



Weymouth Township School District

1202 Eleventh Avenue - Dorothy, NJ 08317

P: (609) 476-2412 F: (609) 476-3966

Weymouthtownshipschool.org



Dear Parent(s):

Welcome to the Weymouth Township School District. We take pride in providing the best educational opportunities possible for our students. Our Mission Statement notes that we work to prepare our children to become lifelong learners able to be successful in an ever changing world. This packet has forms for students in grades K – 8. The packet includes forms that you will need to complete, requirements for registration of your child and other helpful information. Please call (609) 476-2412 to schedule a registration appointment. Please complete the information forms and bring them with you to your appointment. If you need any assistance in completing any of the information or have questions please call us.

- Registration Form
- Enrollment Residency Questionnaire
- Release of Records Form
- Language Survey
- Supplemental Services Survey
- Health Assessment Record
 - Universal Health Record – (completed and signed by physician)
 - Provide a copy of your child's immunization record
 - Screening Inventory – Parent Questionnaire
- Letters about Media and Uses
 - Information about G Suite for Education
 - WTS G Suite Account Agreement
 - Permission to Use Student Images and Media Form

The following documents are also required at the time of registration: Please bring **originals** and we will make copies for our files.

- Birth Certificate
- Proof of Immunizations – A list of required immunizations (shots) is included in this packet
- A current completed physical form (within the past 12 months)
- Proof of Residency - three (2) documents required:
 - **Current Deed OR Current Tax Bill OR Current Lease AND**
 - One (1) Utility Bills with owner's name and address on it.
 - **Notarized** letter from resident with whom you are living and their 2 documents of proof of residence.

We look forward to working with you and your child as partners in providing quality educational opportunities. Thank you and welcome to Weymouth Township School District!

Warmly,

Michelle Mesghali

Michelle Mesghali

Supervisor of Curriculum & Instruction



Weymouth Township School District

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Release of Records

Date: _____

To: _____

The following student has enrolled in our school district for the 2023-2024 school year.

Student Name	Grade	Date of Birth
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Please send us all health, scholastic and special program records as soon as possible.

Warmly,

Al Lewis

Al Lewis

Superintendent/Principal

I give permission for health, scholastic, and special records of my son/daughter,
_____, to be released to Weymouth
Township School District, 1202 Eleventh Avenue, Dorothy, NJ 08317.

Signature of Parent/Guardian

Date

:lkq

Student Registration Form

STUDENT INFORMATION

Grade: _____

Date: _____

Student's Legal Name: _____

Last Name

First Name

Middle Name

Preferred Name (Nickname)

Physical Address: _____

Street

City

State

Zip

Mailing Address (if different): _____

Street / P. O. Box (if applicable)

City

State

Zip

BIRTH INFORMATION

Date of Birth: _____

Birth City/State: _____

Gender: ☐ Male ☐ Female ☐ Other

RACE

☐ White ☐ Asian ☐ Multi-Racial

☐ Black ☐ Indian ☐ Pacific

ETHNICITY

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Home Language Spoken: English Spanish Other: _____

Is this student a dependent of a full or part time, active duty member of the Armed Forces? (Army, Navy, Air Force, Marines, Coast Guard, National Guard) ☐ No ☐ Yes, Full-time ☐ Yes, Part-time

Does this child have health insurance? (including NJ Family Care/Medicaid/Medicare, private or other) ☐ Yes ☐ No

Please list Insurance Carrier: _____

PARENT OR GUARDIAN EMERGENCY CONTACT INFORMATION – In preferred order of contact:

1 Name: _____

Select one ☐ Mother ☐ Father ☐ Legal Guardian

☐ Stepmother ☐ Stepfather ☐ Other _____

Lives in home with student: ☐ Yes ☐ No (If 'No',

select one: ☐ Sole Custody ☐ Shared/Joint Custody
(please supply custody papers)

Email Address: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Work Phone: _____ ext. _____

Address (if different from student): _____

Custody/Guardianship papers provided: ☐ Yes ☐ No

2 Name: _____

Select one ☐ Mother ☐ Father ☐ Legal Guardian

☐ Stepmother ☐ Stepfather ☐ Other _____

Lives in home with student: ☐ Yes ☐ No (If 'No',

select one: ☐ Sole Custody ☐ Shared/Joint Custody
(please supply custody papers)

Email Address: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Work Phone: _____ ext. _____

Address (if different from student): _____

Custody/Guardianship papers provided: ☐ Yes ☐ No

3 Name: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

4 Name: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

SIBLING INFORMATION – Other children living in the home

1. Name: _____ Age: _____ Grade: _____

2. Name: _____ Age: _____ Grade: _____

3. Name: _____ Age: _____ Grade: _____



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WEYOUTH TOWNSHIP SCHOOL DISTRICT NEW STUDENT ENROLLMENT FORMS *ENROLLMENT RESIDENCY QUESTIONNAIRE*

Student Name _____ School _____

In accordance with New Jersey State Law (N.J.S.A. 18A:38-1 and 18A:7B-12), it is necessary to determine the residence of students entering the school district. Please indicate which situation applies and provide supporting documentation.

Please indicate if the student resides in any of the following:

- ☐ Own my residence in Weymouth Township
- ☐ Rent my residence in Weymouth Township
- ☐ Share housing and expenses in Weymouth Township with family member/friend by choice
- ☐ Hotel/Motel
- ☐ Shelter or Transitional Housing Facility
- ☐ Domestic Violence Shelter
- ☐ Runaway Youth Shelter
- ☐ Home for Adolescent School-Age Mothers
- ☐ Family Member's Home out of Necessity (grandparent, aunt, uncle, brother, sister, cousin, etc.)
- ☐ Friend's Home out of Necessity
- ☐ Homeless without Residence
- ☐ None of the Above Situations Apply

Parent/Guardian Signature: _____ Date: _____

Phone #: _____

COMMENTS:

Al Lewis, Ed.D.
Superintendent/Principal
alewis@weymouthtsd.org

Dawn L. Leary, RSBA
Business Administrator/Bd. Sec.
dleary@weymouthtsd.org

Michelle Mesghali
Supervisor of Curriculum & Instruction
mmesghali@weymouthtsd.org



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Language Services Form/Language Survey

Child's Name: _____

Child's First Language: _____

Mother's First Language: _____

Father's First Language: _____

Is your child fluent in English? (circle one): Yes / No

Language spoken by adult members of family: _____

Language spoken to children in the family: _____

Please list other children living in the home:

Name	Age	English Spoken Circle one	Other Language Spoken
		Yes / No	
		Yes / No	
		Yes / No	
		Yes / No	
		Yes / No	



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SCREENING INVENTORY-PARENT QUESTIONNAIRE

Child's Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Who is completing this Parent Questionnaire?

Name: _____ Relationship to child: _____

FAMILY

With whom has the child lived for most of the past year? _____

Other children in the family: How many older? _____ How many younger? _____

Other people living in the household: _____

What language(s) are spoken at home: ☐ English ☐ Other (specify) _____

PRESCHOOL/CHILD CARE HISTORY

Has your child attended preschool/child care before? ☐ Yes ☐ No

If yes, for how long? ☐ 6 months ☐ 1 year ☐ 2 years ☐ more than 2 years

Name of child's present or most recent preschool or day care: _____

Please answer yes or no to the following questions:

MEDICAL HISTORY - BIRTH

	Yes	No
Were there any significant problems during pregnancy?		
Was your child more than 3 weeks premature? If yes, how many weeks premature was the baby? _____ Baby's birth weight _____		
Did the baby stay in the hospital longer than the mother did? If yes, please explain: _____		
At the time of birth, did the baby have a seizure?		
At the time of birth, did the baby turn blue?		

CHILD'S HEALTH SINCE BIRTH

<u>COORDINATION</u>	Yes	No
Has your child ever had trouble walking, climbing, reaching, holding on to things?		
Has your child ever had any significant injuries or hospitalizations?		
Does your child have allergies?		
Is your child presently on any medication?		
Do you have any other health concerns about your child?		
If you answered YES to any of the above questions, please explain: _____ _____ _____		

<u>EYES</u>	Yes	No
Has your child ever had trouble seeing?		
Does your child hold books and objects close to his/her face		
Has your child's eyes ever looked crossed		
Have you ever suspected that your child has vision problems		
If you answered YES to any of the above questions, please explain: _____ _____		

<u>EARS</u>	Yes	No
Has your child had frequent ear infections?		
Has your child ever had trouble hearing?		
Have you ever suspected that your child has hearing problems?		
If you answered YES to any of the above questions, please explain: _____ _____		

<u>CHILD'S DEVELOPMENT</u>	Yes	No
Can your child:		
Feed him/herself using a spoon and/or a fork?		
Wash and dry his/her own hands?		
Help with dressing or dress with little assistance?		
Stay with a babysitter?		
Speak so that he/she can be understood by others?		
Express his/her thoughts and needs easily?		
Do you have any concerns about your child's appetite or willingness to try different foods? If yes, please explain:		
Do you have any concerns about your child's sleeping patterns (going to bed with difficulty or waking often during the night)? If yes, please explain:		
Is your child:		
highly active?		
very quiet?		
toilet trained?		
in need of help with toileting?		
Does your child:		
play with blocks, boxes, cups, other construction toys without help?		
use crayons and/or markers to scribble or draw?		
listen to stories being read?		
turn pages of a book and look at pictures?		
recall stories or events?		
enjoy playing alone or with imaginary friends?		
talk with your friends/relatives who come to visit?		

follow simple, age-appropriate directions?		
What are your child's favorite activities?		
Does your child have opportunities to play with other children?		
How many hours a day does your child spend watching TV? _____		
Does he/she sit very close to the TV?		
Does he/she turn up the volume very high?		

Please use this area for other information that you would like to share with us:

Parent Signature

Date



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Supplemental Services Survey

Date: _____

Student's Name: _____ Age: _____ Grade: _____

Has the above named student ever received any of the following services at his/her previous school? Please check "Yes or No":

Child Study Team ☐ Yes ☐ No

Resource Room ☐ Yes ☐ No

Speech ☐ Yes ☐ No

Basic Skills ☐ Yes ☐ No

Gifted and Talented ☐ Yes ☐ No

Bilingual or ESL ☐ Yes ☐ No

Free or Reduced Meals ☐ Yes ☐ No

Current custody papers/official court document (if applicable) ☐ Yes ☐ No

Other:

The above information is true to the best of my knowledge.

Parent Signature

Date

:lkq



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To the Parent(s) of Incoming Students:

We would like to welcome to Weymouth Township School District! In order for your child to begin school you will need the following health documents listed below:

The following immunizations:

- DTaP, DT, Td, or TDaP, four (4) doses are required
- Polio, three doses.
- MMR, one dose.
- HIB, two doses, minimum of 1 dose of Hib-containing vaccine is needed after the first birthday
- Pneumococcal, minimum of 2 doses, with one dose after the first birthday.
- Influenza, one dose, given between September 1 and December 31 of each year.

(Note, students entering between December 31 and March 31 must also receive one dose.)

It is required that all immunizations be on the New Jersey Immunization Information System form. Your child's physician can print this out from the NJIS web site. All physicians were required to participate in the NJIIS as of January 2012.

Links to various vaccine requirements, charts, and FAQ's can be found at <http://nj.gov/health/cd/imm.shtml>.

In addition, every student must have a physical filled out on the Universal Child Health Record, which can be found located at www.state.nj.us/health/forms/ch-14.pdf

You may bring the completed immunization record and physical exam form to the school during business hours. Your doctor may also fax the documents to (609) 476-3966.

If you have any questions, please feel free to contact the school or myself.

Sincerely,

Laurnyn Hooven, RN. BSN



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Health Assessment Record

To Parent(s):

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part 1) which will also be helpful to the health care provider when he or she completes the "Universal Child Health Record" (Part 2).

State law requires complete primary immunization and a medical examination by a physician licensed to practice medicine or osteopathy or a certified registered nurse practitioner/clinical nurse specialist or licensed physician's assistant prior to school entrances in a New Jersey school district.

Kindergarten entrance physicals must be completed prior to the first day of school. All other children only need to provide proof of a physical. Students moving into the district are permitted up to 60 days from the date of registration to provide the school nurse with the completed Health Assessment Record. Transfer students must provide a complete Immunization record within 30 days of registration. This physical examination must be performed no more than 365 days prior to entry.

Please print:

Name of Student:	Birth Date:	Sex:
Address:	Birth Country of child:	
Address:	Phone Number:	
Parent/Guardian Name:		

Please check yes or no to the following questions (explain all "yes" answers in the space provided below).

	Yes	No
Do you have any concerns about your child's general health (eating & sleeping habits, weight, teeth, etc.)?		
Does your child have any other specific illness, physical deformity or problem (asthma, diabetes, Heart murmur, seizures, etc.)?		
Does your child have any restrictions on physical activity?		
Does your child have any allergies (food, Insects, medication etc.)?		

	Yes	No
Does your child take any medication (daily or occasionally)?		
Does your child have any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?		
Has your child had any hospitalization, operation, or major illness (specify problem)?		
Has your child had any significant injury or accident (specify problem)?		
Are you claiming exemption from immunization guidelines?		
Have there been any recent changes in the family (relocation, death, divorce, etc.)?		
Would you like to discuss anything about your child's health with the school nurse?		
Does your child have health insurance coverage?		

This child is number _____ of _____ children.

Please explain any "yes" answers here. For illnesses/injuries/etc., include your child's age at the time.

Universal Child Health Record (attached)- pages 3 & 4

Section I – To be completed by parent – Important: Complete Section 1 before your child is examined.

Section II — To be completed by Physician

I give permission for release of essential information on this form for confidential use in the school for meeting my child's health and education needs.

Parent Signature

Date

APPENDIX H

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender ☐ Male ☐ Female	Date of Birth / /
Does Child Have Health Insurance? ☐ Yes ☐ No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number () -		Work Telephone/Cell Phone Number () -	
Parent/Guardian Name		Home Telephone Number () -		Work Telephone/Cell Phone Number () -	
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					
Date of Physical Examination:		Results of physical examination normal? ☐ Yes ☐ No			
Abnormalities Noted:		Weight (must be taken within 30 days for WIC)			
		Height (must be taken within 30 days for WIC)			
		Head Circumference (if <2 Years)			
		Blood Pressure (if ≥3 Years)			
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 signs/symptoms to watch for:		☐ None ☐ Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
☐ 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)			Health Care Provider Stamp		
Signature/Date					

Instructions for Completing the Universal Child Health Record (CH-14) Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
 - Weight - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
 - Height - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
 - Head Circumference - Only enter if the child is less than 2 years.
 - Blood Pressure - Only enter if the child is 3 years or older.
2. Immunization - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. The Immunization record must be attached for the form to be valid.
 - "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.
3. Medical Conditions - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.
 - a. Note any significant medical conditions or major surgical history. If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow. A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
 - b. Medications - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included. PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.
Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.
 - c. Limitations to physical activity - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.
 - d. Special Equipment - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.
 - e. Allergies/Sensitivities - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.
 - f. Special Diets - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.
 - g. Behavioral/Mental Health issues - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.
 - h. Emergency Plans - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.
4. Screening - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
 - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
 - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
 - Scoliosis screenings are done biennially in the public schools beginning at age 10.This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.
5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
 - Print the health care provider's name.
 - Stamp with health care site's name, address and phone number.



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September 2024

Weymouth Parents,

We have three documents that we'd like to bring your attention to as far as technology and media use in our school. We are sending these out to all families for all students at this time and will use them as permission granted in perpetuity. Therefore, once permission is granted or denied it will remain that way for the duration of the student's time at Weymouth School unless explicitly changed by parents or the school administration. The documents included are:

- WTS Acceptable Use Policy – Agreement to the guidelines that students and staff will use school equipment and the internet appropriately.
- WTS G Suite (Google) Account Agreement – Agreement that grants Weymouth students the ability to be given a Google account and use that account to sign in to Google and related educational applications.
- WTS Permission to Use Student Images and Media – An OPT OUT ONLY form where student image usage is granted unless parents deny consent by returning the form.

If you have any questions about the documents or policies, please contact our main office at 609-476-2412.

Warmly,

Al Lewis

Al Lewis
Superintendent/Principal

:lkq



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ACCEPTABLE USE POLICY

The Weymouth Township School District wishes to enable its students and staff to access curriculum based information resources. To this end, we permit our students to access the Internet, each user **MUST** sign this ACCEPTABLE USE Policy to acknowledge acceptance of this process. Students are also required to have their parent/guardian sign this form.

This interconnected worldwide web of computers can provide us with access to the most recent research and the most up-to-date statistics and opinions. However, the Internet can also provide students and staff with access to less than desirable information. While it is, in fact, impossible to completely protect users from accidental exposure to inappropriate materials, it is important that the district have an acceptable use policy to provide guidelines for the use of this vital informational resource by its students and staff.

We believe that the benefits from access to the Internet, in the form of information resources and opportunities for collaboration, exceed and disadvantages. Ultimately, parents and guardians are responsible for setting and conveying the standards that their children follow when using media and informational sources.

With this in mind, it is expected that students and staff will conduct themselves according to the social and cultural norms of the community. This includes the following points:

1. School use of the internet is under the direction/supervision of school staff, and students are obligated to use it appropriately. Everyone should conduct themselves responsibly, ethically, and politely while on line.
2. Inappropriate use of the Internet is prohibited. Use of obscene or illegal material, or indulging in activities in support of such activities is prohibited.
3. Users should not become involved in activities or discussions which are illegal or ill-suited and that might include opening themselves to access by people wishing to make inappropriate contacts with students or staff.
4. Network storage areas may be treated as school lockers. Network administrators and designated staff may review files and communications to maintain systems integrity and ensure that users are using the system responsibly. Users should not expect that files stored on district server would always be private.
5. While freedom of speech and access to information is a reasonable expectation, during school the teachers and media specialist will guide students toward appropriate materials.
6. When in the course of instruction, a teacher recommends an internet site as a resource for home use, it is done so with the expectation that the student is always supervised by a parent or guardian while accessing the Internet.

7. As outlined in Board of Education Policy and Procedures on Students' Rights and Responsibilities (#5516 & 5516.01), copies of which are available in the school office, the following are not permitted for all users:
- a. Sending or displaying offensive pictures or messages
 - b. Using obscene language
 - c. Harassing, insulting, or attacking others
 - d. Violating copyright laws
 - e. Using other's passwords
 - f. Trespassing in others' folders, work, or files
 - g. Intentionally wasting limited resources
 - h. Employing the network for commercial purposes
 - i. Chat rooms or e-mail without teacher approval
8. To protect the network from any outside virus, students may not connect personal electronics or storage devices to school computers unless given permission by a faculty member.

Please Note: If a student is furnished with a school owned electronic device that may record or collect data, location, images, videos, or audio, the school district shall not use any of the capabilities in a manner that would violate the privacy rights of the student or any individual residing with the student.

Please complete below and return to the school office. No student will be permitted to access the school computer network until a completed/signed form is received.

USER AGREEMENT AND PARENT/GUARDIAN PERMISSION FORM

As a user of the Weymouth Township Public School computer network, I hereby agree to comply with the above stated rules, communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

STUDENT'S SIGNATURE: _____ Homeroom: _____

As the parent/guardian of the student signing above, I grant permission for my son/daughter to access networked computer services such as the internet and electronic mail if applicable. I understand that individuals and families may be held liable for violations. I understand that some materials on the internet may be objectionable, but I accept responsibility for guidance on internet use, setting and conveying standards for my son/daughter to follow when selecting, sharing, or exploring information and media. This permission is granted in perpetuity unless explicitly revoked.

NAME OF STUDENT (print): _____ Date: _____

PARENT/GUARDIAN'S SIGNATURE: _____



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Weymouthtownshipschool.org



WTS G Suite (Google) Account Agreement

At Weymouth Township School, we use G Suite for Education, and we are seeking your permission to provide and manage a G Suite for Education account for your child. G Suite for Education is a set of education productivity tools from Google including Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. At our school, students will use their G Suite accounts to complete assignments, communicate with their teachers, sign into ChromeBooks and learn 21st century digital citizenship skills.

The notice below provides answers to common questions about what Google can and can't do with your child's personal information, including:

- What personal information does Google collect?
- How does Google use this information?
- Will Google disclose my child's personal information?
- Does Google use student personal information for users in K-12 schools to target advertising?
- Can my child share information with others using the G Suite for Education account?

If you do not provide your consent, we will not create a G Suite for Education account for your child. However, we highly recommend giving that consent as it will enhance your child's learning and prepare them for their future technological standards in education.

I give permission for Weymouth Township School to create/maintain a G Suite for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the notice below.

Full Name of Student

Date Signed

Printed name of Parent

Signature of Parent

*More in-depth detail about the G Suite services can be found on the district information page of our website, weymouthtownshipschool.org



Weymouth Township School District

1202 Eleventh Avenue - Dorothy, NJ 08317

P: (609) 476-2412 F: (609) 476-3966

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G Suite for Education Notice to Parents and Guardians

This notice describes the personal information we provide to Google for these accounts and how Google collects, uses, and discloses personal information from students in connection with these accounts. Using their G Suite for Education accounts, students may access and use the following "Core Services" offered by Google, https://gsuite.google.com/terms/user_features.html:

- Gmail
- Google+
- Calendar
- Chrome Sync
- Classroom
- Cloud Search
- Contacts
- Docs, Sheets, Slides, Forms
- Drive
- Groups
- Hangouts, Hangouts Chat, Hangouts Meet, Google Talk
- Jamboard
- Keep
- Sites
- Vault

Google provides information about the information it collects, as well as how it uses and discloses the information it collects from G Suite for Education accounts in its G Suite for Education Privacy Notice. You can read that notice online

at https://gsuite.google.com/terms/education_privacy.html You should review this information in its entirety, but below are answers to some common questions:

What personal information does Google collect?

When creating a student account, WTS may provide Google with certain personal information about the student, including, for example, a name, email address, and password.

When a student uses Google services, Google also collects information based on the use of those services. This includes:

- device information, such as the hardware model, operating system version, unique device identifiers, and mobile network information including phone number;
- log information, including details of how a user used Google services, device event information, and the user's Internet protocol (IP) address;
- location information, as determined by various technologies including IP address, GPS, and other sensors;
- unique application numbers, such as application version number; and
- cookies or similar technologies, which are used to collect and store information about a browser or device, such as preferred language and other settings.



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How does Google use this information?

In G Suite for Education Core Services, Google uses student personal information to provide, maintain, and protect the services. Google does not serve ads in the Core Services or use personal information collected in the Core Services for advertising purposes.

Does Google use student personal information for users in K-12 schools to target advertising?

No. For G Suite for Education users in primary and secondary (K-12) schools, Google does not use any user personal information (or any information associated with an G Suite for Education Account) to target ads, whether in Core Services or in other Additional Services accessed while using an G Suite for Education account.

Will Google disclose my child's personal information?

Google will not share personal information with companies, organizations, and individuals outside of Google unless one of the following circumstances applies:

- With parental or guardian consent. Google will share personal information with companies, organizations or individuals outside of Google when it has parents' consent (for users below the age of consent), which may be obtained through G Suite for Education schools.
- With Weymouth Township School District. G Suite for Education accounts, because they are school-managed accounts, give administrators access to information stored in them.
- For external processing. Google may provide personal information to affiliates or other trusted businesses or persons to process it for Google, based on Google's instructions and in compliance with the G Suite for Education privacy notice and any other appropriate confidentiality and security measures.
- For legal reasons. Google will share personal information with companies, organizations or individuals outside of Google if it has a good-faith belief that access, use, preservation or disclosure of the information is reasonably necessary to:
 - meet any applicable law, regulation, legal process or enforceable governmental request.
 - enforce applicable Terms of Service, including investigation of potential violations.
 - detect, prevent, or otherwise address fraud, security or technical issues.
 - protect against harm to the rights, property or safety of Google, Google users or the public as required or permitted by law.

Google also shares non-personal information -- such as trends about the use of its services -- publicly and with its partners.



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What choices do I have as a parent?

First, you can consent to the collection and use of your child's information by Google. If you do not provide your consent, we will not create a G Suite for Education account for your child, and Google will not collect or use your child's information as described in this notice.

If you consent to your child's use of G Suite for Education, you can access or request deletion of your child's G Suite for Education account by contacting Mr. Morvay at morvay@weymouthtsd.org. If you wish to stop any further collection or use of your child's information, you can request that we use the service controls available to limit your child's access to features or services, or delete your child's account entirely. You and your child can also visit <https://myaccount.google.com> while signed in to the G Suite for Education account to view and manage the personal information and settings of the account.

What if I have more questions or would like to read further?

If you have questions about our use of Google's G Suite for Education accounts or the choices available to you, please contact Mr. Morvay at morvay@weymouthtsd.org. If you want to learn more about how Google collects, uses, and discloses personal information to provide services to us, please review the G Suite for Education Privacy Center (at <https://www.google.com/edu/trust/>), the G Suite for Education Privacy Notice (at https://gsuite.google.com/terms/education_privacy.html), and the Google Privacy Policy (at <https://www.google.com/intl/en/policies/privacy/>).

The Core G Suite for Education services are provided to us under Google's Apps for Education agreement (at https://www.google.com/apps/intl/en/terms/education_terms.html).



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Weymouth Township School Permission to Use Student Images and Media

Please read over the following as to Weymouth School's use of student photographs and media in print and digital form. The use as described on this form implies consent to the examples listed below.

Examples of how your child's image/photograph or student work may be used:

- Appear in a printed publication such as a class picture, bulletin board, or yearbook
- Utilized as a demonstration or presentation in class or for the student body
- Utilized on the school's website, weymouthtownshipschool.org, to highlight student activities and achievements
- Appear on video/electronic image made during a student presentation of a project, or in broadcasts or video/electronic images within the building (i.e. weekly announcements, the lobby display, end of the school year video)
- Appear in district, NJDOE, ACDOE, social media accounts
- Other educational activity as WTS deems necessary

Your child's name or other identifying information **WILL NOT** be included with your child's image/photograph when published on the Web.

RELEASE AUTHORIZATION

The notice above grants WTS approval to publicize without prior notification and remains in effect until WTS receives written notice that you would like this revoked, such as the opt-out below.

Photo and Media Release Permission or Opt-Out to Deny Consent

Please select an option:

- ☐ I/We give permission for _____'s image/photograph or work to be used as described above.
- ☐ I/We **DO NOT** give permission for _____'s image/photograph or work to be used as described above.

Parent Printed Name

Parent Signature

Date Signed

:lkq

Step 1: Home Language Survey (Parent/Family Version)

Purpose: The home language survey is used solely to offer appropriate educational services ([U.S. ED EL Toolkit](#), Chapter 1). This survey is the first of three steps to identify whether or not a student is eligible to be identified as an English language learner (ELL). "Home" is defined as a student's current place of residence.

Student Information:

Student Name: _____ Date of Birth (YYYYMMDD): _____

Current Address: _____

Survey Questions:

1.) List all languages used in the student's home.

2.) Was the first language used by the student a language other than English?

_____ **No** _____ **Yes**

3.) Does the student speak or understand a language other than English?

_____ **No** _____ **Yes**

4.) When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English **most of the time**?

_____ **No** _____ **Yes**

5.) When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English **most of the time**?

_____ **No** _____ **Yes**