

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

*Dr. Gina M. Villani, Superintendent*

*Anthony Juskiewicz, Business Administrator*

**Spruce Run School**

27 Belvidere Avenue  
Clinton, NJ 08809  
PH: 908.735.7916  
Melissa Goad, Principal  
Grades: PreK - 1

**Patrick McGaheeran School**

63 Allerton Road  
Lebanon, NJ 08833  
PH: 908.735.5151  
Mary Postma, Principal  
Grades: 2-3

**Round Valley School**

128 Cokesbury Road  
Lebanon, NJ 08833  
PH: 908.236.6341  
Sue High, Principal  
Grades: 4-6

**Clinton Twp. Middle School**

34 Gray Rock Road  
Clinton, NJ 08809  
PH: 908.238.9141  
Judith Hammond, Principal  
Grades: 7-8

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. (contract/lease/property tax document)
  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 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 McGaheran 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# \_\_\_\_\_



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

- American Indian/Alaska Native       Black/African American       Native Hawaiian/Pacific Islander  
 Asian       Hispanic/Latino       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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does student have siblings attending school in the Clinton Twp. School District?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 McGaheeran 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:	
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 & PM. (Example: daycare facility, sitter, etc. - must be within the district)			
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

## 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 McGaheeran 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

## REQUIRED RESPONSE

### MUSIC SELECTION FORM

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 all the participation in music performances for the entire year. **Requests for changes cannot be honored once a selection has been made.**

Please select your choice by placing a check mark in the appropriate blank. 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 \_\_\_\_\_

**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.ctsd.k12.nj.us/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@ctsd.k12.nj.us](mailto:tech@ctsd.k12.nj.us).
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@ctsd.k12.nj.us](mailto:tech@ctsd.k12.nj.us).**

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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



# 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

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

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
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
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: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
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: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
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)?		
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?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
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)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males); your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
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

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

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 \_\_\_\_\_

# 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		Vision R 20/		L 20/		Corrected <input type="checkbox"/> Y <input type="checkbox"/> N	
Height	Weight						
BP	/	(	/	)	Pulse		
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* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)							
Pulses • Simultaneous femoral and radial pulses							
Lungs							
Abdomen							
Genitourinary (males only)*							
Skin • HSV, lesions suggestive of MRSA, tinea corporis							
Neurologic*							
MUSCULOSKELETAL							
Neck							
Back							
Shoulder/arm							
Elbow/forearm							
Wrist/hand/fingers							
Hip/thigh							
Knee							
Leg/ankle							
Foot/toes							
Functional • Duck-walk, single leg hop							

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
 \*Consider GU exam if in private setting. Having third party present is recommended.  
 \*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 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 Middle School**  
34 Grayrock Road, Clinton, NJ 08809  
**Community & Teamwork Motivate Success**

Judith B. Hammond, Principal  
Phone: 908-238-9141  
Fax: 908-238-9376  
JHammond@ctsdnj.org

Michele Cone, Asst. Principal  
Phone: 908-238-9141  
Fax: 908-238-9376  
MCone@ctsdnj.org

## **School Furnished Electronic Device Usage Agreement**

Students shall adhere to the following guidelines when using school furnished electronic devices:

1. Use of the electronic device is subject to the Clinton Township School District's ("District") policies and regulations, including Policy 6142.10, (Internet Safety and Technology), Policy/Regulation 3514.1 (School Furnished Electronic Device: Distribution and Use), and Policy/Regulation 5131 (Code of Student Conduct). The District's policies and regulations can be found on the District's website: [http://ctsdnj.org/board\\_of\\_education/policy](http://ctsdnj.org/board_of_education/policy)
2. The Student shall be provided with certain privileges and rights on the district's network. The Student should in no way attempt to gain other privileges or to attempt to access resources on the network to which no explicit rights have been granted.
3. The Student shall not, in any way, tamper with or misuse school equipment, either software or hardware. No form of tampering is acceptable.
4. The Student may not download copyrighted software, audio or video files, or any other copyrighted material from the Internet not legally allowed to be used. Any such material found will be deleted without prior notification.
5. The electronic device may include the district's software image and preloaded software for specific tasks. The installation of other software images or software shall be approved and may only be done by the assigned staff member authorized to maintain the equipment.
6. Software in use in the District is licensed in a correct and legal manner. The Student should make no attempt to copy licensed or copyrighted material using this electronic device.
7. The electronic device shall be used for the sole and express purpose of conducting school work and may not be used for any form of personal financial gain.
8. This electronic device and its contents remain the property of the District. It shall be returned by the Student at the end of the school semester or school year as assigned. No data stored on this electronic device is personal or private and the Student has no reasonable expectation of privacy in such data. Any application or data (apps, music, etc...) will become the property of the District upon completion of the program.

9. The Student issued the electronic device shall have no expectation of privacy in the use of such device. The electronic device may have security settings, monitoring or auditing software, tracking technology, and any other software that could monitor the use of the technology device.
10. This electronic device may record or collect information on the student's activity or the student's use of the device if the electronic device is equipped with a camera, global positioning system, or other feature capable of recording or collecting information on the student's activity or use of the device. If school district equipment is issued to a student for use outside the district, it is possible this collection of information on the student's activity or use of the device may occur outside of the school. The school district shall not use any of the capabilities in a manner that would violate the privacy rights of the student or any individual residing with the student as per *N.J.S.A. 18A:3639*.
11. The Student is expected to take all appropriate measures and precautions to prevent the loss, theft, damage, and/or unauthorized use the electronic device. Appropriate measures and precautions taken by the Student shall include, but are not limited to:
  - a. Keep the electronic device in a locked and secured environment when not being used;
  - b. Do not leave the electronic device in a vehicle for prolonged periods of time, especially in extreme temperatures;
  - c. Keep food, drinks, and liquids away from the electronic devices and work areas;
  - d. Do not lend the electronic devices to any other person unless authorized to do so by the Superintendent or his or her designee;
  - e. Store the electronic device when not in use only in a securely locked area;
  - f. Do not leave the electronic device unattended at any time in an unsecured location; and
  - g. Keep the school furnished electronic device in sight at all times while in public places.

Resulting damage to the electronic device may not be covered by warranties, and the Student may be liable for repair costs. The parent/guardian shall be responsible to reimburse the school district the cost of any electronic device that is lost, damaged beyond reasonable use or beyond its value, abandoned, missing, stolen, or cannot be returned to the District. The Board of Education is under no legal, financial, or other obligation to provide a replacement electronic device to any Student whose device is lost, stolen, or damaged.

12. The Student is required to provide routine cleaning and care of the electronic device as needed.

13. When the Student has reason to believe the electronic device may have been stolen, they must:

- a. Immediately report the incident to the issuer of the device;
- b. File an official police report documenting the theft; and
- c. Provide a copy of the police report to the school.

14. The Student must report any hardware or software problems in the operation of the device to assigned staff members authorized to maintain the equipment.

15. The Student is responsible for having the electronic device fully charged for class or classes in which the device will be used. Failure to have the device in class or not charged for class may result in disciplinary action for being unprepared for class.

Use of electronic device resources are granted based on the Student's acceptance of the following responsibilities:

1. Use only those computing and information technology resources for which authorization is given. For example, it is a violation to:

- a. use resources that you have not been specifically authorized to use;
- b. use someone else's account or password or share your account or password with someone else;
- c. access files, data or processes without authorization; or
- d. purposely look for or exploit security flaws to gain system or data access.

2. Use computing and information technology resources only for their intended purpose. For example, it is a violation to:

- a. send forged email;
- b. misuse Chat or other communications software that appears to allow students to hide their identity or to interfere with other systems or students;
- c. use electronic resources for harassment, intimidation, bullying or stalking other individuals;
- d. send bomb threats or "hoax messages";
- e. send chain letters;
- f. intercept or monitor any network communications not intended for you;
- g. use the network to facilitate illegal activity;
- h. use the network for commercial or for profit purposes;
- i. use the network for non-school related work on more than an incidental basis;
- j. use the network for product advertisement or political lobbying;
- k. use the network for hate mail, discriminatory remarks, and offensive or inflammatory communication;

- l. illegally install, distribute, reproduce, or misuse copyrighted materials;
- m. use the network to access obscene or pornographic material;
- n. use inappropriate language or profanity on the network.
- o. use the network to transmit material likely to be offensive or objectionable to recipients;
- p. use the network to intentionally obtain or modify files, passwords, and data belonging to other users;
- q. use network facilities for fraudulent copying, communications, or modification of materials in violation of copyright laws;
- r. use the network to disrupt the work of other users;
- s. use computing or network resources for advertising or other commercial purposes to attempt to circumvent security mechanisms;
- t. load or use unauthorized games, programs, files, or other electronic media;
- u. destroy, modify, or abuse network hardware and software;
- v. quote personal communications in a public forum without the original author's prior consent; or
- w. participate on unauthorized social networks.

3. Protect the access and integrity of computing and information technology resources. For example, it is a violation to:

- a. release any software (i.e. malware) that damages or harms a system or network;
- b. prevent others from accessing an authorized service;
- c. send email bombs that may cause problems and disrupt service for other students;
- d. attempt to deliberately degrade performance or deny service;
- e. corrupt or misuse information;
- f. alter or destroy information without authorization; or
- g. share your district password with, or allow a password to be used by, anyone else.

4. Abide by applicable laws and school policies and respect the copyrights and intellectual property rights of others, including the legal use of copyrighted software. For example, it is a violation to:

- a. make more copies of licensed software/content than the license allows;
- b. download, use, or distribute pirated software/content;
- c. operate or participate in pyramid schemes;
- d. distribute or view pornography on the device; or
- e. upload, download, distribute, or possess child pornography.

5. Respect the privacy and personal rights of others. For example, it is a violation:

- a. to run network sniffing/monitoring tools without authorization;
- b. Impersonate another user;
- c. to access or attempt to access another individual's password or data without explicit authorization; or
- d. to access or copy another student's electronic mail, data, programs, or other files without permission.





**Clinton Township Middle School**  
34 Grayrock Road, Clinton, NJ 08809  
**Community & Teamwork Motivate Success**

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JHammond@ctsdnj.org

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## **School Furnished Electronic Device Student Responsibility Contract**

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

*Student Grade:* \_\_\_\_\_

I have read, understand, and agree to adhere to the following attached documents:

1. School Furnished Electronic Device Usage Agreement;
2. Clinton Township Board of Education Policy 6142.10, Internet Safety and Technology, which includes Acceptable Use of Technology; and
3. Clinton Township Board of Education Policy and Regulation 3514.1, School Furnished Electronic Device: Distribution and Use.

I 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 and/or electronic device.

The electronic device may record or collect information on my use of the device if the electronic device is equipped with a camera, global positioning system, or other feature capable of recording or collecting information on my activity or use of the device. It is possible this collection of information on the student's activity or use of the device may occur outside of the school. The school district shall not use any of the capabilities in a manner that would violate the privacy rights of the student or any individual residing with the student as per *N.J.S.A. 18A:3639*.

I understand that if this electronic device is lost or stolen, I will immediately notify the District. I understand that the District shall not be responsible for any damages or losses related to this electronic device. Any costs associated with instances of loss, theft or damage may be the full responsibility of the student and his/her parent/guardian.

I agree to return this electronic device to the District at the conclusion of the school year (or earlier if I should leave the District). I further understand any application or data (apps, music, etc...) loaded on the device become the property of the school district and will not be returned.

I understand that failure to comply with any of these rules, policies or procedures, including, but not limited to, misusing the Internet or electronic device, accessing unauthorized Internet locations, or participating in any activities that violate of Board Policy 6142.10 (Internet Safety and Technology) or Board Policy/Regulation 3514.1 (School Furnished Electronic Device: Distribution and Use), may result in disciplinary action, including the revocation of the Agreement, immediate return of the device to the District, and/or suspension or expulsion in accordance with the school Code of Student Conduct (Board Policy/Regulation 5131). In addition, criminal activity will be referred to the appropriate authorities.

_____	_____	_____
Print Student Name	Student Signature	Date
_____	_____	_____
Print Parent/Guardian Name	Parent/Guardian Signature	Date

## 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:	

<b>PARENT/GUARDIAN INFORMATION</b>			
Father's Name:		Mother's Name:	
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

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

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

**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).

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: \_\_\_\_\_

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

---

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