

**CLINTON TOWNSHIP SCHOOL DISTRICT**  
**128 COKESBURY ROAD**  
**LEBANON, NJ 08833**  
**PH: 908.236.7235**

**Spruce Run School**

27 Belvidere Avenue  
Clinton, NJ 08809  
PH: 908.735.7916  
Grades: Preschool-PreK

**Patrick McGaheran School**

63 Allerton Road  
Lebanon, NJ 08833  
PH: 908.735.5151  
Melissa Goad, Principal  
Grades: K-2

**Round Valley School**

128 Cokesbury Road  
Lebanon, NJ 08833  
PH: 908.236.6341  
Mary Postma, Principal  
Grades: 3-5

**Clinton Twp. Middle School**

34 Gray Rock Road  
Clinton, NJ 08809  
PH: 908.238.9141  
Judith Hammond, Principal  
Grades: 6-8

Dear Parent/Guardian:

The following items are required prior to enrollment in the Clinton Township School District.

1. Completed **Registration Packet** in addition to:
  2. Proof of Identity and Age
    - Original Birth Certificate with raised seal
    - Kindergarten age is 5 years on or before October 1<sup>st</sup>
    - First Grade age is 6 years on or before October 1<sup>st</sup>
    - Foreign Student – Passport and/or Visa
  3. Proof of Residency in Clinton Twp.
    - Property Tax Bill/Document
    - Contract/Purchase Agreement
    - Lease Agreement
  4. Student Information
    - Latest report card/progress report
    - Standardized Test Scores (grades 3-8)
  5. Health Office Requirements
    - Physician's Documentation of:
      - A recent physical examination (done within the past year) completed by a physician
      - Record of Immunization from Physician or School\*
        - For current immunization state requirements, please consult this website - <http://www.state.nj.us/education/students/safety/health/cdpr/immune/>
    - Health History & Physical Exam Forms
- \* ALL immunizations must be submitted before entering school. Preferably at the time of registration so the School Health Nurse can review the dates and doses of vaccine administration. We will NOT be able to register any student without proof of his/her most recent immunizations.**
6. Custodial and/or Legal Guardianship Documents (if applicable)

Registration and enrollment into the Clinton Township School District may take up to one week pending completion of registration forms. Thank you and welcome!

# CLINTON TOWNSHIP SCHOOL DISTRICT

## STUDENT REGISTRATION FORM

Spruce Run School     Patrick McGaheran School     Round Valley School     Clinton Township Middle School

<b>For School Office Use Only:</b>	School Choice: <input type="checkbox"/> Yes <input type="checkbox"/> No	Prev. District: _____
Birth Certificate _____	CTSD Student ID _____	
Proof of Residency _____	Starting Date _____	
Medical/Immunization _____	Classroom Assignment _____	
Transportation _____	SID _____	

In the space below, please write the student's name **EXACTLY** as it appears on the birth certificate:

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Physical Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Home ownership:     Own     Rent    If renting, lease expiration date: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

If not born in the U.S., how long has child lived in U.S.? \_\_\_\_\_ Does child speak English? \_\_\_\_\_

Homeless Status: If homeless, please check here, and provide your primary nighttime residence.  Yes  No

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

<b>Guardian 1</b> -Relation to Student: _____	<b>Guardian 2</b> -Relation to Student: _____
Last Name _____	Last Name _____
First Name _____	First Name _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Email _____	Email _____
Employer _____	Employer _____
Occupation _____	Occupation _____
Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	Custody <input type="checkbox"/> Yes <input type="checkbox"/> No

Student resides with:     Both Parents     Mother     Father     Other (specify) \_\_\_\_\_

Parents' Marital Status:     Married     Separated\*     Single     Divorced\*     Remarried     Widowed

**\*COURT DOCUMENTS:**     YES     NO (check one)    ***if YES, a copy must be submitted***

***\*If access to records or custody of child is to be denied to a parent, a true copy of court order designating custodial person(s) and any subsequent modifications must be attached.***

If the student **does not** reside with both parents, please provide the contact information (including email address) of the joint custodial or non-custodial parent entitled by law to receive reports:

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

**Ethnicity** (Check all that apply – see below for explanation):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian                         | <input type="checkbox"/> Hispanic/Latino        | <input type="checkbox"/> White or Caucasian               |

Primary Language Spoken at Home: \_\_\_\_\_ Do parents speak English?  Yes  No

Other language spoken in home: \_\_\_\_\_

Is the student bilingual?  Yes  No If Yes, other language spoken \_\_\_\_\_

Last School Attended: \_\_\_\_\_  
Name and Address

Grade enrolled: \_\_\_\_\_ If last school attended was out of state, please give date of entry into US School: \_\_\_\_\_

**Military Connection of Family: Please check one**

- Not Military Connected - *Student is not military-connected.*  
 Active Duty - *Student is a dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps, or Coast Guard.*  
 National Guard Or Reserve - *Student is a dependent of a member of the National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard).*

Younger children in family who are not registered in Clinton Twp. School District?  Yes  No

Does student have siblings attending school in the Clinton Twp. School District?  Yes  No

Please list below names and date of birth of all siblings:

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

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

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

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

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

Completed by: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

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

Explanation of ethnicity questions:

**American Indian or Alaska Native:** A person having origins in any of the original people of North and South American (including Central American) and who maintains a tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American:** A person having origins in any of the black racial groups of Africa.

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race.

**Native Hawaiian or Other Pacific Islanders:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White or Caucasian:** A person having origins in the original peoples of Europe, the Middle East or North Africa.

# CLINTON TOWNSHIP SCHOOL DISTRICT

## Application for Student Transportation

This application must be completed in its entirety and submitted to the main office at the school your child will be attending and/or any time a change to a student's transportation arrangement is needed. Please attach any additional information pertinent to a safe trip. Please note, students will not receive transportation without an approved application and an issued bus pass.

**Attending School:**

- Spruce Run School   
  Patrick McGaheran School   
  Round Valley School   
  Clinton Township Middle School

**Please check request type:**

- New Student   
  Home Address Change   
  Daycare   
  Delete Student   
  Other

General Information			
Student's Last Name:		Student's First Name:	
Grade:	Gender:	DOB:	Requested Start Date:
Street Address:		City:	Zip:
Mailing Address:		City:	Zip:
Guardian Name:		Home Phone:	
Guardian Work Phone:		Guardian Cell Phone:	
<b>Complete this section only if your child will be transported to/from a different location other than home within CTSD. This request must be for 5 days per week (Monday-Friday); same bus route for both AM &amp; PM. (Example: daycare facility, sitter, etc. - must be within the district)</b>			
Day Care Name:		Phone:	Cell:
Day Care Address:		City:	Zip:
Comments			
Parent / Guardian Name			
Print Name:			
Signature:			Date:
Official School/Transportation Use Only			
SID:	Received By:		Date:
LID:	Signature:		Date:
Notes:			

# CLINTON TOWNSHIP SCHOOL DISTRICT

## EMERGENCY CARE STUDENT INFORMATION FORM

<b>STUDENT INFORMATION</b>	Date of Birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade: _____
Last Name: _____		First Name: _____	
Street Address: _____			
City & Zip Code: _____			
Home Phone 1: _____		Home Phone 2 (if applicable): _____	
Physician Name: _____		Physician Phone: _____	
Dentist Name: _____		Dentist Phone: _____	

GUARDIAN INFORMATION			
Guardian 1 Name: _____		Guardian 2 Name: _____	
Relation to Student: _____		Relation to Student: _____	
Cell Phone	_____	Cell Phone	_____
Work Phone	_____	Work Phone	_____
Email	_____	Email	_____

Non-Custodial Parent \_\_\_\_\_

Non-Custodial Address \_\_\_\_\_

**\*COURT DOCUMENTS**     YES     NO    (check one) **if YES, a copy must be submitted**

TWO EMERGENCY CONTACTS – OTHER THAN PARENTS, who will assume care & responsibility of child in case of an emergency. Please list name, relationship and telephone numbers where contacts can be reached during the school day.			
Name	_____	Name	_____
Relation	_____	Relation	_____
Home Phone	_____	Home Phone	_____
Cell Phone	_____	Cell Phone	_____
Work Phone	_____	Work Phone	_____

MEDICAL: Please Complete	Yes/No		Yes/No
<i>Life threatening allergies?</i>		<i>Is your child presently taking any medication?</i>	
<i>Will he/she have an epi-pen here at school?</i>		<i>Any other medical conditions?</i>	
<i>Does your child have other allergies?</i>		<i>Does your child wear glasses?</i>	
<i>Does your child have asthma?</i>		<i>Does your child wear Contact Lenses?</i>	
<i>Inhaler at school?</i>		<i>Does your child use hearing aides?</i>	

If you answered **YES** to any Medical issues listed above, please EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

**Does your child have health insurance?**     YES     NO    **Name of Insurance Co:** \_\_\_\_\_

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.

In case of an accident or serious illness, I give CTSD permission for emergency medical treatment that will include but not limited to diagnostic X-rays, and other such procedures, as the physician may deem necessary for preservation of the health and safety of my child. I understand that the Clinton Township School District (CTSD), and its employees and its Board of Education assume no liability of any nature in relationship to the transportation or treatment of the said minor. I further understand that all costs of EMS transportation, hospitalization, examination, x-ray or treatment provided in relation to this authorization shall be my responsibility.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

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Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

Medicines

Pollens

Food

Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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HE0503

New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71

9-2681/0410

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Medical Provider Name: \_\_\_\_\_  
 Completed Cardiac Assessment Professional Development Module? \_\_\_\_ Yes \_\_\_\_ No  
 Address Stamp:

Date of Exam: \_\_\_\_\_

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ ( _____ / _____ )	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- Not cleared
- Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

**I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature of physician, APN, PA \_\_\_\_\_

**CLINTON TOWNSHIP BOARD OF EDUCATION**  
**Acceptable Use of Technology**

The District's technology resources facilitate educational advancement. The following code of conduct will be adhered to for continued system use at Clinton Township School District and is applicable to all users, including students, faculty, support staff, and guest users.

**DO:**

1. Read and understand Clinton Township Board of Education's Policy Numbers 2360, 2361, and R2361, located on the District web site, which includes Acceptable Use of the Internet (<http://www.ctsdnj.org/board-of-education/policy/>).
2. Take care of equipment entrusted to you. It is the property of the district (and by extension the community). Treat it better than your own.
3. Become familiar with your school's technology assets. We want you to be knowledgeable in their use.
4. Ask questions when unsure. You can email the Technology Dept. at [tech@ctsdnj.org](mailto:tech@ctsdnj.org)
5. **Understand that you are responsible for your account and all activity within your account.**

**DO NOT:**

1. Use the network to facilitate illegal activity.
2. Use the network for commercial or for profit purposes.
3. Use the network for non-school related work on more than an incidental basis.
4. Use the network for product advertisement or political lobbying.
5. Use the network for hate mail, discriminatory remarks, and offensive or inflammatory communication.
6. Illegally install, distribute, reproduce, or misuse copyrighted materials.
7. Use the network to access obscene or pornographic material.
8. Use inappropriate language or profanity on the network.
9. Use the network to transmit material likely to be offensive or objectionable to recipients.
10. Use the network to intentionally obtain or modify files, passwords, and data belonging to other users.
11. Use network facilities for fraudulent copying, communications, or modification of materials in violation of copyright laws.
12. Use the network to disrupt the work of other users.
13. Impersonate another user.
14. Share your district password with, or allow a password to be used by, anyone else.
15. Load or use unauthorized games, programs, files, or other electronic media.
16. Destroy, modify, or abuse network hardware and software.
17. Quote personal communications in a public forum without the original author's prior consent.
18. Participate on unauthorized social networks.
19. Neglect or mistreat district equipment, including leaving computers in hot cars, near liquids, or in precarious positions.

Violations will result in appropriate disciplinary action. Criminal activity will be referred to the appropriate authorities.

**Any questions, please contact the Technology Department at [tech@ctsdnj.org](mailto:tech@ctsdnj.org)**

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*Access to the Internet and school technology will not be permitted until this form has been completed and is on file with the District.  
Please sign and return this form to the school office where it will be kept on file for future reference.*

Parent/Guardian Consent:

I have read and understand the Clinton Township Board of Education's Policy Numbers 2360, 2361, and R2361, located on the District web site, which includes Acceptable Use of the Internet. I have also read and discussed with my child the implications of the student agreement and the penalties involved for violating the agreement and have witnessed my child signing the document. I also understand that the district technology is for educational purposes only and that the school district has taken reasonable steps to safeguard the access for users. However, I understand that it is not possible to stop all inappropriate activities and I will not hold the district responsible for any materials obtained through the use of the networks.

I hereby give my child permission to use all of the technological resources available to them at the Clinton Township School District.

\_\_\_\_\_  
**Print Student Name**

\_\_\_\_\_  
Student Signature (grades 2-8)

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Print Parent/Guardian Name**

\_\_\_\_\_  
Parent/Guardian Signature (all grades)

\_\_\_\_\_  
Date



**CLINTON TOWNSHIP SCHOOL DISTRICT**  
**Publicity Consent Form - Memo to Parents**

Dear Parent/Guardian:

The Clinton Township School District is very proud of the accomplishments and activities of its students. As such, we sometimes submit student photos, names, and quotes to the local media to highlight accomplishments, school programs, and activities; or place them on our website and/or social media sites run by the school district. Also, from time to time, we grant members of the media permission to cover a particular event or general educational topic at our schools where photographs and video images may be taken of the students.

This parental Publicity Consent Form is to both inform you and request permission for your student's image and personally identifiable information to be published on the district's website, in press releases, presentations, flyers, newsletters, the district's social media sites and television stations. It will only be used for news or community interest. It will not be used for commercial purposes. Commercial use is prohibited without specific Board of Education approval. We are also requesting permission to release this information to outside media such as newspapers, broadcast media outlets, and online news outlets.

Pursuant to N.J.S.A. 18A:36-35, **the Clinton Township School District will not release any personally identifiable information without consent from you as parent or guardian.** By definition from the State, personally identifiable information includes: student names, photos or images, residential addresses, e-mail addresses, phone numbers, and locations and times of class trips. As you are aware, there are potential dangers associated with the posting of personally identifiable information on a website, since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work and will use the utmost discretion in what information we release or post to protect our students. The law requires that we ask for your permission to use information about your child.

If you, as the parent or guardian, 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 and such rescission will take effect upon receipt by the school.

*Questions? Contact the Clinton Township School District administration offices at 908-236-7235.*

**CLINTON TOWNSHIP SCHOOL DISTRICT**  
**Publicity Consent Form**

Select **ONE** of the options listed below, sign and return this form to the school office where it will be kept on file for future reference.

Student Last Name: \_\_\_\_\_ School (circle one): SRS | PMG | RVS | CTMS

Student First Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Photo & Name:** I/We GRANT permission for this student's name, photographs and personally identifiable information to be used for publicity purposes which includes print media, television/video and websites.

**Name only:** I/We GRANT permission for this student's name without any other personal identifiers to be used for publicity purposes which includes print media, television/video and websites.

**Photo only:** I/We GRANT permission for a photo/image that includes this student without any personal identifiers to be used for publicity purposes which includes print media, television/video and websites.

**No permission:** I/We DO NOT GRANT permission for this student's name, photographs and personally identifiable information to be used for publicity purposes.

Name of Parent/Guardian (Print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Date: \_\_\_\_\_

# CLINTON TOWNSHIP SCHOOL DISTRICT

## HOME LANGUAGE SURVEY

Dear Parents:

In order to develop the plans for your child's educational needs, we are asking you to answer the questions listed below regarding your child's native language.\*

Please answer all questions and sign the form. If you have any problems or need help with answering the questions, please see the principal at the school your child attends.

Thank you for your cooperation.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School (check one):  *Spruce Run School*    *Patrick McGaheran School*    *Round Valley School*    *Clinton Twp. Middle School*

1. What language do you most often use when speaking to your child?

\_\_\_\_\_

2. What language did your child first use for communication?

\_\_\_\_\_

3. What language does your child most often use when speaking to brothers, sisters and other children at home?

\_\_\_\_\_

4. What language does your child most often use when speaking with you or other adults in the home? (grandparents, aunts, uncles)

\_\_\_\_\_

5. What language does your child most often use when speaking with friends or neighbors?

\_\_\_\_\_

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

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

\* Definition of native language from New Jersey Department of Education: "The language first used by student or the language most spoken at home regardless of the language spoken by the student."

# CLINTON TOWNSHIP SCHOOL DISTRICT

## STUDENT RECORD RELEASE

Spruce Run School, Grades Preschool-PreK  
27 Belvidere Avenue  
Clinton, NJ 08809

Round Valley School, Grades 3-5  
128 Cokesbury Road  
Lebanon, NJ 08833

Patrick McGaheeran School, Grades K-2  
63 Allerton Road  
Lebanon, NJ 08833

Clinton Twp. Middle School, Grades 6-8  
34 Gray Rock Road  
Clinton, NJ 08809

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

Student Name: \_\_\_\_\_

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

I give permission for the above designated school and/or Child Study Team to:

Receive information from:

Send information to:

**NAME / SCHOOL:** \_\_\_\_\_

**FULL ADDRESS:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

This release includes all pertinent and relevant information in the cumulative, discipline, health and confidential Child Study Team files, where applicable.

Has your child ever been referred to and/or tested by a Child Study Team?  Yes  No

Has your child ever been classified as a Special Education student?  Yes  No

Stipulations and/or comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Relationship

\*\*\*\*\*

For School Office Use Only: CTSD Date Received: \_\_\_\_\_

State SID# \_\_\_\_\_

**Student's entering grades 4-8 need to complete this form.**

## **CLINTON TOWNSHIP SCHOOL DISTRICT**

### Music Selection Form **REQUIRED RESPONSE**

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Student Name: \_\_\_\_\_

### Music Selection

Student participation in instrumental music, chorus OR general music must be determined in advance of scheduling all unified arts classes. Please be advised that this selection serves as a commitment to the program and the participation in music performances for the entire year. **Requests for changes cannot be honored once a selection has been made.**

Please select by placing a check mark in the appropriate blank. It is possible to participate in both band and chorus. Those students who do not select band or chorus will be placed in general music class.

**BAND/ORCHESTRA** \_\_\_\_\_      **CHORUS** \_\_\_\_\_      **GENERAL MUSIC** \_\_\_\_\_

**INSTRUMENT** \_\_\_\_\_  
(List instrument for band participation)

**Parent**  
**Signature** \_\_\_\_\_

**Student**  
**Signature** \_\_\_\_\_

**Only Lebanon Borough Student's  
Entering Grades 7-8 Need to Complete This Form.**



**LEBANON BOROUGH BOARD OF EDUCATION  
6 Maple Street  
Lebanon, NJ 08833**



**Dr. Charles Maranzano  
Interim Chief School Administrator**

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

To: Clinton Township Middle School  
34 Grayrock Road  
Clinton, NJ 08809

Authorization is hereby granted for the following student to be admitted to the Clinton Township Middle School as a resident of Lebanon Borough.

Name of Parent(s): \_\_\_\_\_

Student Name: \_\_\_\_\_

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

Sincerely,

Dr. Charles Maranzano  
Interim Chief School Administrator