REGISTRATION PACKET - GRADES PK-12

☐ GLENWOOD AVENUE ELEMENTARY (Grades PK3-5)
☐ WILDWOOD MIDDLE SCHOOL (Grades 6-8)
☐ WILDWOOD HIGH SCHOOL (Grades 9-12)

Public schools are required to provide a free education to all persons over age 5 and under age 20 who are domiciled in the district. Domiciled means that the student is living with a parent or guardian whose permanent home is located within the boundaries of the district.

The Wildwood Public School District is open to the children of residents who are legally domiciled in the City of Wildwood, New Jersey.

To enroll in one of our schools, complete the enrollment packet and return along with required documents to the appropriate school.

Only a parent or legal guardian may register a student into the Wildwood Public School District. Registration must be completed IN PERSON. Contact the Registrar with any questions or to schedule an appointment.

REGISTRAR CONTACT INFORMATION

WILDWOOD MIDDLE/HIGH SCHOOL
MRS. AMY GARNETT  609-522-7922 EXT. 2416
agarnett@wwschools.org

GLENWOOD AVENUE ELEMENTARY SCHOOL
MS. DONNA MUNSON  609-522-1630 EXT. 3443
dmunson@wwschools.org

STUDENT NAME _____________________________________________ GRADE __________________________
**FORMS**

*The following forms (if applicable) MUST be returned to the Registrar upon completion.*

<table>
<thead>
<tr>
<th>RESIDENCY</th>
<th>FORM #</th>
<th>RECEIVED BY</th>
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<tbody>
<tr>
<td>Residency Verification Form</td>
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<td>Records Request Form</td>
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<td>Registration Form</td>
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<tr>
<td>McKinney Vento Questionnaire (if applicable)</td>
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<th>HEALTH/MEDICAL</th>
<th>FORM #</th>
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<tr>
<td>NJ-SMART Health Status</td>
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<td>Annual Health Update</td>
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<td>Student Physical Examination</td>
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<td>Food Allergy Information</td>
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<td>Student Emergency Information Form</td>
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<th>CHILD STUDY TEAM</th>
<th>FORM #</th>
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<tr>
<td>Special Education Medicaid Initiative (SEMI) Consent</td>
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<td>Medicaid Annual Notification Regarding Parent Consent</td>
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<th>OTHER REQUIRED FORMS</th>
<th>FORM #</th>
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<tr>
<td>Home Language Survey</td>
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<td>Media Consent</td>
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<td>Acceptable Use Policy (AUP)</td>
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REGISTRATION DOCUMENT CHECKLIST

Parents/guardians seeking to enroll a child(ren) for school, must provide **ORIGINALS** (copies will be made for the student’s file) of the documents listed below. Please use this checklist, as a guide when gathering the necessary documents. Failure to provide the required documents may delay enrollment or may result in initial denial of enrollment.

1. **Student identification and Proof of Guardianship (one or more may be required as necessary):**
   - Birth Certificate (original with raised seal) required for all enrollees
   - Adoption Papers
   - Proof of Custody (legal document from divorce, court order, guardianship or notarized custody statement for students living with one parent)

2. **Parent/Guardian proof of identity (verification you are the person listed on the student’s identification paperwork AND the residency documents submitted):**
   - Photo driver’s license (may be expired or from another State or Country)
   - Passport
   - State or Municipal ID
   - Non-Driver ID
   - Work ID
   - Any other photo ID with your name

3. **Medical Information (Immunizations/Vaccinations):**
   - Certified Immunization Records (ALL students entering pre-school and kindergarten must submit proof of immunizations using the District’s Certificate of Immunization form enclosed in this packet or a signed/stamped computerized immunization record from a physician, State, County or Federal Health Agency.)
   - A signed/stamped immunization record from your previous school, physician or from a State, County or Federal Health agency
   - Physical Examination Form (if completed, otherwise may be returned to school nurse at the opening of school)

4. **Student Academic Information (TO BE PROVIDED BY PREVIOUS DISTRICT):**
   - School Records/Proof of Grades (report cards and/or official transcript)
   - 10-Digit NJ State ID Number (for those transferring from a public school in NJ)
   - Transfer Card or Withdrawal Form from previous school (if offered by previous school)
   - Latest Standardized Test Score Reports
   - IEP (for students requiring Special Education services)

5. **Proof of Address**
   - Documentation as shown on the list
PROOF OF RESIDENCY CHECK LIST

One or more of the following documents, containing the parents’ name and their Wildwood address, as evidence of their personal attachment to the address in town.

- Current Mortgage Statement
- Utility Bill
- Financial/Investment Statement
- Voter’s Registration
- Medical Bill
- Recent Pay Stub (with address)
- Personal Loan Statements
- Jury Duty Notices
- Official DMV Notices/Mailings (Will only be accepted if it contains full name of parent)
- Military Status/Assignment Paperwork
- Federal/State/County Benefit Forms or Statements (computerized not handwritten notices)
- Tax Bill
- Water Bill
- Telephone Bill
- Cable Bill
- Cell Phone Bill
- IRS Statement/Bill
- Professional License/Permit
- Official Notice from the State, County, or Federal Government (IRS, Homeland Security, SSI, Military)
- Driver’s License with current address (not sticker)
- Signed Lease
- Monthly Bank Statement
- Credit Card Bill
- Sewage Bill
- Insurance Statement/Bill
- Home Heating Bill
- Student Loan Bill
- Change of Address
- Confirmation from the Post Office
- Car Registration and Car Insurance (submitted with license reflecting same address)

PDF account statements (replicas) of bills are accepted for paperless billed accounts. Documents such as bills, pay stubs, bank statements, notices must be dated within 60 days.

(Note: Junk mail, advertisements/solicitations, forwarded mail, handwritten mail, mail from the school district, bank verification letters in lieu of statements, hand delivered court notices, hand delivered subpoenas, pending legal action notices, any form of letters of verification, email notifications of account sign ups or account address changes and on-line account summaries will not be accepted.)
STUDENT(S) LIVING IN-DISTRICT WITH RELATIVE/FRIEND

- Relative/Friend must accompany the parent at the time of initial registration and provide their current proof of residency according to the requirements listed on page 5 of this packet, along with their driver’s license or other photo ID.
- Relative/Friend must provide parent with notarized Owner/Landlord Affidavit (if a homeowner) or Resident/Tenant Affidavit (if a renter).
- Parent/guardian must also provide three (3) additional pieces of documentation, dated within the last 60 days, containing the parent’s/guardian’s name and address. (From the list on page 5.)

AFFIDAVIT STUDENTS AND DCPP PLACEMENTS

- Affidavit Students (students who reside with a non-custodial guardian) must submit an Affidavit Registration Packet (forms are available in the Registration Office). NOTE: These forms are not available until Summer and take 3-5 business days to review.
- Department of Children Protection & Permanency (DCP&P) require submission of a court order or an equivalent documentation from the DCP&P office.

ELIGIBILITY OF RESIDENT/NON-RESIDENT STUDENTS

Person(s) submitting fraudulent information for the purpose of attending district schools are subject to prosecution and fines during student’s ineligible attendance, to the fullest extent of the law.

The district reserves the right to conduct periodic residency checks for purposes of residency verification.

Please be advised that enrollment in Wildwood Public Schools is permissible only for those children whose parent(s)/guardian(s) are residents in the City of Wildwood. Pursuant to N.J.A.C. 6A:22-4.1, eligibility for admission to the Wildwood Public School District is subject to thorough review and subsequent reevaluation.

Additionally, an assessment of tuition may be imposed in the event that a student initially admitted is later found ineligible for enrollment.
RESIDENCY VERIFICATION FORM

The Wildwood Public School District reserves the right to conduct periodic residency checks as further verification a family resides in Wildwood.

Enrollment in Wildwood Public Schools is permissible only for those children whose parent(s)/guardian(s) are residents in the towns of Wildwood.

Pursuant to N.J.A.C. 6A:22-4.1, eligibility for admission to the Wildwood Public School District is subject to thorough review and evaluation and there is a potential for assessment of tuition in the event an initially admitted student is later found ineligible for enrollment. The review and evaluation may be conducted through in-person residency verifications in addition to the submission of documentation to prove residency in Wildwood.

In-person residency verification may take place by our residency investigators for the following reasons (but not limited to):

- Verification of newly enrolled students
- When mail is returned from the Post Office
- When there is any sort of admission of an address in another town to a staff member
- Chronic lateness and absences
- By any staff member as a result of an observation or admission by student(s)

If your address has been selected for verification, it is critical you answer the door and identify yourself with photo ID. The District will make three attempts to verify residency. If unable to do so after the third attempt, the parent(s)/guardian(s) will be referred to the Board of Education for removal from the District for non-residency.

I, ________________________________, parent(s) of ________________________________, have read the above notice regarding residency verifications and understand I may be subjected to periodic, unannounced residency verifications and that after three unsuccessful attempts to verify my residency, may result in a hearing and possible removal from the district.

________________________________ ____________
Signature of Parent/Guardian Date
RELEASE OF STUDENT RECORDS

STUDENT NAME

GRADE LAST ATTENDED

School transferring from:

School Address:

School Phone/Fax:

On ______________________, the above named student enrolled at:

☐ GLENWOOD AVENUE ELEMENTARY (Grades PK3-5)
☐ WILDWOOD MIDDLE SCHOOL (Grades 6-8)
☐ WILDWOOD HIGH SCHOOL (Grades 9-12)

Please FAX the following records:

☐ Grades
☐ Attendance
☐ Health Record
☐ Proof of Age
☐ Court Orders, Custody Information
☐ Child Study Team Info (504/IEP) (via IEP Direct preferred)
☐ Current Report Card

Please MAIL the following records:

☐ Official Transcript
☐ Final Report Card
☐ Standardized Test Scores
☐ Discipline Record
☐ Cumulative Folder
☐ Child Study Team File

We welcome any comments you may wish to include regarding this student: ________________________________

__________________________________________________________

I grant permission for the release of all records to the Wildwood Public School District for the above named student.

__________________________________________________________

PARENT/GUARDIAN          DATE
# REGISTRATION FORM

## STUDENT INFORMATION

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
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<th>Home Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Date Moved In</th>
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<th>Gender</th>
<th>Date of Birth</th>
<th>City of Birth</th>
<th>State of Birth</th>
<th>Country of Birth</th>
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### Ethnic Group

- [ ] White
- [ ] Black
- [ ] Hispanic
- [ ] American Indian/Alaskan Native
- [ ] Native Hawaiian/Pacific Islander
- [ ] Asian
- [ ] Native

### Living With

*If student lives with someone other than one or both parents, custody/guardianship papers must be presented.*

- [ ] Both Parents
- [ ] Mother
- [ ] Father
- [ ] Legal Guardian
- [ ] Other – List Full Name & Relationship to Student

### Previous School History

Has student been enrolled in a U.S. school for the past (3) years?  [ ] Yes  [ ] No

Is this the first time student has been enrolled in a U.S. school?  [ ] Yes  [ ] No

<table>
<thead>
<tr>
<th>School Name</th>
<th>Address</th>
<th>Grade</th>
<th>Dates of Attendance</th>
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FORM 4
### Other Children Living in the Household

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<thead>
<tr>
<th>Full Name</th>
<th>Date of Birth</th>
<th>Relationship</th>
<th>Present School</th>
<th>Grade</th>
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### PARENT/GUARDIAN/STEP PARENT

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<th>Last Name</th>
<th>First Name</th>
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- [ ] Parent(s)
- [ ] Step Parent
- [ ] Legal Guardian
- [ ] Other (Name/Relationship)

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<tr>
<th>Home Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Date Moved In</th>
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- [ ] Own
- [ ] Rent
- [ ] Living with Friend/Relative
  - [ ] Permanent
  - [ ] Temporary
- [ ] Other
  - [ ] Hotel/Motel
  - [ ] Shelter

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<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>E-Mail</th>
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<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Reason Moved</th>
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<tr>
<th>Employer:</th>
<th>Occupation:</th>
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If temporary or other, complete McKinney-Vento Form

- [ ] Own
- [ ] Rent
- [ ] Living with Friend/Relative
  - [ ] Permanent
  - [ ] Temporary
- [ ] Other
  - [ ] Hotel/Motel
  - [ ] Shelter

<table>
<thead>
<tr>
<th>Home Phone</th>
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Employer: Occupation:
## OTHER IMPORTANT INFORMATION

Do you prefer your school correspondence in English or Spanish?

- □ English
- □ Spanish

Does your child receive Special Education Services, have an IEP or 504 Plan?

- □ Yes
- □ No
  - □ Special Education Services
  - □ IEP
  - □ 504 Plan

Does this student have a parent or guardian who is on ACTIVE DUTY in the National Guard or RESERVE components of the United States Military?

- □ Yes
- □ No

Are you registering any other children in any other school district (Private school, CHOICE Program, etc.)?

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>School child will be or is registered</th>
<th>Grade</th>
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ALERTS – Please provide any information that would help us keep your child safe in school or names of persons who are not allowed to have contact with your child.

________________________  ______________________
SIGNATURE                    DATE

________________________
PRINT NAME
PERSONS (MUST BE OVER THE AGE OF 18) AUTHORIZED TO PICK CHILD UP FROM SCHOOL PRIOR TO DISMISSAL:

______________________________ Phone:__________________
______________________________ Phone:__________________
______________________________ Phone:__________________

Is your child toilet trained?  ☐ Yes  ☐ No

Date of your child’s most recent physical exam? ____________________________

Date of your child’s last blood lead level test? ____________________________

PERMISSION FOR CHILD TO PARTICIPATE IN SCHOOL ACTIVITIES AWAY FROM SCHOOL BUILDINGS

_I hereby permit my child to participate in extracurricular, as well as regular, school activities away from the school building for the current school year. I agree that my child shall participate in accordance with the rules and regulations set forth by school authorities. I further agree that neither the school nor any school authority will be responsible for any injury my child might suffer while engaging in said activities._

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons names on this card and to do authorize the made physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event that physicians, other persons named on the emergency contact card, or parents cannot be contacted, the school is authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

______________________________   ____________________________
SIGNATURE                       DATE

______________________________
PRINT NAME
INFORMATION
FOR PARENTS

IF YOUR FAMILY LIVES IN ANY OF
THE FOLLOWING SITUATIONS:

In a shelter

In a motel or campground due to the lack of an alternative adequate accommodation

In a car, park, abandoned building, or bus or train station

Doubled up with other people due to loss of housing or economic hardship

Your school-age children may qualify for certain rights and protections under the federal McKinney-Vento Act.

Your eligible children have the right to:

• Receive a free, appropriate public education.

• Enroll in school immediately, even if lacking documents normally required for enrollment.

• Enroll in school and attend classes while the school gathers needed documents.

• Enroll in the local school; or continue attending their school of origin (the school they attended when permanently housed or the school in which they were last enrolled), if that is your preference.

* If the school district believes that the school you select is not in the best interest of your children, then the district must provide you with a written explanation of its position and inform you of your right to appeal its decision.

• Receive transportation to and from the school of origin, if you request this.

• Receive educational services comparable to those provided to other students, according to your children’s needs.

If you believe your children may be eligible, contact the local liaison to find out what services and supports may be available. There also may be supports available for your preschool-age children.

Local Liaison
Ms. Renee McGoffney
509-522-1870

State Coordinator
Ms. Anderson-Thomas
509-984-4674

If you need further assistance with your children’s educational needs, contact the National Center for Homeless Education:
1-800-308-2145 • homeless@serve.org • http://nche.ed.gov
**MCKINNEY-VENTO HOUSING QUESTIONNAIRE**

This questionnaire can help determine the services your student(s) may be eligible to receive under the McKinney Vento Act (42 U.S.C. 11435) which provides services and supports to children experiencing homelessness.

If you own or rent your home AND are the student’s parent or legal guardian, you do not need to complete this form.

<table>
<thead>
<tr>
<th>Student(s) First &amp; Last Name</th>
<th>Date of Birth</th>
<th>Grade</th>
<th>School Attending</th>
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PLEASE LIST OTHER CHILDREN IN THE FAMILY WHO ARE NOT CURRENTLY ENROLLED IN A K-12 SCHOOL.

<table>
<thead>
<tr>
<th>Student(s) First &amp; Last Name</th>
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**CURRENT ADDRESS FOR ALL STUDENTS IN FAMILY**

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<thead>
<tr>
<th>Home Address</th>
<th>City</th>
<th>State</th>
<th>Date Moved In</th>
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**PLEASE CHECK ALL HOUSING SITUATIONS BELOW THAT APPLY**

- [ ] In an emergency or confidential shelter
- [ ] In a transitional housing program
- [ ] In a motel because of no other housing option
- [ ] In someone else’s home or apartment (Family, friend, etc) out of necessity
- [ ] In a residence with inadequate facilities (no water, heat, electricity, etc)
- [ ] Moving from place to place/couch surfing
- [ ] In a car, RV, park, campsite, abandoned building or similar location
- [ ] In a temporary placement by Social Services
Is the student’s current address temporary or permanent?
☐ TEMPORARY (Anticipated length of stay______________________)  ☐ PERMANENT

If temporary, this living arrangement is due to (check all that apply):
☐ LOSS OF HOUSING  ☐ ECONOMIC HARDSHIP  ☐ OTHER (Explain below)

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<thead>
<tr>
<th>PREVIOUS FIXED, ADEQUATE AND REGULAR HOUSING</th>
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<tr>
<td>Address</td>
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HOW LONG DID YOU LIVE AT THIS ADDRESS?

REASON FOR MOVE:

☐ EVICTION  ☐ FIRE/FLOOD  ☐ DOMESTIC VIOLENCE
☐ CHILD ABANDONMENT  ☐ TRANSITIONAL HOUSING  ☐ OTHER (Explain below)

ATTENTION PARENT/LEGAL GUARDIAN: The State of NJ requires us notify your former school district of you are in a homeless situation. This does not affect your child’s enrollment in the Wildwood Public School District. However, if you file a fraudulent claim, you will be held liable for the student’s tuition.

_____ I WISH TO REGISTER MY CHILD IN THE WILDWOOD SCHOOL DISTRICT.

_____ I PREFER THAT MY CHILD RETURNS TO OUR FORMER SCHOOL DISTRICT, IF POSSIBLE.

________________________________________  ________________________
PARENT/GUARDIAN SIGNATURE  DATE

The above named student has registered with the Wildwood Public School District. I have reviewed the information above and find the student eligible to receive McKinney-Vento services.

________________________________________  ________________________
RENEE MCGAFFNEY, HOMELESS LIAISON  DATE
# STUDENT EMERGENCY INFORMATION

## STUDENT DEMOGRAPHIC INFORMATION

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<thead>
<tr>
<th>SCHOOL</th>
<th>TEACHER</th>
<th>GRADE</th>
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<thead>
<tr>
<th>Home Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>E-Mail</th>
</tr>
</thead>
</table>

**TO THE PARENT/GUARDIAN:** It is essential that the school is able to reach you or a designee in the case of early dismissal, accident or sudden illness, or other important occurrence. Please furnish complete information.

## Parent/Guardian 1 Parent/Guardian 2 Parent/Guardian 3

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Home Address</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
<th>Email</th>
<th>Employer Name</th>
<th>Work Address</th>
</tr>
</thead>
</table>

**In case of an unscheduled early dismissal, or if my child is sick, persons, who are available during the day, have agreed to care for my child if I cannot be contacted. My child may be released to the supervision of the listed person(s), who have my permission to pick up my child if I cannot be reached.**

## Emergency Contact 1 Emergency Contact 2 Emergency Contact 3

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Home Address</th>
</tr>
</thead>
</table>

FORM 6
# NJ-SMART HEALTH STATUS

<table>
<thead>
<tr>
<th>STUDENT INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician’s Name</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>City</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td>Fax Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAL INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Lead Test</td>
<td>Lead Level</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Medical Exam</td>
<td>Initial Polio Immunization</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH CARE PROVIDER</th>
<th>NJ FAMILY CARE PROGRAM</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the student have health insurance?</td>
<td>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 <a href="http://www.njfamilycare.org">www.njfamilycare.org</a> to apply online.</td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.</td>
<td></td>
</tr>
<tr>
<td>If yes, specify provider:</td>
<td>Signature: ___________________________</td>
<td></td>
</tr>
<tr>
<td>☐ Aetna HMO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ AmeriHealth HMO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Cigna Healthcare HMO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Health Net HMO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Horizon Blue Cross Blue Shield of NJ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Horizon Blue Cross Blue Shield of NJ PLUS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Medicaid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ NJ FamilyCare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Oxford HMO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other ___________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the student’s health insurance issued by Medicaid?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30 (b).
PHYSICAL EXAMINATION REQUIREMENTS

The primary responsibility for the health of a child rests with the parent/guardian and their family physician or primary health care provider. According to state law, “Each student medical examination shall be conducted at the medical home of the student, and a full report sent to the school.” (N.J.A.C. 6A:16-2.2) Your child’s family physician or health care provider must complete his or her physical examination. A comprehensive health examination, which includes a review and examination of all body systems, is required for certain students in Wildwood Public Schools.

Accompanying this notice is a copy of the Universal Child Health Record. Please have your family physician/primary health care provider complete it and return it to your child’s school nurse. If your child does not have a medical home (family physician/primary health care provider), or if you have questions or concerns, please contact the school nurse.

New Jersey State Law requires that a physical examination be completed on the following students:

ALL STUDENTS ENTERING SCHOOL. This includes those students entering PK or Kindergarten for the first time, and those transferring from another school without a documented physical examination. Each of these students must present written proof of a completed physical examination that has been completed no more than 365 days prior to attending the Wildwood Public Schools. THOSE FAILING TO COMPLY WITHIN A REASONABLE AMOUNT OF TIME DETERMINED BY THE DISTRICT MAY BE EXCLUDED FROM SCHOOL.

FOURTH AND SEVENTH GRADES. It is strongly recommended that a physical be completed on students in 4th and 7th grades.

THOSE PARTICIPATING IN INTERSCHOLASTIC SPORTS. Students who wish to participate in a school athletic squad or team must return a completed district Physical Examination Report. Each completed sport physical must be reviewed by the school physician, who will recommend approval or disapproval from participation in the sport. Physical examination for sports shall be conducted within 365 days prior to the first practice session. In addition, a Health History Questionnaire must be completed by the parent/guardian prior to each sport’s first practice.

THOSE APPLYING FOR WORKING PAPERS.

THOSE PURSUANT TO A COMPREHENSIVE CHILD STUDY TEAM EVALUATION.
## SECTION I - TO BE COMPLETED BY PARENT(S)

<table>
<thead>
<tr>
<th>Child’s Name (Last)</th>
<th>(First)</th>
<th>Gender</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>/</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td>/</td>
</tr>
<tr>
<td>Does Child Have Health Insurance?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>If Yes, Name of Child’s Health Insurance Carrier</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Home Telephone Number</th>
<th>Work Telephone/Cell Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Home Telephone Number</th>
<th>Work Telephone/Cell Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

I give my consent for my child’s Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date

This form may be released to WIC.

Yes | No

## SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

<table>
<thead>
<tr>
<th>Date of Physical Examination:</th>
<th>Results of physical examination normal?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormalities Noted:</td>
<td>Weight (must be taken within 30 days for WIC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Height (must be taken within 30 days for WIC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Head Circumference (if &lt;2 Years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blood Pressure (if &gt;2 Years)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### IMMUNIZATIONS

- Immunization Record Attached
- Date Next Immunization Due: __________

### MEDICAL CONDITIONS

- Chronic Medical Conditions/Related Surgeries
  - List medical conditions/ongoing surgical concerns:
    - None
    - Special Care Plan Attached
    - Comments

- Medications/Treatments
  - List medications/treatments:
    - None
    - Special Care Plan Attached
    - Comments

- Limitations to Physical Activity
  - List limitations/special considerations:
    - None
    - Special Care Plan Attached
    - Comments

- Special Equipment Needs
  - List items necessary for daily activities:
    - None
    - Special Care Plan Attached
    - Comments

- Allergies/Sensitivities
  - List allergies:
    - None
    - Special Care Plan Attached
    - Comments

- Special Diet/Vitamin & Mineral Supplements
  - List dietary specifications:
    - None
    - Special Care Plan Attached
    - Comments

- Behavioral Issues/Mental Health Diagnosis
  - List behavioral/mental health issues/concerns:
    - None
    - Special Care Plan Attached
    - Comments

- Emergency Plans
  - List emergency plan that might be needed and the sign/symptoms to watch for:
    - None
    - Special Care Plan Attached
    - Comments

### PREVENTIVE HEALTH SCREENINGS

<table>
<thead>
<tr>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Record Value</th>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Note if Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hgb/Hct</td>
<td>Hearing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead:</td>
<td>Capillary</td>
<td>Venous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB (mm of Induration)</td>
<td>Vision</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td>Developmental</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td>Scoliosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print) ____________________________

Signature/Date ____________________________

Health Care Provider Stamp: ____________________________

CH-14 OCT 17 Distribution: Original-Child Care Provider Copy-Parent/Guardian Copy-Health Care Provider
PART 1. STUDENT HEALTH HISTORY

Does your child......?

- [ ] Wear Glasses [ ] Yes  [ ] No
- [ ] Wear Contacts [ ] Yes  [ ] No
- [ ] Wear Hearing Aid [ ] Yes  [ ] No
- [ ] Have a Disability [ ] Yes  [ ] No
- [ ] Wear Hearing Aid [ ] Yes  [ ] No
- [ ] Have Allergies [ ] Yes  [ ] No
- [ ] Have Asthma [ ] Yes  [ ] No
- [ ] Have Diabetes [ ] Yes  [ ] No
- [ ] Have Seizures [ ] Yes  [ ] No
- [ ] Migraines [ ] Yes  [ ] No
- [ ] Heart problems [ ] Yes  [ ] No
- [ ] Bleeding Disorder [ ] Yes  [ ] No
- [ ] Activity Restriction [ ] Yes  [ ] No
- [ ] Life Threatening EpiPen Prescribed? [ ] Yes  [ ] No
- [ ] Life Threatening Inhaler Prescribed? [ ] Yes  [ ] No
- [ ] Severe

If yes to any of the above, please explain:

PART 2. CURRENT MEDICATIONS

Is your child on any medication? [ ] Yes  [ ] No

Is medication required during school hours? [ ] Yes  [ ] No

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Reason for use</th>
<th>Required at school</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Yes  [ ] No</td>
</tr>
</tbody>
</table>

PART 3. CONSENT AND SIGNATURE

All information provided above is true and complete to the best of my knowledge. I understand that in order to provide the safest possible environment for my child, the school needs to be informed of any health or medical conditions that may affect my child's school day.

I understand that:
- Medications of any kind are not allowed on school grounds without the proper medical authorization on file.
- The School Nurse MAY NOT administer or assist with any medications without the proper authorization on file.
- For the safety of my child, the school nurse may need to share information about my child’s condition with appropriate school staff. If I do not wish that information to be shared, I must request this in writing and file it with the school nurse.

PARENT/GUARDIAN SIGNATURE ___________________ DATE ___________________
FOOD ALLERGY INFORMATION FORM

Food allergies must be reported to the food service department and school nurse prior to the student's first day of school.

This form allows you to disclose specific food allergy information, in order to enable the District’s Food Service Department to take necessary precautions for your child's safety.

My Child Has Food Allergies ☐ YES ☐ NO

If yes, please list allergen and reaction:

1. ________________________________________________

2. ________________________________________________

3. ________________________________________________

4. ________________________________________________

5. ________________________________________________

Student Name: ____________________________________________

School: ___________________________________ Grade: ___________________________

Cell Phone: _____________________________ Home Phone: _______________________

Parent/Guardian Signature __________________________ Date: ____________

Wildwood Public School District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

FOR OFFICE USE ONLY
Send copies of completed form to:

☐ FOOD SERVICE

☐ SCHOOL NURSE GLENWOOD ELEMENTARY SCHOOL

☐ SCHOOL NURSE WILDWOOD MIDDLE/HIGH SCHOOL
SPECIAL EDUCATION MEDICAID INITIATIVE (SEMI)
CONSENT FORM

The Wildwood Public School District participates in the Special Education Medicaid Initiative (SEMI) program that allows school districts to bill Medicaid for services that are provided to students.

In accordance with the Family Educational Rights and Privacy Act, 34 CFR §99.30 and Section 617 of the IDEA Part B, consent requirements in 34 CFR §300.622 require a one-time consent before accessing public benefits.

This consent establishes that your child's personally identifiable information, such as student records or information about services provided to your child, including evaluations and services as specified in my child's Individualized Education Program (IEP) (occupational therapy, physical therapy, speech therapy, psychological counseling, audiology, nursing and specialized transportation,) may be disclosed to Medicaid and the Department of the Treasury for the purpose of receiving Medicaid reimbursement at the school district.

As parent/guardian of the child named below, I give permission to disclose information as described above and I understand and agree that Medicaid may access my child's or my public benefits or public insurance to pay for special education or related services under Part 300 (services under the IDEA).

I understand that the school district is still required to provide services to my child pursuant to his or her IEP, regardless of my Medicaid eligibility status or willingness to consent for SEMI billing I understand that billing for these services by the district does not impact my ability to access these services for my child outside of the school setting, nor will any cost be incurred by my family including co-pays, deductibles, loss of eligibility or impact on lifetime benefits.

Child’s Name: ________________________________

Child's Date of Birth: __________________________

Parent/Guardian: _____________________________

Date: _______________________________________

☐ YES  ☐ NO

I give consent to bill for SEMI:

This consent can be revoked at any time by contacting your child’s Case Manager, or the administrator at your child's school, in writing.
MEDICAID ANNUAL NOTIFICATION REGARDING PARENTAL CONSENT

Background: The State of New Jersey has participated in a Federal program, Special Education Medicaid Initiative (SEMI), since 1994. The program assists school districts by providing partial reimbursement for medically-related services listed on a student’s Individualized Educational Program (IEP).

The SEMI program is under the auspices of the New Jersey Department of the Treasury through its collaboration with the New Jersey Department of Education and New Jersey Division of Medicaid Assistance and Health Services.

In 2013, the regulations regarding Medicaid parental consent for school-based services changed. Now the regulations require that, prior to accessing a child’s public benefits or insurance for the first time, and annually thereafter, school districts must provide parents/guardians written notification and obtain a one-time parental consent.

Is there a cost to you?
No. IEP services are provided to students while at school at no cost to the parent/guardian.

Will SEMI claiming impact your family’s Medicaid benefits?
The SEMI program does not impact a family’s Medicaid services, funds, or coverage limits. New Jersey operates the school-based services program differently than the family’s Medicaid program. The SEMI program does not affect your family’s Medicaid benefits in any way.

What type of services does the School-Based Services program cover?
- Evaluations
- Physical Therapy
- Psychological Counseling
- Speech Therapy
- Audiology
- Occupational Therapy
- Nursing
- Specialized Transportation

What type of information about your child will be shared?
In order to submit claims for SEMI reimbursement, the following types of records may be required: first name, last name, middle name, address, date of birth, student ID, Medicaid ID, disability, service dates and the type of services delivered.

Who will see this information?
Information about your child’s special education program may be shared with the New Jersey Division of Medicaid Assistance and Health Services and its affiliates, including the Department of the Treasury and the Department of Education for the purpose of verifying Medicaid eligibility and submitting claims.

What if you change your mind?
You have the right to withdraw consent to allow for Medicaid billing at any time. If you would like to revoke consent, please contact the school in which your child is enrolled in writing.

Will your consent or refusal to consent affect your child’s services?
No. Your school district is still required to provide services to your child pursuant to his or her IEP, regardless of your Medicaid eligibility status or your willingness to consent for SEMI billing.

What if you have questions?
Please call your school district’s Special Education department with questions or concerns, or to obtain a copy of the parental consent form.

Method of Delivery: (check one) _____Mailed to parent(s) _____Emailed to parent(s) _____IEP meeting _____Hand Delivered
Home Language Survey Form: Step 1

Introduction
This survey is the first of three steps to identify whether or not a student is eligible to be an English language learner (ELL).

Instructions
Start with “Question 1” and continue until the HLS is complete. Select the answer for each question and follow the instructions. When you arrive at a decision (“Proceed to Records Review Process” or “Do not proceed to Records Review Process”), the Home-Language Survey is complete.

Student Information

Student Name:___________________________________  Student Birth Date:____________________

Street Address:_______________________________________________________________________

City:__________________________  State:__________________  Zip Code:_______________

Phone number:_______________________________________________________________________

Survey Questions

Question 1
What was the first language used by the student?

   A language other than English. Proceed to question 2a.

   English. Proceed to question 2b.

Question 2a
At home, does the student hear or use a language other than English more than half of the time?

   Yes. Proceed to question 7.

   No. Proceed to question 4.

Question 2b
At home, does the student hear or use a language other than English more than half of the time?

   Yes. Proceed to question 4.

   No. Proceed to question 3.

Question 3
Does the student understand a language other than English?

   Yes. Proceed to question 4.

   No. Proceed to 9.
Question 4
When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?

   Yes. Proceed to question 7.
   No. Proceed to question 5.

Question 5
When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?

   Yes. Proceed to 8.
   No. Proceed to question 6.

Question 6
Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?

   Yes. Proceed to 8.
   No. Proceed to 9.

Question 7
What are the home languages spoken? List below and proceed to 8.

   __________________________________________
   __________________________________________

8. Proceed to Step 2: Records Review Process (To be completed by NJ Certified Staff only – Reference ESSA ELL Entry and Exit Guidance, p. 4).
Home Language Survey is complete.

PARENT/GUARDIAN MEDIA CONSENT FORM

This parental consent form is being sent to you both to inform you and request permission for your child’s photo image and personally identifiable information to be published in the newspaper, on the Wildwood Public School District website and/or on the Wildwood Public School District’s social media publications.

As you are aware, there are potential dangers associated with the posting of this kind of 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; we as schools do, however, want to celebrate your child and his/her work. The law requires that we ask for your permission to use the information about your child.

Pursuant to the law, we will not release any personally identifiable information without prior consent from you as a parent or guardian. During the school year, your child’s photo may be taken at a function/activity and sent to the newspaper for publication. Occasionally, a photo may be posted on the school’s website or social media pages. Included with the photo may or may not include your child’s name and school activity.

_____ YES. I give my permission for my child’s photo with/without personal information to be posted in the newspaper and the school’s website.

_____ NO. I do not give my permission for my child’s photo with/without personal information to be posted in the newspaper and the school’s website.

______________________________          ____________________
CHILD’S NAME                          GRADE

______________________________        ____________________
PARENT/GUARDIAN SIGNATURE            DATE
ACCEPTABLE USE POLICY AND PROVISIONS FOR STUDENTS

The Wildwood Board of Education believes that the use of computers and the Internet have become, if used appropriately, an integral part of the educational program. The Wildwood Board of Education has decided to make internet access available for limited educational purposes in order to meet the district’s mission, goals and objectives. The term “educational purposes” includes classroom activities, continuing education, professional or career development and high-quality, educationally enriching personal research, which relates to student curriculum.

This Wildwood Board of Education Policy is intended to comply with the Children’s Internet Protection Act/Neighborhood Children’s Internet Protection Act and the Children’s Online Privacy Protection Act (whichever is applicable). The District’s System Administrator shall be responsible for ensuring that the blocking software is installed and functioning. Although the internet offers vast opportunities to access resources, the Wildwood Board of Education must maintain an environment which promotes both responsible and ethical conduct in all computer activities by students. With access to the internet also comes the possibility, even with the use of filtering software, that students may access materials that is either of no educational value, or violates applicable state or Federal law. This occurs because with the current state of technology, it is impossible to control access to all materials, which are obscene or profane, or advocates illegal acts, violence or unlawful discrimination.

It is the belief of the Board of Education of the Wildwood School District that the educational value of the access to information and the interaction enabled by internet access far outweighs the disadvantage that users may procure materials that are not consistent with the educational goals of the school district.

The operation of the district computer network relies, in part, on the proper conduct of the users – students. Therefore, it is necessary for students to follow the guidelines, which are set forth within this policy; his/her privileges to use district computers may be limited or suspended. In addition, the student member may be subject to other applicable disciplinary measures. Students will be subject to all possible discipline as described in the Wildwood School District Student Disciplinary Code and District policy.

Attached is the Wildwood School District’s Acceptable Use Policy #6412.10. The agreement incorporates this policy. It also indicated that the party who has signed the agreement has read the terms and conditions carefully and understands their significance. The user (students) agreement is an acknowledgement of the responsibilities of all users. Students will not be permitted to use the district computer system for the purpose of the internet unless they have signed the agreement and their parents or guardians have signed the agreement indicating the student has his/her permission to use the district computer system for the purpose of the internet. The agreement/permission form annexed to this policy is expressly made a part of the policy.
ACCEPTABLE USE POLICY FOR STUDENTS

A. Terms and Conditions of Use

1. Acceptable Use. The use of the internet must be solely to support an educational purpose, which furthers the educational objectives and curriculum established by the Wildwood Board of Education. It is to provide access to various resources and opportunities for collaborative work. In addition, the use of other organizations’ networks or computer resources must comply with the rules for use of those networks in addition to those of this Wildwood School District. Transmission, downloading and accessing of any material in violation of any Federal law (including either the Children’s Internet Protection Act or the Neighborhood Children’s Internet Protection Act and the Children’s Online Privacy Protection Act), state law or regulation or Board Policy is prohibited. The Wildwood Public School district provides access to the internet for educational purposes only.

2. Unacceptable Use. Prohibited activities include, but are not limited to the following:

   (a) Transmitting, downloading or accessing material, which is profane, pornographic, obscene, harmful to minors, inappropriate material, which advocates illegal acts, violence or unlawful discrimination

   (b) Cyber bullying

   (c) E-mailing for personal use or non-educational activities, using profane, abusive, or impolite language, threatening, harassing, or making damaging or false statements about others or using email to access, transmit or download offensive, harassing or disparaging materials

   (d) Sharing assigned username and password or impersonating other users

   (e) Using the network for commercial or for-profit, advertising or political purposes

   (f) Disrupting, hacking or interfering with the use of the network by others

   (g) Altering, mishandling, abusing of hardware or software, or the destruction of data by spreading computer viruses

   (h) Installing copyrighted software for use on the Local Area Network system

   (i) Using social chat rooms and social networking sites

   (j) Plagiarizing and violating copyrights
3. **Privileges.** The use of the internet through the Local Area Network system is a privilege, not a right. Inappropriate use may result in the expulsion, suspension, or partial suspension of those privileges as well as other possible discipline, as outlined in the student conduct and discipline code, which is incorporated by reference herein, and even possible prosecution of illegal activity. Each student, in order to obtain access to the Local Area Network system, will be required to complete the Wildwood School District’s Acceptable Use Policy for Internet access. The administration will have the authority to, at least temporarily, suspend use of the system at any time.

4. **Network Etiquette.** Students of the Wildwood Public School District’s computer system are expected to:

   (a) Be polite

   (b) Only use appropriate language

   (c) Never reveal personally identifiable information such as your name, address, telephone number or those of other students

   (d) Be prepared for a search of student data files and other electronic storage areas. The district administrators may access these files from time to time not only to insure system integrity, but also to determine if users are complying with this policy. Students should not expect that any information they store on the system would be private.

   (e) Comply with all intellectual property laws, such as copyrights.

**B. Penalties for Improper Use**

1. Security of the system is a high priority. If you have reason to believe that you can identify a security problem on the Local Area Network system, you must notify the administrators or be subject to disciplinary action.

2. Vandalism will result in the automatic suspension of use and will be subject to discipline, other forms of legal action or perhaps even criminal prosecution. Vandalism is defined as any attempt to harm or destroy data, software or limited hardware, even if belonging to another network. This includes, but is not limited to, the creation of a virus, intentional propagation of a virus, or dissemination of contaminated storage devices.

3. The use of the district account is a privilege, no a right, and misuse will result in the restriction or cancellation of the account. Misuse may also lead to disciplinary and/or legal action for both students and employees, including suspension, dismissal from District employment, or criminal prosecution by government authorities. The district will attempt to tailor any disciplinary action to the specific issues related to each violation.
C. Disclaimer

The Wildwood School District makes no warranties of any kind, whether express or implied, for the service it is providing. The district will not be responsible for any damages users suffer. The includes loss of data, non-deliveries, mis-deliveries, or service interruption caused by the district’s own negligence or the user’s errors or omissions. Any additional charges a user accrues due to the use of the District’s network are to be borne by the user. The district cannot accept responsibility for the accuracy or quality of information obtained through its services. Any statement accessible on the computer network or the internet, is understood to be the author’s individual point of view and not that of the District, its affiliates or employees.

ACCEPTABLE USE POLICY FOR STUDENTS – INTERNET
ACCEPTABLE USE AGREEMENT

This form is to be completed after reviewing the Wildwood School District’s Acceptable Use Policy and Provisions. The completion of this form indicated that you have read the policy and understand the same. It also indicates that you agree to abide by the terms and conditions of this policy. If you are a student, this form must be signed by both you and a parent/guardian before you will be permitted to have access to the internet and the Local Area Network system.

I understand, agree to accept and abide by the Wildwood School District’s Acceptable Use Policy and provisions. I also understand that if I fail to follow this policy, my access to the internet or the district computer system may be suspended. I may be subject to other discipline, and there may even be criminal consequences to my behavior depending upon the severity of my actions.

________________________________________  __________________________
STUDENT NAME – PLEASE PRINT  GRADE

________________________________________  __________________________
STUDENT SIGNATURE  DATE

As a parent/guardian of the student above, I hereby give my permission for my child to:

Access the district computer system, which includes access to the internet. I have read the Wildwood School District’s Acceptable Use Policy, and I understand that my child is expected to abide by this policy. I also understand that the district is employing filtering software, but it is not always effective.

By signing this agreement, I also grant permission for my student to participate in educationally related academic networking environments as well as video conferencing applications, such as Skype.

________________________________________  __________________________
PARENT/GUARDIAN NAME – PLEASE PRINT  DATE

________________________________________
PARENT/GUARDIAN SIGNATURE