

**East Brook /West Ridge
Park Ridge, New Jersey**

Dear Parents/Guardians:

Every so often during the course of the year, this area is hit with a weather emergency that requires that the children be dismissed at 1:00 P.M. In order to be prepared for such an event, we are asking you to give some thought about how your child would get home should school be dismissed early. At the bottom of this page you will find a tear-off sheet which we would ask you to complete and return to your child's teacher as soon as possible.

The decision to close school is usually made prior to 11:00 A.M. The town whistle will sound at 11:00 A.M. When the principal is informed of the decision, the school community will be notified via "Swift Reach". Your child will be dismissed according to the information you furnish on the form below.

We would ask that when and if, this situation should present itself during the school year that you not call the school when the whistle is sounded.

We also have Scheduled 1:00 P.M. Dismissals for Parent/Teacher Conferences, Staff Professional Development and other 1:00 Dismissals. Please see below.

Your cooperation is very important and most appreciated. Should you have any questions relative to the above, please contact the office.

Sincerely,

Christine McCaffery, Principal
West Ridge

Kevin Stokes, Principal
East Brook

DATES FOR SCHEDULED 1:00 PM DISMISSALS 2017-2018 ARE AS FOLLOW:

October 09, 2017 (P/D Students Only)
October 23, 2017 (P/T PM Conf. Students Only)
November 22, 2017 (Thanksgiving Recess ALL)
December 22, 2017 (Holiday Recess ALL)

January 15, 2018 (P/D Students Only)
February 12, 2018 (P/T Conf. Students Only)
March 12, 2018 (P/D Students Only)
June 20, 2018 (6th Grade Promotion @6PM. Students Only)
June 21, 2018 (Last Day of School Students Only)

Scheduled and Unscheduled 1:00 P.M. Dismissals 2017-2018

Student Name: _____

Grade / Teacher: _____

In the event of an **UNSCHEDULED 1:00 P.M. Dismissal**, I would like to be called at: (Please check one)

____ Home Phone # _____ Cell # _____

____ Business Phone# _____

____ I will pick my child up at 1:00 P.M.

____ My child has my permission to walk home

____ I have made arrangements for my child to go home with

____ I have made arrangements for my child to be driven home with

Name of Person: _____

Signature of Parent / Guardian: _____ Date: _____

PARK RIDGE PUBLIC SCHOOLS

85 Pascack Road
Park Ridge, NJ 07656

Phone: 201-573-6000
Fax: 201-391-6511

Parent/Guardian Media Consent Form

As a function of our school district's publicity activities, this parental consent form is being sent to you to both inform you and to request permission for your child's photograph and personally identifiable information to be published in our publications and media relations. These publications include community newsletters, local media press releases (to newspaper outlets, et al), our website (www.parkridge.k12.nj.us), and television channels available to cable and FIOS customers.

We will not release any student photograph, video clip, or personally identifiable information without prior written consent from you as a parent or guardian. "Personally identifiable" information can include student name, age, grade level, school, and/or various descriptors of specific school-related events.

As a school district, we would like to celebrate your child and his/her work through our publication and presentation means. The law requires we solicit such permission to use photos, video clips, or information about your child.

Please check one of the following choices:

- PHOTO/VIDEO ONLY:** I/We **GRANT** permission for use of photo/video clip that includes this student without any other personal identifiers to be published in school district publications and/or public media releases.
- PHOTO/VIDEO and NAME:** I/We **GRANT** permission for use of a photo/video clip that includes this student with reference to his/her name only to be published in school district publications and/or public media releases.
- PHOTO/VIDEO, NAME, and PERSONAL INFORMATION:** I/We **GRANT** permission for use of a photo/video clip that includes this student with reference to any/all personally identifiable information to be published in school district publications and/or public media releases.
- I/We DO NOT GRANT** permission for any photo/video clip and/or personally identifiable information that includes this student be published in any school district publication or public media release.

If you, as the parent or guardian, grant permission and later wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Principal of your child's school. Rescission will take effect immediately upon receipt.

Printed Name of Student: _____ **Grade:** _____

Printed Name of Parent/Guardian:

Signature of Parent/Guardian: _____

Relation to Student: _____

Date: _____

PARK RIDGE SCHOOL DISTRICT SWIFT REACH APPLICATION

The Park Ridge School District has contracted the services of Swift Reach (reverse 911) to notify parents and students about school closings, early dismissals or other emergencies.

Parents/guardians will be asked to complete the form below with your children's full name (s), grade level, school they are currently attending, and two telephone numbers to be entered into the Swift Reach database.

The numbers must include a number at which the parent/guardian can be reached in the evening or early morning (i.e. home) and during the course of the school day (i.e. cell, business, neighbor, or relative) **Swift Reach does not have the ability to dial extensions, so please only provide us with a direct number.** These numbers will be called automatically by the Swift Reach system and parents/guardians will receive a message notifying them of the closing or emergency. If you have a child in multiple schools in the district, you will only receive one phone call for district wide emergencies.

This form must be returned on the first day of school to your youngest child's first period or classroom teacher.

Swift Reach

Family Name _____

Child's Full Name _____ School _____

Child's Full Name _____ School _____

Child's Full Name _____ School _____

Child's Full Name _____ School _____

Phone #1*: _____ --Evening and early morning

Phone #2*: _____ --Daytime

*Cannot include an extension number

All Information is still the Same, No Changes Needed at This Time

We choose not to be part of this program

Signature of parent/guardian completing this form _____

PARK RIDGE PUBLIC SCHOOLS

85 Pascack F
Park Ridge, NJ 07
Phone: 201-573-6
www.parkridge.k12.r

Home Language Survey

Name: _____ Age: _____

[First] [Middle] [Last]

Date of School Entrance _____

Person completing the survey: Mother Father Grandparent
 Guardian Other _____

Directions: Check or write in the correct response for each of the following questions about your child.

1. What language did the child learn when he/she first began to talk?
English _____ Other [specify] _____
2. What language does the family speak at home most of the time?
English _____ Other [specify] _____
3. What language does the parent [guardian] speak to the child most of the time?
English _____ Other [specify] _____
4. What language does the child speak to his/her parent [guardian] most of the time?
English _____ Other [specify] _____
5. What language does the child speak to her/her brothers and sisters most of the time?
English _____ Other [specify] _____
6. What language does the child speak to his/her friends most of the time?
English _____ Other [specify] _____
7. In which language do you wish to receive school communication?
English _____ Other [specify] _____

Signature (Parent/Legal Guardian): _____ Date: _____

*Adapted from the sample survey in A Manual for Community Representatives of the Title VI Steering Committee, published 9/76 by the Institute for Cultural Pluralism, Lau General Assistance Center, San Diego University, San Diego, CA 92182

PARK RIDGE SCHOOLS EMERGENCY CARD – EAST BROOK SCHOOL

Student's Name: _____ Birth Date: _____
(Last Name, First Name)

Grade: _____ Teacher: _____

Home Address: _____ Home Phone: _____

Parent's Names: _____

Email Address: _____

Mother's Business Phone #: _____ Cell #: _____

Father's Business Phone #: _____ Cell #: _____

Alternate People to be notified:

_____ Phone: _____

_____ Phone: _____

Doctor to be Notified: _____ Phone: _____

Does child wear glasses? Yes _____ No _____ If yes, when _____

Permission for sharing health information: "I wish to disclose the following health information regarding my child, and I allow the nurse to share this with the staff on a need to know basis."

Signature of Parent / Guardian: _____ Date: _____

PARK RIDGE ELEMENTARY SCHOOL

2017-2018 SCHOOL YEAR

EMAIL REQUEST

TO BE USED FOR ALL EMAILS FROM ADMINISTRATION

Name of Kindergarten Student _____

Grade: _____ Teacher: _____

I do not have an email: _____

Parent Email #1: _____

Parent Email #2: _____

Please print clearly.

Parent Signature: _____

Date: _____

I give my permission to share my email with the East Brook PTO : Y/N

**Park Ridge School District
East Brook Elementary School
Park Ridge, NJ 07656**

Electronic Device Agreement Form

The Park Ridge School District has developed this Electronic Device Agreement Policy in an effort to address requests by parents to allow students to bring electronic devices to school.

Please thoroughly read the information below then sign and return the attached agreement to your school's office as soon as possible.

The Park Ridge School District is not responsible for any theft, damage, or other loss of an electronic reading or communication device. Students should be advised that bringing the devices to school poses a risk of damage, theft, or loss, and are advised against bringing costly items to school.

Cell phones must remain off during school hours and placed out of sight in child's backpack until the student leaves the school building. **Personal E-readers brought to school will only be used for independent reading.** Personal laptops and electronic games are prohibited from school. At no time may a student use a personal electronic communication device to connect to the internet or wireless network. The use of electronic devices during extra-curricular activities shall be generally prohibited unless specifically approved by the building principal.

Unauthorized use of electronic communication devices disrupts the instructional program, distracts from the learning environment, and has the potential to compromise student safety. Therefore, unauthorized use of any communication or reading device is grounds for confiscation of the device by school officials. The school district is not liable for financial loss because of, or during the period of confiscation. Use in lavatories is considered unauthorized under all circumstances at all times. Unauthorized use of electronic devices will lead to disciplinary action.

By completing the form below, you and your child agree to these procedures and expectations. If you would like your child to be able to bring an E-reader or cell phone to school, please sign and return this form to your school's office as soon as possible.

Electronic Device Agreement Form

Parent and / or Guardian Name (**Print**): _____

Parent and / or Guardian Name (**Sign**): _____

Child's Name (**Print**): _____

Child's Signature (**Sign**): _____

Child's Grade: _____ Child's Teacher: _____

Date: _____

**Park Ridge Elementary Schools
East Brook / West Ridge Schools
Park Ridge, New Jersey**

Computer / Internet Use Agreement

The use of the computers, software and computer accounts are for the purpose of academic instruction and support, communication, general information and recreation based upon the curricula at each grade level. Classroom staff carefully supervise, direct and monitor the use of the computer in a variety of settings.

The use of the computer and computer accounts by students is a privilege that may be revoked at any time by the administration due to improper conduct by the student. This might include, but not be limited to altering system software, damaging hardware and/or software, altering the system, placing unlawful information, computer viruses or harmful programs on the system in either public or private files or messages. The administration and staff reserves the right to remove files, limit or deny access and refer students for other disciplinary action.

Parents / Students are financially responsible for any repairs or cost resulting in the misuse of the computers by their child.

The elementary administration reserves all rights to any materials stored in files which are generally accessible to others and will remove any materials which the administration believes to be objectionable to elementary school age children. Users will not use school computers or computer accounts to obtain, view, download or gain access to such materials.

All information and features contained on the elementary school computer systems intended for private use by students and staff, and the use of these resources for commercial purposes is forbidden.

The functions and capabilities of the elementary school computers are not designed to meet specific, individual student requirements. It cannot be guaranteed that they will be error free or uninterrupted. The elementary schools will not be liable for any lost data or information as a result of an interruption, connection, or inability to use the system.

Being permitted to use the computers as noted in the conditions above, **I release the administration and staff from any and all claims arising from the use of, or the inability to use the computers and/or computer accounts at the elementary schools.** Students and their parents agree to the terms and conditions as noted above and other stipulations that may be added from time to time.

Please sign and have your child return the form to their classroom teacher.

Parent / Guardian's Statement of Agreement

I have read the above Computer / Internet Agreement form and accept the conditions as stated.

As parent or legal guardian of this student, I grant consent for my child to have access to the Internet. I also agree that my child will comply with the Park Ridge's Acceptable Use Policy regarding the use of the computer and the Internet in school. Should my child fail to comply with these conditions, I understand that his/her computer privileges at school may be revoked.

Student Name: _____ Grade: _____

Signature of Parent/Guardian: _____ Date: _____

Parent / Guardian's Statement of Non-Participation

_____ As the parent or legal guardian of this student, I have decided that my child **WILL NOT** participate in the use of the Internet

**PARK RIDGE ELEMENTARY SCHOOLS
EAST BROOK / WEST RIDGE
PARK RIDGE, NEW JERSEY**

In order to ensure that your child has his/her milk beginning **September 13, 2017** please complete the order form below and attach it to your check.

Checks should be made payable to: **Park Ridge Board of Education – (CASH CANNOT BE ACCEPTED)** and return it to your child’s teacher **no later than September 08, 2017**. This will cover the period of **September 13, 2017** through **January 31, 2018**.

Please call **Donna Sosa at 201-573-6000 ext. 2001**, if you have any questions regarding milk orders.

Milk Order 2017 - 2018 School Year

Child’s Name: _____

Teacher’s Name: _____ Grade: _____

Check Type of Milk:

- _____ 1% Fat Unflavored
- _____ Skim Unflavored
- _____ Skim Chocolate

Return to your child’s teacher with a check for \$35.20 made payable to the “Park Ridge Board of Education” - (NO CASH) - no later than September 08, 2017 (88 days X \$.40), which covers the time period of September 13, 2017 through January 31, 2018.

Please complete a separate form for each child.

CHECK # _____