

# *J. Ackerman Coles School*

*Kevin Road  
Scotch Plains, New Jersey 07076*

*Karen Wetherell, Ed.D.  
Principal*

*908- 757- 7555 phone  
kwetherell@spfk12.org*

## Registration Check List

- Complete the Registration Form

Registering for Kindergarten and Grade 1 (see Board Entrance Age Policy 5111):

To be eligible to enter Kindergarten, children must be 5 years old on or before October 1.

To be eligible to enter Grade 1, children must be 6 years old on or before October 1.

**An ORIGINAL birth certificate, with RAISED SEAL, must be presented as proof of age at the in-person completion of this registration.**

- Complete the Certification of Residency. Students **MUST BE RESIDENTS** of Scotch Plains or Fanwood. 4 ORIGINAL CURRENT forms of proof of residence must be presented at the in-person completion of this registration. (See the list for acceptable forms of supporting documentation)
- Complete the Home Language Survey
- Complete the district's Publicity Release Form - Review the district's Acceptable Use Policy regarding computing and technology resources and complete. Sign the Student/Parent Acceptable Use Policy Agreement
- Arrange for your child's previous district to officially release his/her pupil records using the Request for Release of Pupil Records Form
- Complete the Health Physical Development History Form
- Have a Medical Examination Form completed and signed by your child's physician, including the child's immunization and physical examination records. (According to NJ Department of Education School Health Service Guidelines, the physical exam must be done no more than 365 days prior to entry and must state what, if any, modifications are required for full participation in the school program.)  
**A child may NOT enter school without a physical exam. (See the district regulation)**

The following immunizations are state mandated:

- DPT: 4 doses, 1 dose on or after age 4
  - Polio: 3 doses, 1 dose on or after age 4
  - Measles: 2 doses after age 1
  - Rubella & Mumps: 1 dose after age 1
  - Hepatitis B: 3 doses
  - Varicella (chickenpox): 1 dose on or after 1st birthday or proof of immunity
- If from select states or another country, a skin test for tuberculosis must be done within 14 days of beginning school.
- A dental examination is strongly recommended prior to school entrance.

**School Office is accepting registration papers 9:30 to 11:30 AM during the school year. Please call the office for further assistance at 908-757-7555.**

# SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS REGISTRATION FORM

Principal's Review \_\_\_\_\_

**STUDENT INFORMATION (Please print)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Preferred Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 If moving within Scotch Plains-Fanwood, indicate your new address: \_\_\_\_\_ Date of move: \_\_\_\_\_  
 Name of previous school: \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Student resides with (indicate relationship): \_\_\_\_\_  
 Do parents/guardians: Own home  Rent  Have lease  Lease expiration date \_\_\_\_\_ Reside with resident

Date of Birth: (M) \_\_\_\_\_ (D) \_\_\_\_\_ (Y) \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male  Female   
 Birthplace (City/State): \_\_\_\_\_ Country of birth: \_\_\_\_\_ US citizen: Yes  No   
 \*Racial Code: \_\_\_\_\_ \*Ethnic Identity Code: \_\_\_\_\_ \*Native Language Code: \_\_\_\_\_ \*Dialect Code: \_\_\_\_\_ (\*attached)

Home language: \_\_\_\_\_ If English is not the native language, please check here .  
 Other language(s) spoken at home: \_\_\_\_\_  
 If English is spoken and understood by the parent/guardian/person enrolling student, please check here .

Number of children in family: \_\_\_\_\_ List the names and birthdates of siblings:  
 1. Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ 3. Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 2. Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ 4. Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name of child's physician: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
 Does your child have health insurance:  Yes  No If yes, provide name of insurance company: \_\_\_\_\_  
 If no, NJ Family Care provides free or low cost health insurance for uninsured children and certain low income families; call 1 (800) 701-0710.

**PARENT/GUARDIAN INFORMATION** Father / Mother / Guardian / Other

Please circle: Mr. Mrs. Ms. Dr.

Married/Single/Divorced/Civil Partnership: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Email (Primary): \_\_\_\_\_

Email (Secondary): \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION** Father / Mother / Guardian / Other

Please circle: Mr. Mrs. Ms. Dr.

Married/Single/Divorced/Civil Partnership: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Email (Primary): \_\_\_\_\_

Email (Secondary): \_\_\_\_\_

By my signature I affirm that my child meets the entrance age and residency requirement for the Scotch Plains-Fanwood Public Schools, pursuant to Board Policies (5111-Entrance Age and 5118 Eligibility for Enrollment) and further that all the information provided herein is accurate and true.

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

**FOR OFFICE USE ONLY (Please print)**

Home school: \_\_\_\_\_ Placement school: \_\_\_\_\_ Registration Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Registration:  Date starting SPF schools: \_\_\_\_\_ Student No: \_\_\_\_\_ NJ State ID No: \_\_\_\_\_

Transfer:  To: \_\_\_\_\_ Grade: \_\_\_\_\_ Change  Withdrawal

Reason for transfer: \_\_\_\_\_

Instruction Setting Code: \_\_\_\_\_ Test for ESL: Yes  No  Placed in ESL: Yes  No

Resident: Yes  No  Birth Certificate: Yes  No  Medical Records: Yes  No  Academic Records: Yes  No

Proof of Residency: Yes  No  Circle No: 1 2 3 4 Immunization Records: Yes  No

Assigned to: Homeroom No. \_\_\_\_\_ Teacher: \_\_\_\_\_

TRANSPORTATION: Will student take the bus: Yes  No  Will student walk to school? Yes  No

## REGISTRATION CODES

### STATE-MANDATED INFORMATION:

<b>Racial Code:</b> A Asian W White B Black I American Indian or Alaskan Native P Native Hawaiian or Other Pacific Islander	A	Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam.
	W	White
	B	Black
	I	American Indian or Alaskan Native: A person having origins in the original peoples of North, Central, or South America, and who maintains cultural identification through tribal affiliation or community recognition.
P	Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	

<b>Ethnic Identity Code:</b> Y Hispanic or Latino N Not Hispanic or Latino	Y	Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
	N	Not Hispanic or Latino: A person NOT of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

<b>Birthplace Information:</b>	City of birth
	State of birth
	Country of birth

<b>Native Language Code:</b>					
Albanian	AL	Hindi	HI	Romanian	RM
Arabic	AR	Indian	IN	Russian	RU
Cantonese	CA	Italian	IT	Singhalese	SI
Chinese	CH	Japanese	JA	Spanish	SP
English	EN	Korean	KO	Telugu	TE
French	FR	Latvian	LA	Thai	TH
German	GE	Philippine	PH	Vietnamese	VI
Greek	GR	Polish	PO	Yoruba	YO
Hebrew	JE	Portuguese	PR	Other _____	

## Eligibility for Enrollment – Supporting Documentation

The following forms of documentation may demonstrate a student's eligibility for enrollment in the Scotch Plains-Fanwood Public Schools. (Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form:

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency;
- Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location;
- Court orders, state agency agreements, and other evidence of court or agency placements or directives;
- Receipts, bills, cancelled checks, and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student;
- Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship or temporary residency;
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, legal guardian, person keeping an "affidavit student," adult student, person(s) with whom a family is living, or others, as appropriate;
- Documents pertaining to military status and assignment;
- Any business record or document issued by a governmental entity;
- Any other form of documentation relevant to demonstrating entitlement to attend the Scotch Plains-Fanwood Public Schools.

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

You will *NOT* be asked for any information or documents protected from disclosure by law, or pertaining to criteria that are not legitimate bases for determining eligibility to attend school. You may *voluntarily* disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but *we may not, directly or indirectly, require or request:*

- Income tax returns;
- Documentation or information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa;
- Documentation or information relating to compliance with local housing ordinances or conditions of tenancy;
- Social security numbers.

**SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS**  
**CERTIFICATION OF RESIDENCY – Section A, Domicile**

**TO THE PERSON ENROLLING THE STUDENT:** If the student is living with a parent or guardian whose permanent home is located in Scotch Plains or Fanwood, please complete Section A.

If you are the student's guardian, or will be the guardian of a student from out of state following expiration of the required 6-month waiting period, you will be asked to provide official papers proving guardianship.

(Sections relating to other circumstances must be completed at the Office of Special Services.)

How long have you lived at the address given on the student's registration form? \_\_\_\_\_

Do you have any present intention of moving from this home? If so, when and to where?  
\_\_\_\_\_

Do you have residence(s) elsewhere and, if so, where are they and when do you live there?  
\_\_\_\_\_

If you own your home or rent, please provide one of the following forms of proof of residency:

Property tax bill \_\_\_\_\_ Deed \_\_\_\_\_ Homeowners Ins. Policy \_\_\_\_\_

Mortgage Statement \_\_\_\_\_ Contract of Sale \_\_\_\_\_ Lease \_\_\_\_\_

Please list three other forms of proof (see Supporting Documentation list) you will provide to demonstrate that the address given on the registration form is your permanent home:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_

All Documentation presented as proof of residency must be original documents and currently dated.

If the student's parents are domiciled in different districts, regardless of which parent has legal custody, please answer the following questions:

Is there a court order or written agreement between the parents designating the district for school attendance and, if so, where does it require the student to attend school? (You will be asked to provide a copy of this document.)  
\_\_\_\_\_  
\_\_\_\_\_

Does the student reside with one parent for the entire year? Yes [ ] No [ ]

If so, with which parent and at what address: \_\_\_\_\_

If not, for what portion of time does student reside with each parent and at what addresses:

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

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

If the student lives with both parents on an equal-time, alternating week/month, or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application? \_\_\_\_\_

If you are claiming to be an emancipated student, are you living independently in your own permanent home in Scotch Plains or Fanwood? Yes [ ] No [ ]

If yes, please list the proofs you will provide, in addition to those demonstrating domicile, to demonstrate that you are not in the care and custody of a parent or legal guardian.  
\_\_\_\_\_  
\_\_\_\_\_

REGULATIONS:  
PROCEDURES FOR SCHOOL ADMISSION

Date of Adoption: September 8, 2005

A physical examination by a certified physician will be required prior to admission. Evidence of required immunizations will be presented at the time of registration.

A student who presents a statement signed by his/her parent or guardian that a physical examination interferes with the free exercise of their religious beliefs shall be examined only to the extent necessary to determine whether he/she is ill or infected with a communicable disease, to determine his/her fitness to participate in any required health or physical education program, or to participate in co-curricular events/interscholastic athletics.

Failure to comply with the requirements defined above will result in exclusion from school, as determined by the building principal. The allotted time for completion of this requirement will be left to the discretion of the principal and nurse, since individual cases will vary.

Scotch Plains-Fanwood Public Schools

Supersedes Regulation 5141.3R1 dated May 28, 1998.

**SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS  
NEW STUDENT MEDICAL EXAMINATION FORM**

STUDENT'S NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_  
SCHOOL \_\_\_\_\_ Grade \_\_\_\_\_

**IMMUNIZATIONS (To be filled in by the physician)**

VACCINE TYPE	1 <sup>st</sup> dose m/d/y	2 <sup>nd</sup> dose m/d/y	3 <sup>rd</sup> dose m/d/y	4 <sup>th</sup> dose m/d/y	5 <sup>th</sup> dose m/d/y	Month/day/year
Diphtheria, Tetanus, Pertussis (DTP), (Td* or DT*)						
Tdap						
Polio-Oral Polio Vaccine (OPV) (if Salk, indicate IPV)						
Measles, Mumps, Rubella (MMR)				XXXXXX	XXXXX	XXXXXXXXXX
Measles				Or Serology	Date	Titer
Rubella				Or Serology	Date	Titer
Mumps				Or Serology	Date	Titer
Varicella				Or Serology	Date	Titer
Haemophilus B (Hib)						
Hepatitis B						
Pneumococcal						
Meningococcal						
Hepatitis A						
Human Papillomavirus (HPV)						
Influenza						
Other (specify)						

\*Requires Medical Exemption

Provisional Admission Attached  
Date Granted \_\_\_\_\_

Medical Exemption Attached  
Date Granted \_\_\_\_\_

Religious Exemption Attached  
Date Granted \_\_\_\_\_

TUBERCULIN MANTOUX TEST:      DATE GIVEN \_\_\_\_\_      DATE READ \_\_\_\_\_      RESULT \_\_\_\_\_

**PHYSICAL EXAMINATION REPORT**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Examination Code: "O"=noted or normal, "V" = defect

Eyes _____	Nose _____	Hernia _____	Allergies: _____
Ears _____	Throat _____	Genitalia _____	_____
Skin _____	Teeth _____	Reflexes: _____	_____
Scalp _____	Heart _____	Knee _____	_____
Glands _____	Lungs _____	Arm _____	_____
Nutrition _____	Spine _____	Foot _____	_____

Has this child had any acute or prolonged illness, injuries or operations? \_\_\_\_\_

Is this child under any treatment or medication?    Yes? \_\_\_\_\_    No? \_\_\_\_\_    Condition \_\_\_\_\_

Medication \_\_\_\_\_    Dosage \_\_\_\_\_

Is there a condition that would limit physical activity? \_\_\_\_\_    Type of limitation \_\_\_\_\_

Approximate length of time \_\_\_\_\_

Date of last dental examination \_\_\_\_\_    Braces? \_\_\_\_\_

Does this child wear glasses? \_\_\_\_\_    Contact Lenses? \_\_\_\_\_    Eye Doctor \_\_\_\_\_

Date of last eye examination \_\_\_\_\_    Vision Test:    Testing without glasses    With glasses

Glasses are to be worn \_\_\_\_\_    R 20/\_\_\_\_ L 20/\_\_\_\_    R 20/\_\_\_\_ L 20/\_\_\_\_

Audiometric Screening: R \_\_\_\_\_ db L \_\_\_\_\_ db

Doctor's Name, Address, Telephone \_\_\_\_\_

Date of Examination \_\_\_\_\_ (please print or stamp name)

Physician's Signature \_\_\_\_\_

**SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS  
HEALTH PHYSICAL DEVELOPMENT HISTORY**

This record is to be filled in by the parent or guardian and provided for the school nurse.

LAST NAME FIRST NAME INITIAL BIRTHDATE SEX

ADDRESS PHONE

FATHER/GUARDIAN MOTHER/GUARDIAN

**PERSONAL HEALTH HISTORY**

Birth weight _____ lbs. _____ oz.		Has child had:	YES	NO	DATE
	YES	Trouble with vision	<input type="checkbox"/>	<input type="checkbox"/>	_____
Illness of mother during pregnancy	<input type="checkbox"/>	Frequent vomiting or diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	_____
Born prematurely	<input type="checkbox"/>	Tendency to bleed easily	<input type="checkbox"/>	<input type="checkbox"/>	_____
Complications of delivery	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Difficulty soon after delivery	<input type="checkbox"/>	Convulsions or other seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Specify: _____		Unusual nervousness, nail biting, or thumb sucking	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walked alone when _____ months old		Nightmares or trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	_____
Said a few words when _____ months old		Breath-holding or temper tantrums	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has child had/has:	YES	Difficulty with toilet training or bedwetting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Serious bee sting allergy	<input type="checkbox"/>	Any severe injury or impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hernia	<input type="checkbox"/>	Specify: _____			_____
Chickenpox	<input type="checkbox"/>	Any operations:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatic Fever	<input type="checkbox"/>	Specify: _____			_____
Asthma or wheezing	<input type="checkbox"/>	Any medication:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pneumonia or bronchitis	<input type="checkbox"/>	Specify: _____			_____
Frequent sore throats	<input type="checkbox"/>				_____
Frequent ear infections	<input type="checkbox"/>				_____
Trouble with hearing	<input type="checkbox"/>				_____
Trouble with speech	<input type="checkbox"/>				_____
Celiac Disease	<input type="checkbox"/>				_____
Diabetes	<input type="checkbox"/>				_____

**FAMILY HEALTH HISTORY**

Has parent or sibling had:	YES	NO	Relationship
Significant Allergy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Convulsive Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

**ADDITIONAL INFORMATION**

Previous Schooling:	YES	NO	Where? _____
Another Language Spoken at Home:	<input type="checkbox"/>	<input type="checkbox"/>	What? _____
Child born in the United States:	<input type="checkbox"/>	<input type="checkbox"/>	If no, years in United States? _____
Other significant health issues/learning problems:	_____		



HOME LANGUAGE SURVEY

Dear Parents:

In order to improve our planning for your child's educational needs, we ask that you 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 or assistant principal at the school your child attends.

Thank you for your cooperation.

\*\*\*\*\*

Student's Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

- 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 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? \_\_\_\_\_

\*\*\*\*\*

In which language do you wish to receive communication? \_\_\_\_\_  
Indicate Language

DIALECT \_\_\_\_\_ COUNTRY \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

\*\*\*\*\*

FOR SCHOOL USE ONLY

LANGUAGE \_\_\_\_\_ CODE \_\_\_\_\_

**ACCEPTABLE USE POLICY FOR STAFF and STUDENTS  
for COMPUTING and INFORMATION TECHNOLOGY RESOURCES**

**Date of Adoption:** February 21, 2002

The Scotch Plains-Fanwood Board of Education believes that the use of technology and computer-assisted communications is vital to our students' success. It is the responsibility of our educators to foster an understanding of appropriate technology and to teach those technological skills which are necessary to promote academic excellence. The proper use of technology and technological skills will be integrated into our instructional programs when learning is enhanced by its use.

The district encourages the use of computer-assisted communications such as the Internet and student collaboration when it supports the curricula of the district and advances the learning process.

The Internet provides connections to other computer systems located all over the world. Neither the individual school nor the Scotch Plains-Fanwood Board of Education controls the content of the information available on these other systems. Some of the information available may be controversial and/or inappropriate.

Preserving the access to information resources is a community effort that requires each member to act responsibly and guard against abuses. Therefore, both the community as a whole and each individual user have an obligation to abide by the following standards of acceptable and ethical use:

**All Users Shall:**

Use only those computing and information technology resources for which you have authorization.

Use computing and information technology resources only for their intended purpose.

Protect the access and integrity of computing and information technology resources.

Abide by applicable laws and district policies and respect the copyrights and intellectual property rights of others, including the legal use of copyrighted software.

Respect the privacy and personal rights of others.

Only use network accounts for the authorized purpose and only as authorized by the owner of the account.

Only load software on the network or individual computers which have been approved by the District Technology Coordinator.

Follow specific directives from the instructor-in-charge regarding use of or access to on-line information.

Report any misuse, malfunctioning equipment or missing components to the proper person.

**All Users Shall Not:**

Purposely change a system configuration without permission of the network administrator or use the network to access files dangerous to the integrity of the network.

Intentionally seek information on, obtain copies of, or modify files, other data, or passwords belonging to other users, or misrepresent other users on the network.

Use the network to maliciously develop programs that harass other users or infiltrate a computer or computing system and/or damage the software components of a computer or computing system.

Use the network for personal financial gain, commercial activity or any illegal purpose.

Use the network to send hate mail, or for the purpose of harassment, discrimination or other antisocial behaviors.

Use the network to access or process pornographic material, inappropriate text files, or files dangerous to the integrity of the local area network.

Use profanity, obscenity, or other language which may be offensive or threatening to another user.

Intentionally search for materials on the Internet and/or other computer networks or systems inappropriate for the users' age, grade level or academic objective.

Teachers, including the media specialists, are responsible for monitoring student use when the student is under their supervision.

The Scotch Plains-Fanwood Board of Education expects all users to exercise ethical and legal behavior when using the district network and resources. Consequences for violations may range from temporary loss of Internet access and/or other computer use to expulsion. Disciplinary actions may be determined consistent with existing policies and regulations concerning staff or student conduct. Where applicable, law enforcement agencies may be involved.

The Superintendent will require users to sign an agreement to adhere to district policies and/or procedures.

Scotch Plains-Fanwood Public Schools

**Cross Reference:**

Policy 6142.20 Internet Safety

Supersedes Policy and Regulations 6142.10 and 6142.10-R dated March 20, 1997, Use of Computers, Computer Systems and Computer Networks.

ACCEPTABLE USE POLICY AGREEMENT  
FOR COMPUTING AND INFORMATION TECHNOLOGY RESOURCES

I have reviewed the Acceptable Use Policy and agree to adhere to these guidelines.

School: \_\_\_\_\_

Student's Name (Please print): \_\_\_\_\_

Student's Signature: \_\_\_\_\_

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

---

PARENT/GUARDIAN AUTHORIZATION (mandatory)

I have reviewed the Scotch Plains-Fanwood Public School Acceptable Use Policy with my  
child \_\_\_\_\_  
(name)

Parent/Guardian's Signature \_\_\_\_\_

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

**PUBLICITY RELEASE FORM**

Throughout the school year the Scotch Plains-Fanwood School District is proud to share news of our students' activities and achievements with the community. Sometimes this news includes photos of students in school settings, and the captions include the names of students in the photo but no other identifying information except the name of the school and grade. These photos may be used in newspaper articles, district reports, newsletters, video presentations, on school or district web sites, and on the district cable TV channel. It is also important to note that some local newspapers that receive publicity articles from the district also place their latest issue on their web sites.

For your child to be included in these photos, you must give written permission below and return this form to the principal's office. Your permission will be included in a database and will hold for the duration of your child's enrollment in their present school. If you do give consent and wish to change your mind, you may do so at any time by sending a request in writing to your child's school principal. Your consent will be rescinded immediately.

Please read the following options carefully and *check only one*.

I grant permission for identified school-related photographs of my child to be included in publicity information such as news releases, videos, newsletters, reports and district web site postings.

or

I deny permission for photographs of my child to be used for any of the above-listed publicity uses.

_____	_____	_____
Student's Name (please print)	Grade	School / Teacher
_____	_____	
Parent / Guardian Signature	Date	
_____	_____	
*Student's Signature (if 18 years old or older)	Date	

\*If 18, a student may sign the form without parent consent.

Cross Reference: Internet Safety Policy 6142.20

**SCOTCH PLAINS-F ANWOOD PUBLIC SCHOOLS  
SCOTCH PLAINS, NEW JERSEY**

**REQUEST FOR RELEASE OF PUPIL RECORDS**

Name of Pupil \_\_\_\_\_ Date of request \_\_\_\_\_

Name of Parent \_\_\_\_\_

School in which pupil was last enrolled \_\_\_\_\_

I hereby request and give consent that all information and reports concerning my child be sent to:

\_\_\_\_\_  
Signature of Parent  
(per Board of Education Rules & Regulations)

- Permanent Record (per Section 4.4 of Rules & Regulations)  
(available through school)
  
- Child Study Team Records  
(available through Office of Pupil Services)
  
- Discipline Records
  
- Other \_\_\_\_\_  
\_\_\_\_\_

---

**NOTIFICATION OF RELEASE OF PUPIL RECORDS**

Dear \_\_\_\_\_:

On \_\_\_\_\_, pupil records for your son/daughter were released as requested above.

\_\_\_\_\_  
Signature of School Administrator

\_\_\_\_\_  
Date