



THE WARDLAW + HARTRIDGE SCHOOL

TUITION AND SCHOOL FEES/CHARGES 2022-2023

TUITION:

Pre-Kindergarten.....	\$ 16,900
Junior Kindergarten.....	\$ 19,100
Kindergarten	\$ 23,700
Grade 1	\$ 28,000
Grade 2	\$ 31,100
Grade 3	\$ 36,900
Grades 4 through 6	\$ 39,400
Grades 7 through 10	\$ 44,700
Grades 11 and 12	\$ 47,000

A Reservation Deposit of \$1,600 and execution of the Student Enrollment Agreement is required to reserve and provide a place for the student in the appropriate grade for academic year.

MANDATORY SCHOOL FEES – All Students, grades K through 12:

- ❖ \$ 500 Technology fee
- ❖ \$ 1,220 Lunch Program (grades 6-12)
- ❖ \$ 1,135 Lunch Program (grades K-5)
- ❖ Optional: \$ 565 Lunch per semester - PK, JK

SUPPLEMENTAL SCHOOL FEES – Dependent upon course selection or grade:

Transportation	\$ 3,200 (Round Trip) \$ 2,150 (One-Way)
Encore (After School) Program (PK - 8)	\$ 11.00 per hour
Textbooks and general supplies (PK-8)	Variable
Textbooks (9-12)	Variable (by course selection)
Science Lab fee (Grades 6 - 12)	\$ 50.00 per course
Art Studio Fee (Grades 9 -12)	\$ 50.00 per course
Tuition Refund Plan (Dewar Insurance)	1.7 % of Tuition
Middle School Overnight Trips	Variable (\$450 to \$900)
Laptop for Upper School students	Purchase through the school is optional - price to be determined.

Other Charges:

Finance charge on past due balances	1% per month
Late payment fee	\$ 40.00
Failed payment fee (auto-debits/checks/web/phone)	\$ 30.00

WARDLAW+HARTRIDGE

All newly admitted students - including international students, are required to provide the school nurse with the following prior to the start of school:

***USA-based Medical examination form or Sports participation form (PPE) as contained in the enrollment pack.** Contact school nurse if forms are needed or for questions on medical forms.

***A full list of all vaccinations written in English since birth to time of admission.** If vaccinations were given in a non-USA country, the vaccination list must be transcribed into English by a local US Doctor first, for verification, prior to giving to school nurse.

***TB testing**-only applies to students born in a foreign country entering the USA school system for the first time, and/or transferring directly to the USA school system from a high incident TB country per state guidelines. Contact school nurse with any questions or concerns.

Medical Documentation- All medical forms, doctor's notes, annual report by physician, and annual exam should be done by the child's primary care treating pediatrician. A parent M.D. cannot be the doctor signing for his/her own child's medical forms. Note for international students—US regulations, and therefore school regulations, require a US licensed physician's signature. We can no longer accept physicals from non-USA based doctors. The student's annual physical (once every 365 days) is required to be turned in to the W+H nurse on the appropriate form. Forms can be obtained from the nurse's office, business office, and The Wardlaw+Hartridge website. A physical is good for one year. A student with an outdated physical (more than one year old) is required to make an appointment and get an updated form filled out. A student without a physical on file, or with an outdated file, may not be allowed to participate in athletics. Parent can call the school nurse if unsure when the last documented physical was filed.

Immunization Requirements-TB Testing-All students are required to show proof of vaccination against Diphtheria/Tetanus/Pertussis (DTP), Mumps, Rubella, and Polio. • All students are required to show proof of two doses of a measles-containing vaccine, as age appropriate. • All students up to age 5 years old must provide proof of the appropriate HIB vaccination. • All students must show proof of having completed Hepatitis B Series. • All students born after 1/98 must show proof of chicken pox vaccine; or proof of Varicella vaccine by parent or doctor statement. • TB testing is done based on that year's state guidelines, and is generally required of pupils entering the US school system for the first time, based on country of birth. • Note as of September 2008, students entering sixth grade must have a tetanus booster and meningococcal vaccine. • Note as of September 2008, PreK-3 and JK-4 students must have PCV/pneumococcal vaccine; as well as an annual flu shot administered between September and December yearly.

WARDLAW+HARTRIDGE

Pioneering. Thinkers.

Angela Farese, BSN RN CSN
School Nurse

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WARDLAW-HARTRIDGE SCHOOL COVER LETTER FOR PREPARTICIPATION PHYSICAL EVALUATION FORM

The attached "Preparticipation Physical Evaluation" (PPE) Form is the **ONLY** document that is acceptable for any/all athletes in grades 5-12th. It is the only form required for all sports participants in grades 5-12th. It is a state mandated form. All 4 pages must be filled out, seen by, signed by the examining physician, whom the state has approved for Cardiac Assessment of an athlete, and submitted to the school nurse or athletic trainers.

Parents and Students, please read the form in its entirety, noting that the medical examiner performing this physical and filling out this document must be a NJ-based physician who has completed the state approved Cardiac Assessment Module for athletes (see form itself for details). The "PPE" is available at all times at the front desk, from the school nurse or athletic trainers, as well as on our school website.

Non-athletes in any grade whom are strictly Gym/PE students only, and do not intend to be on a team sport, do not use this form. Instead use the Annual Medical Examination Form, also available at the front desk, with the school nurse, or on-line.

Parent Consent: I authorize Wardlaw-Hartridge School personnel, administrators, nurse(s), ch.226 nurse/s to share confidential medical information on a need to know basis, with appropriate WardlawHartridge employees (and affiliated agencies, like food services). I understand that sharing of medical information is to help promote the health and safety of my child. I authorize the school nurse(s), and employees of Wardlaw-Hartridge School to perform first aid, screenings, illness and emergency care for my child, as deemed necessary. Parent authorizes school nurse to contact MD if needed. A parent can refuse non-emergency nurse screenings by stating so in writing to nurse. All medications given/taken during school hours require a written doctor's order and written parental consent in order for the nurse to administer or for the student to self-administer. See school nurse for forms. Parent/s and Guardian/s are advised to keep school nurse current with updates on medical issues or changes.

Name of Student: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Student's Signature (required 18 & over): _____ **Date:** _____

Angela Farese RN BSN CSN
1295 Inman Ave Edison NJ 08820
Ph. 908-754-1882 x 130
Fax 908-754-1172

**ANNUAL MEDICAL EXAMINATION FORM**

- Complete and submit this form to the school nurse only if your child is in grades PK-4 or is not participating in any team sports in grades 5-12.
- If your child is in grades 5-12 and intends to participate in a sport, please complete and submit the Preparticipation Physical Evaluation (PPE) Form instead of this form.

Student Name _____**Date of Birth** _____ **Grade** _____ **Male** _____ **Female** _____

Has your child had any of the following? Please check the appropriate box. If yes, please give dates/ details on line provided.			
Conditions/concerns:	No	Yes	Details:
Concerns w/kidneys/urinary			
Asthma/inhaler/breathing trouble, pain w/breathing			
Headaches/migraines - specify treatment			
Diabetes/metabolic disorder - specify disease			
Joint problems/fractures/dislocation - specify			
Neurological (i.e. ADD) /seizure - please specify			
Orthopedic/spinal concerns/back/neck			
Heart/Cardiac problems - specify (i.e. palpitations, pain)			
Head injury/concussion/loss of consciousness			
Fainting; fainting related to exercise/exercise related problems			
Vision problems-glasses contacts (circle, specify)			
Hearing difficulties/ear infections			
Experiencing fatigue or tiredness			
Any surgery/surgeries			
Other not listed above _____			
Is your child under medical care now? If yes, please comment			
Has your child been told by a medical professional not to participate in sports/gym/school/camp?			
Is there a history of sudden death in the family?			
Psychiatric diagnosis/emotional problems/stress/anxiety			
Any allergies: _____			
Does your child carry/have an epinephrine-pen? __yes or__ no			

Parent Consent: I authorize Wardlaw-Hartridge School personnel, administrators, nurse(s), ch.226 nurse/s to share confidential medical information on a need to know basis, with appropriate Wardlaw-Hartridge employees (and affiliated agencies, like food services). I understand that sharing of medical information is to help promote the health and safety of my child. I authorize the school nurse(s), and employees of Wardlaw-Hartridge School to perform first aid, screenings, illness and emergency care for my child, as deemed necessary. Parent authorizes school nurse to contact MD if needed. A parent can refuse non-emergency nurse screenings by stating so in writing to nurse. All medications given/taken during school hours require a written doctor's order and written parental consent in order for the nurse to administer or for the student to self-administer. See school nurse for forms. Parent/s and Guardian/s are advised to keep school nurse current with updates on medical issues or changes.

Parent/Guardian Signature: _____ **Date:** _____**Student's Signature (required 18 & over)** _____ **Date:** _____

Student Name: _____

PART 2 - IMMUNIZATION all students must have a current immunization list attached

Part 3 - MEDICAL EXAMINATION by private/primary MD, DO, APN

(To be completed and signed by Examining Health Professional - not to be filled in by parent)

Date of Examination: _____ HR: _____ RR: _____ BP: _____

Height: _____ Weight: _____ BMI: _____ Percentage: _____

Scoliosis: No or Yes, explain: _____

Allergies: No or Yes, list: _____ Epi-pen: Yes or No

Medical Conditions / Chronic illnesses: _____

Surgical History or injuries: _____

General or exercise related conditions: _____

Medications taken/prescribed: _____

Examination of: Please comment if any conditions exist.	Normal (check)	Abnormal-please note Or use space for Comments
Vision: Eyes, Sclera, (circle if) Contact lenses, glasses, or both		
Ears: Otoscopic, Hearing, Eardrum If infections - perforation or hearing loss		
Skin: Infections, scars, traumas, jaundice, or purpura		
Head: Nose, Mouth, Teeth, list conditions of the head		
Neck: Thyroid, Throat, Mobility		
Cardiac: Rate & Rhythm, Murmurs (absent or present) Heart related conditions		
Pulmonary: Lung sounds, Chest Contour, Percussion		
GI Abdomen: Liver, Spleen Masses: (circle) yes or no Hernia: (circle) yes or no		
GU Kidney: If male testes: normal or abnormal		
Orthopedic: Skeletal, Spine, Joints, ROM, any orthopedic conditions		
Musculature: Coordination, Extremities, Strength		
Neurological: Balance, Gait, Cranial Nerves		
Condition of Extremities:		
Physiological Maturation:		

I, _____ (please **print** health professional's name), have reviewed the parent questionnaire, reviewed this student's health history and performed a thorough physical exam. It is my professional judgment that this student * in all aspects of school/sports/gym/camp, including full contact sports.

* Check one: ☐ can participate fully ☐ is not allowed to participate
 ☐ limited in activity and specify: _____

Please specify if student requires clearance by a specialist: _____

Examining Health Professional's Signature _____ Date _____

Provider's Stamp:
include name, address and phone number

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ATTENTION PARENT/GUARDIAN: The preparticipation physical examination (page 3) must be completed by a health care provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

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

Date of Exam _____
Name _____ Date of birth _____
Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

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

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

☐ Stinging Insects

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

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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HE0503

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

9-2681/0410

PREPARTICIPATION PHYSICAL EVALUATION **THE ATHLETE WITH SPECIAL NEEDS:** **SUPPLEMENTAL HISTORY FORM**

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practitioner nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

■ PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

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

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

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

Recommendations _____

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

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex ☐ M ☐ F Age _____ Date of birth _____

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports _____

Reason _____

Recommendations _____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

HCP OFFICE STAMP

SCHOOL PHYSICIAN:

Reviewed on _____

(Date)

Approved _____ Not Approved _____

Signature: _____

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

Name of physician, advanced practice nurse (APN), physician assistant (PA) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____

Dear Parents

All Physical Education clothing is to be purchased from Land's End. Below is the description of the required pieces of clothing. The logos are required on all pieces (T-shirts, shorts, sweat pants and sweat shirts) of the gym clothing. When signing into Lands End.com, go to School Uniforms.

Please note: First grade will not be changing for gym and will not need a gym uniform, however they need to have separate sneakers to wear for gym purposes only and to be kept at the school.

Grades PK, JK, and K also are not required to have a gym uniform. Appropriate athletic footwear required for the early childhood grades

All Physical Education clothing is to be purchased from Land's End. Below is the description of the required pieces of clothing. The logos are required on all pieces (T-shirts, shorts, sweat pants and sweat shirts) of the gym clothing. When signing into Lands End.com, go to School Uniforms.

Lower School: 2nd to 4th grade

ORDER INFORMATION

LOGO #: 1569172Z

ORDER #: 272544_15637108_1

COMPANY: 2018 LESU HEAT TRANSFER

PRINT INFORMATION

PRODUCT: UNF B SS ESSENTIAL TEE

PRODUCT COLOR: EVERGREEN

LOCATION: CHEST LEFT SIDE

WIDTH: 2.3

HEIGHT: 3

METHOD: CAD PRINTZ

INK COLOR(S): KELLY, MUSTARD, CAROLINA BLUE,
ROYAL AND DARK GREEN



ORDER INFORMATION

LOGO #: 1569168Z

ORDER #: 272544_15588626_1

COMPANY: 2018 LESU HEAT TRANSFER

PRINT INFORMATION

PRODUCT: UNF LG MESH SHORT

PRODUCT COLOR: GRAY

LOCATION: LEFT LEG

WIDTH: 2.4

HEIGHT: 3

METHOD: CAD PRINTZ

INK COLOR(S): KELLY, MUSTARD, CAROLINA BLUE
ROYAL, WHITE, GRAY



Middle School: 5th- 8th grade

ORDER INFORMATION

LOGO #: 1569168Z
ORDER #:
COMPANY: 2018 LESU HEAT TRANSFER

PRINT INFORMATION

PRODUCT:
PRODUCT COLOR: GRAY
LOCATION:
WIDTH: 2.4
HEIGHT: 3
METHOD: CAD PRINTZ
INK COLOR(S): KELLY, MUSTARD, CAROLINA BLUE
ROYAL, WHITE, GRAY



ORDER INFORMATION

LOGO #: 1561612Z
ORDER #: 272544_15539352_1
COMPANY: 2018 LESU HEAT TRANSFER

PRINT INFORMATION

PRODUCT: DESCRIPTION: UNF LG MESH SHORT
PRODUCT COLOR: EVERGREEN
LOCATION: LOWER LEFT LEG
WIDTH: 2.4
HEIGHT: 3
METHOD: CAD PRINTZ
INK COLOR(S): MUSTARD, KELLY, WHITE,
CAROLINA BLUE AND ROYAL



Above Gym Uniform Purchase is Optional for Upper School: 9th – 12th graders

PE Uniform Requirement for 9th -12th

is appropriate athletic clothing and footwear

Dear Parents,

All students are required to fill out the attached form(s) and return either by email or have your child return them to their teacher **Forms are due by March 10, 2022, but please submit them even if it after this date.**

B6T FORM For the 2022-23 school year

What is this? Most towns do not provide a township bus to transport students to W+H. However, if your town provides busing to the students in your town's public school, then they charged you for it in your taxes. Since they are not providing your child with busing to W+H (whether you need it or not), they should reimburse you the amount that you paid (about \$800 - \$1000 per year). This payment to you is called **aid-in-lieu.** This form makes you eligible to get the aid -in-lieu.

Who is eligible?

- Any student that lives at least 2 miles (grades K-5) or 2.5 miles (grades 6-12) but not more than 20 miles from W+H. It doesn't matter how you get to school (car, W+H bus, carpool, etc.)
- Anyone who lives in a town that provides busing to their public school students but does not provide to W+H.
- Woodbridge township DOES provide a bus, and this form will allow them to take their free bus to and from school, although you will not receive a reimbursement. Please fill out the form even if you do not want to take the bus.
- Any student that will be attending W+H for the 2022-23 school year. If you are not sure, fill it out anyway, because later will be too late.

Do I need to fill out this form if my child is not taking the bus?

YES! This form may get you aid-in-lieu payments from your town.

If you live in any of the Woodbridge towns, this form will get you busing if you want. If you do not want to use the bus, please fill out the form anyway because they provide busing based on how many students live in Woodbridge. This helps those students that will need busing.

How do I get paid?

- **You will only get paid if you fill out this form** and it is submitted no later than March 10th. I will need the forms by February 28, so they can be processed and mailed on time.
- **You will get half your payment in Jan/Feb 2023 and the second half in June/July 2023.** They only pay after they have confirmed that your child attended school during that semester.

Who does not have to fill out this form?

- Anyone who lives within 2 or 2.5 miles from the school. You will not receive aid-in-lieu.

Who do I send this form to?

Please return the form to W+H. The school must process the forms before they are sent to the townships. They can be properly scanned (no phone pictures) and emailed to dcancryn@whschool.org or brought to school and given to the teacher or the receptionist.

NEW JERSEY STATE DEPARTMENT OF EDUCATION
OFFICE OF STUDENT TRANSPORTATION

(B6T) APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION

Please submit a separate application for each child to the private school

SCHOOL YEAR 2022-2023 RESIDENT DISTRICT BOARD OF EDUCATION _____

STUDENT'S NAME _____ DATE OF BIRTH _____
LAST FIRST MIDDLE MONTH DAY YEAR

GENDER _____ PARENT/GUARDIAN NAME _____ DAYTIME PHONE _____
M or F AREA CODE + NUMBER

HOME ADDRESS _____ CITY or TWP _____ ZIP _____

NEAREST INTERSECTION TO STUDENT'S RESIDENCE _____

MAILING ADDRESS _____ ZIP _____

FULL NAME OF SCHOOL TO BE ATTENDED WARDLAW HARTRIDGE SCHOOL PHONE 908-754-1882

ADDRESS OF SCHOOL 1295 INMAN AVENUE, EDISON, NJ 08820

STUDENT'S GRADE FOR THE COMING YEAR _____ SHORTEST ONE-WAY MILEAGE
BETWEEN HOME AND SCHOOL _____ (MEASURED VIA THE SHORTEST ROUTE
ALONG PUBLIC ROADWAYS OR
WALKWAYS IN MILES AND TENTHS)

DATE SCHOOL OPENS 09-08-22 CLOSING 06-13-23 SCHOOL HOURS FROM 8:00 AM TO 3:15 PM
MILES TENTHS

NAME AND ADDRESS OF SCHOOL OF ATTENDANCE IN PRIOR YEAR _____

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE * FOR PUBLIC SCHOOL USE ONLY

YOUR APPLICATION HAS BEEN REVIEWED BY THE RESIDENT DISTRICT BOARD OF EDUCATION. THE FOLLOWING DETERMINATION HAS BEEN MADE:

TRANSPORTATION WILL BE PROVIDED

YOU ARE ELIGIBLE FOR PAYMENT IN LIEU OF TRANSPORTATION

INELIGIBLE

(REASON)

DATE _____ SIGNATURE _____ TITLE _____

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION (B6T) N.J.A.C. 6A:27-2.5

1. IT IS THE OBLIGATION OF THE PARENT OR GUARDIAN OF PRIVATE SCHOOL STUDENTS TO:

- ANNUALLY OBTAIN THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION FROM THE ADMINISTRATIVE OFFICE OF THE PRIVATE SCHOOL FOR EACH STUDENT FOR WHICH TRANSPORTATION SERVICES ARE BEING REQUESTED. SUBMIT A SEPARATE APPLICATION FOR EACH STUDENT.

NOTE:

- IF THERE IS A CHANGE OF HOME ADDRESS, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.
- IF THERE IS A CHANGE IN THE NONPUBLIC SCHOOL OF ATTENDANCE, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.

- COMPLETE THIS APPLICATION AND RETURN IT TO THE PRIVATE SCHOOL ON OR BEFORE MARCH 10TH PRECEDING THE SCHOOL YEAR IN WHICH TRANSPORTATION IS BEING REQUESTED.

LATE APPLICATIONS – ANY APPLICATION RECEIVED AFTER MARCH 10TH WILL BE A LATE APPLICATION AND MUST BE ACCOMPANIED BY A STATEMENT OF THE REASON FOR LATENESS. ELIGIBLE STUDENTS WILL RECEIVE TRANSPORTATION OR AID IN LIEU OF TRANSPORTATION BASED ON THE DATE THE APPLICATION IS RECEIVED BY THE PUBLIC SCHOOL.

2. IT IS THE OBLIGATION OF THE NONPUBLIC SCHOOL ADMINISTRATOR TO ANNUALLY COLLECT THE APPLICATION AND SUBMIT IT TO THE PUBLIC SCHOOL FROM WHICH TRANSPORTATION IS BEING REQUESTED PRIOR TO MARCH 15TH.

3. IT IS THE OBLIGATION OF THE PUBLIC SCHOOL ADMINISTRATOR TO NOTIFY THE PARENT OR GUARDIAN AS TO THE DETERMINATION OF EACH APPLICATION BY AUGUST 1ST.

A DISTRICT BOARD OF EDUCATION SHALL PAY AID IN LIEU OF TRANSPORTATION TO THE PARENT OR GUARDIAN OF AN ELIGIBLE STUDENT ONLY AFTER RECEIVING A SIGNED "REQUEST FOR PAYMENT OF TRANSPORTATION AID" VOUCHER AS PRESCRIBED BY THE COMMISSIONER OF EDUCATION.

TEXTBOOK FORM

What is this?

"[The New Jersey Nonpublic School Textbook Law \(N.J.S.A. 18A:58-37.1et seq.\)](#) requires the board of education in each public school district in New Jersey with state funds to purchase and loan textbooks, upon individual request, to all students attending a nonpublic school located in the public school district. In order to be eligible, students must be enrolled full-time in kindergarten through grade twelve in a nonpublic school in New Jersey which complies with compulsory school attendance requirements and with the requirements of Title VI of the Civil Rights Act of 1964."

Edison township gives us state funds to purchase textbooks for our students. The amount we receive depends on the number of students we have attending each year. The number of students is determined by how many of these forms we submit to them. Please fill out these forms so we can continue to purchase books and pass these saving onto you. Currently we use the funds to purchase all our textbooks for our regular (not AP or elective) Math and Science classes because those are the classes that are required of all our students (K- 12), and therefore all students are receiving these benefits.

Thank you for your time and returning these forms as soon as possible.

Please email any questions to dcancryn@whschool.org

Dawn Cancryn
Director of Auxiliary Services and Summer Programs
Wardlaw + Hartridge | Pioneering. Thinkers.

[1295 Inman Avenue](#)
[Edison NJ 08820](#)
(T) [908.754.1882](tel:908.754.1882), Ext. 143
(F) [908.754.7362](tel:908.754.7362)
dcancryn@whschool.org

Individual Student Request Form

Individual Student Request For Loan Of Textbooks	
Date	
Public School District	Nonpublic School
Address	Address
Name of Student	
Grade	
Name of Parent	
<p>Under the provisions of <i>N.J.S.A. 18A: 58-37.1 et seq.</i>, I hereby request the _____ (Public School District) to loan textbooks to the _____ (Nonpublic School) in which my child is enrolled. I certify that my above named child and I are residents of the State of New Jersey. I understand that the public school district in which the nonpublic school is located has oversight of the State funds designated for providing the loan of textbooks to nonpublic school students pursuant to law and regulations.</p>	
<p>Signature of Parent/Guardian: _____</p> <p>Date: _____</p>	

THE WARDLAW+HARTRIDGE SCHOOL

Laptop Program Agreement

Please sign this form and return it by August 15, 2022 only if you will be providing a laptop of your own choice.

Student Name (Please Print): _____ Grade _____

The undersigned parent agrees that the Wardlaw-Hartridge School requires all Upper School students to participate in the Wardlaw-Hartridge School "Anywhere, Anytime Learning Program" and will provide his/her child with a laptop for use during each school day to enable them to fully participate in this program. Wardlaw-Hartridge will allow the use of your own computer for use in this program with the understanding of the following:

- All laptops must always have Wardlaw-Hartridge's selected anti-virus software (PC only) and a version of Office (PC/Mac) or Pages, Numbers, and Keynote (for Mac only) installed. Installations will be done at the student orientation for all 9th graders and new students.
- W-H will install our site-wide licensed software and printer drivers on all laptops.
- All repairs will be solely the responsibility of the parent regardless of the cause of the damage.
- Because all students must have a laptop with the proper software installed for their classes, W-H will rent your child a replacement laptop to be billed at \$10 for each day while outside repairs are being performed.
- A broken laptop will not be a viable excuse for late or missing assignments or for not being able to participate in class activities
- The School will not provide loss or theft insurance for your child's laptop either at school or at home. The parent is encouraged to cover the equipment through their homeowners insurance policy.
- The parent agrees that the machine will be used in accordance with the school's acceptable use policy while on school property.

I, the parent or guardian of the above student, will provide a laptop for my child for daily use at school and fully understand and will abide by the policy listed above.

PARENT: _____ Date: _____

THE WARDLAW+HARTRIDGE SCHOOL

Laptop Purchase Agreement

Please sign this form only to purchase one of the school offered laptops listed below.

Student Name: (please print) _____ Grade _____

The undersigned parent agrees to purchase a laptop for the above named student to participate in the Wardlaw+Hartridge School "Anywhere, Anytime Learning Program" and understands that all upper school students require a laptop for school every day. The equipment will be ordered with a four year extended accidental service contract, which will insure the machine up to the purchase price of the machine one time. This contract will represent the entire responsibility of Wardlaw+Hartridge to maintain the equipment as long as the student attends the Wardlaw+Hartridge School. In the event that the laptop needs repairs, the school will lend your child a laptop for use, at no additional cost, while repairs are being done. The Parent agrees that the machine will be used in accordance with the School's acceptable use policy.

MacBook Air or Pro (models and specifications subject to change due to availability) - **CIRCLE ONE (1) ONLY**

- Air: 13" Display/Apple M1 Chip/8GB RAM/256GB SSD/Two Thunderbolt 3 ports/Touch ID - \$1428
- Pro 13" Display/Apple M1 Chip/8GB RAM/Two Thunderbolt 3 ports/Touch Bar and Touch ID (Circle one below):
 1. 256 GB solid state drive - \$1778
 2. 512 GB solid state drive - \$1978
- Pro 14" Display/Apple M1 Pro Chip/16GB RAM/512 GB SSD Three Thunderbolt 4Ports/HDMI port/MagSafe - \$2448

Includes: AppleCare Protection Plan and additional warranty for accidental damage and other disasters (not including loss or theft) which will insure the machine up to the purchase price of the machine one time and provide a no cost loner computer while repairs are being made (Repairs or alterations made to the computer's hardware by anyone other than W+H staff or Apple will void this warranty). Keynote, Numbers, Pages, iLife Suite, Microsoft Office.

Please return this form by August 15, 2022. The cost will be billed in two equal amounts in September and December 2022.

PARENT: _____ Date: _____

SCHEDULE OF CHARGES & CREDITS

Please keep for reference

JULY, 2022	Statement date - July 1st
Charge	Tuition: Annual, Semi-Annual (1st half only) Monthly/Debit (1/10th)
Credit	1st half of Tuition Deposit (\$800.00)
Credit	Tuition Assistance: Annual, Semi-Annual, Monthly
Charge	Books and Supplies (K-8th grade)
Charge	Tuition Refund Plan (if requested)
Charge	Lunch (billed with tuition: A, S/A, Monthly)
Charge	Technology Fee (grades K-12: \$500 per child)
Charge	MS Science Lab Fee (\$50.00)
Charge	Preschool Mats (PK, JK & new K)
Charge	Parents Association support (optional)
Charge	Booster Club support (optional)
Credit	Payments received
AUGUST, 2022	Statement date - August 1st
Charge	Tuition: Monthly/Debit amount
Credit	Tuition Assistance: Monthly/Debit
Charge	Lunch (billed with Monthly/Debit tuition)
Credit	Debit payments from July
Credit	Payments received
Charge	Finance Charges
SEPTEMBER, 2022	Statement date - September 1st
Charge	Tuition: Monthly/Debit amount
Credit	Tuition Assistance: Monthly/Debit
Charge	Lunch (billed with Monthly/Debit tuition)
Charge	1st half Computer Purchase Fee
Credit	Debit payments from August
Credit	Payments received
Charge	Finance Charges
OCTOBER, 2021	Statement date - October 1st
Charge	Tuition: Monthly/Debit amount
Credit	Tuition Assistance: Monthly/Debit
Charge	Lunch (billed with Monthly/Debit tuition)
Charge	PSAT fees (10th & 11th gr)
Charge	Transportation Fees
Credit	Transportation Deposit
Charge	US Lab Fees (for Science, Art, and Computer Courses)
Credit	Debit payments from September
Credit	Payments received
Charge	Finance Charges
NOVEMBER, 2022	Statement date - November 1st
Charge	Tuition: Monthly/Debit amount
Credit	Tuition Assistance: Monthly/Debit
Charge	Lunch (billed with Monthly/Debit tuition)
Credit	Debit payments from October
Credit	Payments received
Charge	Finance Charges

DECEMBER, 2022	Statement date - December 1st
Charge	Tuition: Semi-Annual (2nd half) Monthly/Debit (1/10th)
Credit	2nd half of Tuition Deposit (\$800.00)
Credit	Tuition Assistance: Semi-Annual, Monthly
Charge	Lunch (billed with tuition: S/A, Monthly)
Charge	2nd half of Computer Purchase Fee
Credit	Debit payments from November
Credit	Payments received
JANUARY, 2023	Statement date - January 1st
Charge	Tuition: Monthly/Debit amount
Credit	Tuition Assistance: Monthly/Debit
Charge	Lunch (billed with Monthly/Debit tuition)
Credit	Debit payments from December
Credit	Payments received
Charge	Finance Charges
FEBRUARY, 2023	Statement date - February 1st
Charge	Tuition: Monthly/Debit amount
Credit	Tuition Assistance: Monthly/Debit
Charge	Lunch (billed with Monthly/Debit tuition)
Credit	Debit payments from January
Credit	Payments received
Charge	Finance Charges
MARCH, 2023	Statement date - March 1st
Charge	Tuition: Monthly/Debit amount
Credit	Tuition Assistance: Monthly/Debit
Charge	Lunch (billed with Monthly/Debit tuition)
Credit	Debit payments from February
Credit	Payments received
Charge	Finance Charges
APRIL, 2023	Statement date - April 1st
Charge	Tuition: Monthly/Debit amount
Credit	Tuition Assistance: Monthly/Debit
Charge	Lunch (billed with Monthly/Debit tuition)
Charge	US - AP Exams
Credit	Debit payments from March
Credit	Payments received
Charge	Finance Charges
MAY, 2023	Statement date - May 1st
Credit	Payments received
Credit	Debit payments from April
Charge	Finance Charges
JUNE, 2023	Statement date - June 1st
Credit	Payments received
Charge	Finance Charges