signature	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Date	<div style="background-color: #e91e63; color: white; padding: 5px; transform: rotate(-15deg); display: inline-block;">PLEASE SIGN &amp; RETURN</div>
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Student Signature - <b>Mandatory for students entering Grades 3-12</b>	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Date	<div style="background-color: #e91e63; color: white; padding: 5px; transform: rotate(-15deg); display: inline-block;">PLEASE SIGN &amp; RETURN</div>

**Pupil Supervision after School Dismissal**  
**(For K-6 Students Only)**

Any parent(s) or legal guardian(s) of a pupil attending a district-operated school or program in grades K to 6, where the pupil is not eligible for district-provided transportation or is eligible and elects not to use district-provided transportation after dismissal may request the school or program not release the pupil to walk home after dismissal unless the pupil is released to the parent(s) or legal guardian(s) or escort(s) designated by the parent(s) or legal guardian(s). The parent(s) or legal guardian(s) may designate up to four (4) escorts. The parent(s) or legal guardian(s) requesting their child(ren) only be released to a parent(s) or legal guardian(s) or parent(s) or legal guardian(s)-designated escort after dismissal must submit a completed *Request for Supervision at Dismissal from School Form* to the Principal or designee and/ program administrator.

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**For parent(s) or legal guardian(s) who wish the school to release their child to walk home UNESCORTED, please check the appropriate selection below to indicate your arrangements for your child's dismissal from school.**

*"By signing below, I give the Fort Lee Public Schools permission to release my son/daughter \_\_\_\_\_ who is in grade \_\_\_\_\_ to walk home after school UNESCORTED."*

**PLEASE CHECK ONLY ONE:**

\_\_\_\_\_ **My child will walk home independently.**

\_\_\_\_\_ **My child will be picked up from school daily but not signed out.**

She/he will go with: \_\_\_\_\_ or

\_\_\_\_\_  
(Please print name and relationship)

\_\_\_\_\_ **My child will take the bus. Route #: \_\_\_\_\_**

**Destination:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_  
(Home or After School program)

\_\_\_\_\_ **My child will attend the Fort Lee Public Schools Extended School Day program.**

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**Parent/Guardian Name:** \_\_\_\_\_  
(Please Print)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_  
(Please Print)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Fort Lee Public Schools

## Request for Supervision at Dismissal from School for Pupils in Grades K-6

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

In accordance with Board Policy 8601, I am requesting my child(ren) listed above **NOT BE PERMITTED** to walk home from school unless escorted by a parent or designated alternate "Escort." While authorizing the district to maintain supervision of my child(ren) after school, I also understand the following:

1. I am/or my designated escort agree to pick up my child(ren) at dismissal.
2. I am/or my designated escort may not be able to enter the school building until a time designated by the school district, which may be after other children are dismissed from school.
3. I am/or my designated escort will enter the school building and go directly to the location in the building the school district designated to pick up my child(ren). I or my designated escort will leave the school building promptly upon picking up my child(ren).
4. I understand this request shall be for every school day, including early dismissal days due to emergencies.
5. I and/or my designated escort agree to pick up my child(ren) in accordance with the timelines established by the school district.

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

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**The following persons are designated to pick up my child(ren) after school dismissal in accordance with Board policy:**

Parent/Guardian: \_\_\_\_\_

Phone number where this person can be reached  
at 3:15 p.m.: \_\_\_\_\_

Designated Escort: \_\_\_\_\_

Phone number where this person can be reached  
at 3:15 p.m.: \_\_\_\_\_

Designated Escort: \_\_\_\_\_

Phone number where this person can be reached  
at 3:15 p.m.: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone number where this person can be reached  
at 3:15 p.m.: \_\_\_\_\_

Designated Escort: \_\_\_\_\_

Phone number where this person can be reached  
at 3:15 p.m.: \_\_\_\_\_

Designated Escort: \_\_\_\_\_

Phone number where this person can be reached  
at 3:15 p.m.: \_\_\_\_\_