



Contact Information

Student lives with: Parents Mother Father Mother & Stepfather Father & Stepmother Care Giver
 Grandparent(s) Relative Foster Parent(s) Group Home Friend Guardian

Name(s): _____
Full Name(s)

Address: _____
Street *Apartment*

_____ *City* *State* *Zip*

Does mail go here? Yes No Allowed to pick up student? Yes No Medical Contact? Yes No

Main Phone: _____

Phone #2 _____ Type: Cell Mother Cell Mother Work Father Cell Father Work Work

Phone #3 _____ Type: Cell Mother Cell Mother Work Father Cell Father Work Work

Phone #4 _____ Type: Cell Mother Cell Mother Work Father Cell Father Work Work

Email #1: _____
Type: Mother Mother Work Father Father Work Other

Email #2 _____
Type: Mother Mother Work Father Father Work Other

Contact #2 Parents Mother Father Mother & Stepfather Father & Stepmother Care Giver
 Grandparent(s) Relative Foster Parent(s) Group Home Friend Guardian
 DCP & P

Name(s): _____
Full Name(s)

Address: _____
Street *Apartment*

_____ *City* *State* *Zip*

Does mail go here? Yes No Allowed to pick up student? Yes No Medical Contact? Yes No

Main Phone: _____

Phone #2 _____ Type: Cell Mother Cell Mother Work Father Cell Father Work Work

Phone #3 _____ Type: Cell Mother Cell Mother Work Father Cell Father Work Work

Phone #4 _____ Type: Cell Mother Cell Mother Work Father Cell Father Work Work

Email #1: _____
Type: Mother Mother Work Father Father Work Other

Email #2 _____
Type: Mother Mother Work Father Father Work Other

Contact #3

- Parents Mother Father Mother & Stepfather Father & Stepmother Care Giver
 Grandparent(s) Relative Foster Parent(s) Group Home Friend Guardian
 DCP & P

Name(s): _____

Full Name(s)

Address: _____

Street

Apartment

City

State

Zip

Does mail go here? Yes No

Allowed to pick up student? Yes No

Medical Contact? Yes No

Main Phone: _____

Phone #2 _____

Type: Cell Mother Cell Mother Work Father Cell Father Work Work

Phone #3 _____

Type: Cell Mother Cell Mother Work Father Cell Father Work Work

Phone #4 _____

Type: Cell Mother Cell Mother Work Father Cell Father Work Work

Email #1: _____

Type: Mother Mother Work Father Father Work Other

Email #2 _____

Type: Mother Mother Work Father Father Work Other

Contact #4

- Parents Mother Father Mother & Stepfather Father & Stepmother Care Giver
 Grandparent(s) Relative Foster Parent(s) Group Home Friend Guardian
 DCP & P

Name(s): _____

Full Name(s)

Address: _____

Street

Apartment

City

State

Zip

Does mail go here? Yes No

Allowed to pick up student? Yes No

Medical Contact? Yes No

Main Phone: _____

Phone #2 _____

Type: Cell Mother Cell Mother Work Father Cell Father Work Work

Phone #3 _____

Type: Cell Mother Cell Mother Work Father Cell Father Work Work

Phone #4 _____

Type: Cell Mother Cell Mother Work Father Cell Father Work Work

Email #1: _____

Type: Mother Mother Work Father Father Work Other

Email #2 _____

Type: Mother Mother Work Father Father Work Other

CONSENT FOR ROUTINE COMMUNITY-BASED INSTRUCTIONAL TRIPS

Our program at the DCF Regional School includes a variety of instructional, vocational, and recreational experiences that occur in the community. Students work on their educational goals while they are in these community settings. This encourages generalization of skills learned while in school. Our goal is for all students to participate in community experiences such as trips to the library, parks, stores, etc. as often as possible. These trips are local and are scheduled for only a portion of the academic day. Students engage in a variety of activities on a rotating basis. If you sign this consent form, you will give us permission to take your child on these types of trips.

We will notify you and seek your specific permission when we have scheduled a special field trip that is different than the regularly scheduled type mentioned above. This form does not pertain to the use of community facilities for required physical educational classes

I give permission for my child, _____, to participate in community-based trips as described in this letter. I understand these trips occur on various days to a variety of locations.

Parent/Guardian: _____
Printed Name *Signature*

Date

CONSENT OF PARENT/GUARDIAN FOR STUDENT TO BE VIDEOTAPED, PHOTOGRAPHED, AND/OR IDENTIFIED AND TO PARTICIPATE IN VIDEOCONFERENCING/DISTANCE LEARNING

- I hereby consent to permit individuals, including but not limited to representatives of the Department of Children and Families (DCF) and/or members of the media such as newspapers, magazines, radio and television to make still or moving pictures of my son or daughter at school/school-related activities, to reproduce such still or moving pictures, to distribute them, and/or make use of them in the development and/or publication of any written/printed material; in educational activities, trainings, presentations, exhibits and/or conferences; in any radio and/or television broadcasts; and/or on the DCF or another entity's website.

I also consent to permit my child to participate in videoconferencing/distance learning activities which are instructional opportunities involving the use of video communication equipment.

I also consent to permit individuals, including, but not limited to, representatives of the DCF and/or members of the media, to identify my child by name during any videoconferencing/distance learning activities and/or when using the still or moving pictures in the development and/or publication of any written/printed material; in educational activities, trainings, presentations, exhibits, and/or conferences; in any radio and/or television broadcasts; and/or on the DCF or another entity's website.

I realize that in consenting to the above, I hereby release and discharge the State of New Jersey Department of Children and Families, and all its agents and employees from any and all liability, claims or demands, in law or in equity, that I might have against any of them by reason of such videotaping, photography, identification and/or videoconferencing/distance learning and subsequent use thereof.

Parent/Guardian: _____
Printed Name *Signature*

Date

Notification Regarding Use of Approved Physical Control Techniques

In order to provide a safe and productive learning environment for all students and school personnel, staff utilize a variety of behavior management techniques to foster appropriate, pro-social behavior and, as necessary, to respond to and de-escalate a range of disruptive student behaviors to avoid a crisis. Whenever possible, less intrusive behavior management interventions are implemented before more restrictive methods are employed. However, if a student's behavior is presenting an imminent danger to him/herself or to others and the student has not responded to alternative behavior management options, staff at our school may need to use a physical control technique as a temporary emergency measure to help the student regain control of his/her behavior and to protect the student from harming him/herself or other persons.

Only staff who have participated in a specialized training program that teaches accepted practices and standards regarding behavior management and the use of physical intervention techniques, such as the "*Handle with Care*" system, will utilize a physical control/holding method with a student. When physical interventions are necessary, they will be implemented using techniques designed to protect the health, welfare and safety of the student and others, and you, as the student's parent/legal guardian, will be notified if such an incident occurs with your child. In order to ensure that your child has no conditions that would preclude the use of a physical control technique, we ask that you please complete the form below and return it to your child's school as soon as possible.

Child's Name: _____ Date of Birth: _____

- I am not aware of any medical or psychological issues pertaining to my child which would prohibit the use of physical control techniques by trained staff, if and when necessary, to protect my child and/or a member of the school community from imminent, serious, physical harm.
- Physical control techniques should not be used for my child due to a known medical or psychological condition.

Medical/Psychological Condition: _____

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Residential Provider Name: _____

Residential Provider Signature: _____

Date: _____

Home Language Survey: The New Jersey Administrative Code requires that a determination be made regarding the native language of all students enrolled in our school. This is to help identify students whose native language may not be English and, if appropriate, to provide necessary services.

Student Name: _____ Date of Birth: _____

Question 1: What is the first language used by the student? _____

- If language other than English, go to Question 2.
- If English, go to Question 3.

Question 2: At home, does the student hear or use a language other than English more than half of the time? YES NO

- If yes, list language(s). Then go to Question 3. _____
- If no, go to Question 4.

Question 3: Does the student understand a language other than English? YES NO

- If Yes, go to Question 4.
- If No, go to Question 6.

Question 4: When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time? YES NO

- If Yes, go to Question 5.
- If No, go to Question 6.

Question 5: When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time? YES NO

- If Yes, go to Question 6.
- If No, go to Question 6.

Question 6: Has the student recently moved from another school district/charter school where he/she was identified as an English language learner? YES NO