



CLIFTON HIGH SCHOOL

333 Colfax Avenue Clifton, New Jersey 07013
973-470-2312 ~ www.clifton.k12.nj.us

Richard Tardalo
Superintendent

Michael Doktor
Principal

Name of Student:

ID #:

Grade:

HR:

Homeroom Teacher:

Guidance Counselor:

Acknowledgement of Handbook Review and Weapons Contract

This Handbook is available on our website (listed above)

I have reviewed the Clifton High School Handbook for 2018-2019 with my child. I understand that the handbook contains information that my child and I may need during the school year that includes the following:

- | | | |
|-------------------------------------|-----------------------------|----------------------------------|
| 1. School Closing / Delayed Opening | 5. Student Release Form | 9. Hazing / Bullying, Harassment |
| 2. Code of Conduct | 6. Photography Policy | 10. Use of Electronic Devices |
| 3. Parent Code of Conduct | 7. Network & Computer Usage | |
| 4. Emergency Early Dismissal Form | 8. Student Dress Code | |

Weapons Awareness Contract

Students who are found to be in possession of a weapon in school, on school grounds, or on school buses will be subject to expulsion from the school. To expel means to be removed from the school community permanently. In addition, criminal charges will be filed with the Clifton Police Department. A weapon is defined as any instrument of offense or defense, which is capable of inflicting injury or death to someone. Examples of items, which would be considered weapons include, but are not limited to, the following:

Guns (loaded or unloaded): Revolvers, hand guns, BB guns, pellet guns, stun guns, dart guns, shotguns, rifles, or "look-alikes." Also defined as any device or instrument in the nature of a weapon from which may be fired or ejected any solid project able ball, slug, pellet, missile or 13 bullet, or any gas, vapor or other noxious thing, by means of a cartridge or shell or by the action of any explosive or the lighting of flammable or explosive substances.

Knives: Pocketknives, hunting knives, switch blades, machetes, gravity knives, daggers, stilettos, dirks, box cutters, razor blades and any other instrument or device that could be used for cutting.

Other: Pipes, tire irons, bats, dubs, blackjacks, brass knuckles, sling-shots, leather bands studded with metal, large straight pins, large safety pins, lighters, or other flame producing devices. This includes mace, pepper spray or like substances.

I have reviewed this handbook with my child. I also understand that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in this handbook.

Parent's e-mail address: _____

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Parent's cell number: _____

Release of Information to the Military – Opt Out Provision

A portion of the "No Child Left Behind Act of 2001" states that: "This act shall provide on a request made by military recruiters of an institution of higher education access to secondary school students' names, addresses, and telephone listings". However, there is a consent clause which states that you have a right, as a parent/guardian, to request that this information not be released. **Therefore, any parent/guardian or student who objects to this information being released must sign below to prevent this from happening.** Thus, at your direction, your son/daughter's name and information will be deleted from that release.

I do not give consent to release any such information on my son or daughter to the military. Please withhold such information.

Parent/Guardian Signature

Student Signature

Health Insurance and Mandate Medical Information

New Jersey has made a commitment to provide affordable health insurance for children in the state. Your child's school is now required to report on the health insurance status of all their students; therefore, you will be asked to provide the current health insurance status on your child. We would also like to take this opportunity to let you know that the NJ FamilyCare program offers free or low-cost health insurance for children 18 or younger and certain low-income parents. With your permission, we will take steps to have an application sent to you or if you think your family may be eligible for the NJ FamilyCare program, you can call 1-800-701-0710 or visit the website at www.njfamilycare.org where you can apply online.

Parents or guardians who earn too much to qualify for NJ FamilyCare can purchase health insurance for their children at reasonable rates through NJ FamilyCare Advantage, which is administered by Horizon NJ Health. For more information about this program, please call NJ Advantage at 1-800-637-2997 or visit www.horizonNJhealth.com.

Este formulario está disponible en español en la oficina principal de Clifton High School.

هذه الورقة موجودة باللغة العربية في المكتب الرئيسي لمدرسة كليفتون الثانوية

This form must be signed and returned to your child's homeroom teacher no later than Friday, September 14, 2018.

**Clifton Public Schools
Emergency Reference Sheet**

Name of Student: _____ Homeroom: _____ Grade: _____
Date of Birth: _____ ID#: _____ School year: 2018-2019
Address _____ Home Phone _____

Mother's Guardian's Name _____ Work Phone _____ Cell Phone _____
Father's Guardian's Name _____ Work Phone _____ Cell Phone _____

Do mother and father (guardians) live together? Yes _____ No _____ Student lives with: _____
List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name _____	Name _____
Relationship _____	Relationship _____
Home Phone _____	Home Phone _____
Work/Cell Phone _____	Work/Cell Phone _____

Please list other children in family (including those not yet in school):

Name	Date of Birth	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does child have any health insurance including NJ FamilyCare / Medicaid, Medicare, private, or other? (please check one box below)

No, my child does not have health insurance. You may release my name and address to NJ FamilyCare Program to contact me about health insurance.

Signature: _____ Printed Name: _____ Date: _____
Written consent required pursuant to 20 U.S.C. § 1232 g (b) (1) and 34 C.F.R. 99.30 (b). NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit www.njfamilycare.org to apply online.

Yes, my child has health insurance. Name of Insurance Provider: _____

List any medical/surgical care your child received during the past year. List eye exams and dental exams. Also list any medication your child takes at home.

Allergy _____	Immunizations _____
Doctor's Name _____	Telephone _____
Dentist's Name _____	Telephone _____

Hospital preference _____
I, the undersigned, do hereby authorize officials of New Jersey Public School to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of my child. In the event that physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of my child. I will not hold the school district financially responsible for the emergency care and/or transportation of my child.

I hereby give permission to the school nurse to share any medical information about my child to other school staff on a need to know basis.

Signature of Parent(s) / Guardian(s) _____ Date _____

Please contact the school if your child is absent.
 Please check this box if there has been a name change of parent/guardian, address or telephone change since last school year.

This form must be signed and returned to your child's homeroom teacher no later than Friday, September 14, 2018.