

ELMWOOD PARK SCHOOL DISTRICT (School Year 2017-2018)

ID #: _____ Date of Birth: _____ Grade: _____
Student Name: (Last) _____ (First) _____ (MI) _____
Home Address: _____ Home #: _____
Parent 1 Full Name: _____ Parent 2 Full Name: _____
Parent 1 (Cell): _____ Parent 1 (Work): _____ Parent 1 (Email): _____
Parent 2 (Cell): _____ Parent 2 (Work): _____ Parent 2 (Email): _____

Please list all numbers in the order you want them called

Include persons who can assume care of your child in case you cannot be reached

Table with 2 columns: Telephone #'s: Specify name, cell # &/or work #, and relationship. Rows 1-3 and 4-6.

Please list siblings/grades attending the Elmwood Park school district: _____, _____, _____, _____, _____

Notes: (If you have special instructions regarding a separation or divorce agreement, please indicate your instructions here.)

Emergency Medical Information:

Doctor's name: _____ Address: _____ Phone #: _____
Please note any illnesses, injuries, or existing medical conditions:

Is the student on any medication? Yes _____ No _____

If yes, list: _____

Does your child have Health Insurance, including NJ FamilyCare/Medicaid, Medicare, private or other?
_____ NO - My child does not have health insurance. You may release my name and address to the NJ Family Care 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. 99.30(b).

NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information, visit www.njfamilycare.org to apply online or call 1-800-701-0710.

_____ YES - My child has health insurance.

Home & School - May your name, child's name, address, and phone number be released to the school's Parent Organization?
Yes _____ No _____

- ❖ STATEMENT OF CONSENT: In the event parents, physicians, and other persons named on this form cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgement for the health and well being of my child.
❖ ACCEPTABLE USE POLICY: I have read the Elmwood Park School District Acceptable Use Policy as stated in the handbook pertaining to computer and Internet usage, and I agree to all terms and conditions stated therein.
❖ ELECTRONIC DEVICE: (Middle School/High School) Unless otherwise indicated in writing, I hereby agree that my child will be issued an electronic device, and he/she is responsible for its safe and undamaged return at the end of the year. I agree to pay any replacement charge, if necessary.
❖ PHOTOGRAPH RELEASE: Unless otherwise indicated in writing, I hereby authorize and consent to the taking of photographs and video recordings of my child by the Elmwood Park School District, its agents or employees. I hereby authorize and consent to the use of such photographs and video recordings in connection with newspaper stories, television programs, teaching, district web site, and publicity about the school.
❖ STUDENT HANDBOOK: I have read the student handbook, in its entirety, and I understand and agree that the student handbook is a binding contract with parents and students during the current academic year. I further understand and agree that the administration of the Elmwood Park School possesses the authority set forth in the student handbook.

I, the undersigned parent/guardian, have read the policies above pertaining to medical emergencies, computer and Internet usage, calculators, photograph release, and student handbook and agree to the stipulations stated.

Parent/Guardian Signature _____ Date _____