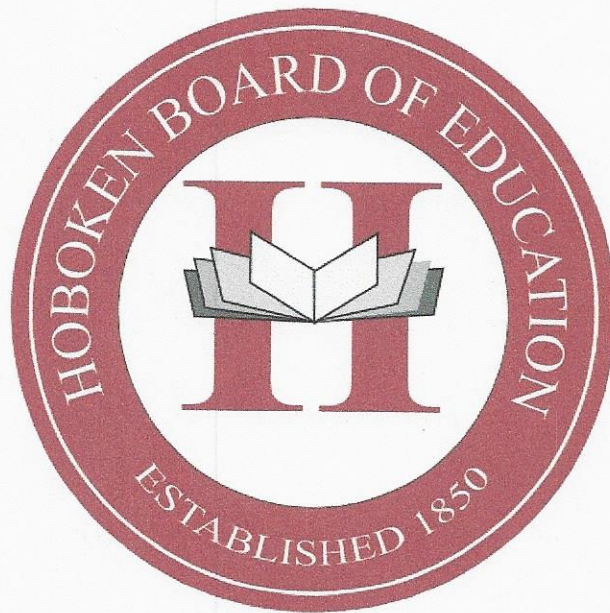
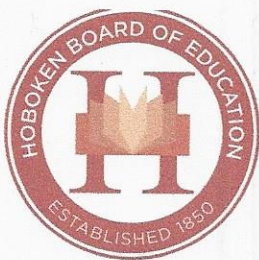


# Hoboken Public School District



K-12 Student Registration Packet  
2019-2020 School Year



# HOBOKEN BOARD OF EDUCATION

STUDENT DATA / ENROLLMENT CLERK

158 Fourth Street ❖ Hoboken, NJ 07030 ❖ 201.356.3619 ❖ Fax: 201.792.5175

Brunilda Munoz  
Student Data/Enrollment Clerk  
[bmunoz@hoboken.k12.nj.us](mailto:bmunoz@hoboken.k12.nj.us)

**PLEASE COMPLETE ALL REGISTRATION FORMS.**

**Requirements for Registration:**

- ✚ Child must be 5 years of age on or before October 1, 2019 (Kindergarten)
  - ✚ Immunization Record (original)
  - ✚ Birth Certificate or Passport (original)
  - ✚ Transfer from previous school (if applicable)
  - ✚ Last Report Card (if applicable)
  - ✚ High School Students must have Transcript for all subjects
  - ✚ Parents
- ✚ **Two (2) current proofs of residency are required. You must have one Primary proof and one Secondary proof. (Please do not bring two secondary proofs, documentation will not be accepted. All original documents must have either or both parent/guardian's name. Acceptable proofs include documentation such as:**

Primary Proof <i>(must have one)</i>	Secondary
Deed	PSE & G Bill
Mortgage Statement	Cable TV/ Internet/ Phone
Lease	Bank Statement
	Health Insurance Statement
	Water or Tax Bill

Please bring original documents in order to speed registration process. All requirements must be met for registration. Please note if all requirements are not met the registration process will be delayed.

In order to save time, parents may download the all required registration forms in advance, from the Hoboken Board of Education website at [www.hoboken.k12.nj.us](http://www.hoboken.k12.nj.us)



Pk-3 ☐ Pk-4 ☐ ELEMENTARY ☐ MIDDLE SCHOOL ☐ HIGH SCHOOL ☐ STUDENT ID# \_\_\_\_\_ SID# \_\_\_\_\_

## HOBOKEN PUBLIC SCHOOL STUDENT ENROLLMENT FORM

PLEASE PRINT ALL INFORMATION

EVER ATTENDED SCHOOL IN HOBOKEN: YES ☐ NO ☐ IF YES, PROVIDE SCHOOL YEAR \_\_\_\_\_ SCHOOL \_\_\_\_\_

### STUDENT INFORMATION:

LAST NAME		FIRST NAME	MIDDLE INITIAL
GRADE		GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	DATE OF BIRTH
ETHNICITY HISPANIC ORIGIN <input type="checkbox"/> NON-HISPANIC ORIGIN <input type="checkbox"/>		RACE (MUST CHOOSE ONE) WHITE-EUROPE/NORTH AFRICA/MIDDLE EAST <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> ASIAN/CHINA/INDIA/JAPAN/KOREA/PHILIPPINES <input type="checkbox"/>	
ADDRESS		APT#	HOME TELEPHONE NUMBER
CITY	STATE		ZIP CODE
NAME OF STUDENT HEALTH INSURANCE		BIRTH COUNTRY	U.S. ENTRY DATE (IF APPLICABLE)
SCHOOL LAST ATTENDED (NAME OF SCHOOL, CITY & STATE)			

### 1. PARENT/GUARDIAN INFORMATION

LAST NAME		FIRST NAME	RELATIONSHIP
HOME TELEPHONE NUMBER		MOBILE NUMBER	EMAIL ADDRESS
EMPLOYER INFORMATION		EMPLOYER WORK NUMBER	EXT

### 2. PARENT/GUARDIAN INFORMATION

LAST NAME		FIRST NAME	RELATIONSHIP
HOME TELEPHONE NUMBER		MOBILE NUMBER	EMAIL ADDRESS
EMPLOYER INFORMATION		EMPLOYER WORK NUMBER	EXT

### EMERGENCY CONTACT INFORMATION

LAST NAME 1.		FIRST NAME	RELATIONSHIP
HOME TELEPHONE NUMBER		MOBILE NUMBER	HOME TELEPHONE NUMBER
LAST NAME 2.		FIRST NAME	RELATIONSHIP
HOME TELEPHONE NUMBER		MOBILE NUMBER	HOME TELEPHONE NUMBER
LAST NAME 3.		FIRST NAME	RELATIONSHIP
HOME TELEPHONE NUMBER		MOBILE NUMBER	HOME TELEPHONE NUMBER

### SIBLING INFORMATION (STUDENTS ATTENDING SCHOOLS IN HOBOKEN) RANK IN FAMILY: \_\_\_\_\_ NUMBER OF CHILDREN IN FAMILY: \_\_\_\_\_

NAME	SCHOOL	GRADE
NAME	SCHOOL	GRADE
NAME	SCHOOL	GRADE

I make this statement with full knowledge that the Board of Education of Hoboken, New Jersey is relying upon the truth of the matter stated herein. I am aware that if any statement, which I have made affidavit, is inaccurate, I will be subject to punishment in the matter provided by law.

PARENT/GUARDIAN'S NAME (PLEASE PRINT) \_\_\_\_\_ PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### FOR OFFICE USE ONLY

PHOTOGRAPH/PUBLICATION PERMISSION YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERNET CONSENT YES <input type="checkbox"/> NO <input type="checkbox"/>	
ENTRY CODE	ENTRY DATE	EXIT DATE	
LUNCH APPLICATION SUBMITTED YES <input type="checkbox"/> NO <input type="checkbox"/>	HOME LANGUAGE SURVEY: 1. 2. 3. 4. 5. 6.		
REGISTRATION OFFICER _____			
PRINT NAME	SIGNATURE	DATE OF APPLICATION	



**EMERGENCY CARD**  
**HOBOKEN PUBLIC SCHOOLS**

Student ID# \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Grade: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_

Teacher/Homeroom: \_\_\_\_\_

**To Parent/Guardian(s): To serve your child in case of accident or sudden illness, it is necessary that you provide the following emergency contact information:**

**Name**

**Address**

**Telephone**

Parent #1: \_\_\_\_\_ Home: \_\_\_\_\_ Apt. \_\_\_\_\_

Home#: \_\_\_\_\_

or

Guardian#1 \_\_\_\_\_ Work: \_\_\_\_\_

Work#: \_\_\_\_\_

Email: \_\_\_\_\_

Cell#: \_\_\_\_\_

Parent #2: \_\_\_\_\_ Home: \_\_\_\_\_ Apt. \_\_\_\_\_

Home#: \_\_\_\_\_

or

Guardian#2 \_\_\_\_\_ Work: \_\_\_\_\_

Work#: \_\_\_\_\_

Email: \_\_\_\_\_

Cell#: \_\_\_\_\_

Emergency: \_\_\_\_\_

Emergency: \_\_\_\_\_

Contact#1 \_\_\_\_\_

Contact#3 \_\_\_\_\_

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

Home#: \_\_\_\_\_

Home#: \_\_\_\_\_

Cell#: \_\_\_\_\_

Cell#: \_\_\_\_\_

**Does this child have any health Insurance, including NJ FamilyCare/Medicaid, Medicare, private or other?**

**Yes:** \_\_\_\_\_ If yes, name of insurance company: \_\_\_\_\_

**No:** \_\_\_\_\_ My child does not have health insurance.

NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents.

For more information, call (800) 701-0710 or visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online.

**You may release my name and address to the NJ FamilyCare Program to contact me about health Insurance. Yes \_\_\_\_\_ No \_\_\_\_\_**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

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

Revised 7/06/17





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STUDENT DATA / ENROLLMENT CLERK

158 Fourth Street ❖ Hoboken, NJ 07030 ❖ 201.356.3619 ❖ Fax: 201.792.5175

Brunilda Munoz  
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## HOME LANGUAGE QUESTIONNAIRE

**Please print**

Child's name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_

Person who is completing this questionnaire:

( ) Mother ( ) Father ( ) Grandparent ( ) Guardian ( ) Other

**Please tell us about your child:**

1. What language did the child first speak when he/she learned to talk?

English: [ ] Spanish: [ ] Other [Please specify language]: \_\_\_\_\_

2. What language does the family speak in the home the majority of the time?

English: [ ] Spanish: [ ] Other [Please specify language]: \_\_\_\_\_

3. What language does the **person** who primarily cares for the child speak most of the times?

English: [ ] Spanish: [ ] Other [Please specify language]: \_\_\_\_\_

4. What language does the **child** speak with the primary caregiver most of the times?

English: [ ] Spanish: [ ] Other [Please specify language]: \_\_\_\_\_

5. What language does the child speak with his/her siblings the majority of the time?

English: [ ] Spanish: [ ] Other [Please specify language]: \_\_\_\_\_

6. What language does the child speak with his/her friends most of the time?

English: [ ] Spanish: [ ] Other [Please specify language]: \_\_\_\_\_

7. Please list the preschool or daycare program your child has attended prior to this program?

\_\_\_\_\_

8. In what language would you prefer to receive information from the school?

\_\_\_\_\_

9. What name do you call your child? (if different from above) \_\_\_\_\_

Signature: \_\_\_\_\_

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

\* Adapted from the sample survey in A Manual for Community Representatives of the Title VI Steering Committee, published on 9/76, by the Institute of Cultural Pluralism, Lau General Assistance Center, San Diego University, San Diego, CA 92182

## Hoboken Board of Education

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## District Policy

**5512- HARASSMENT, INTIMIDATION, AND BULLYING (M)**

Section: Students

Date Created: June, 2017

Date Edited: November, 2018

**M**

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- A. Policy Statement

The Board of Education prohibits acts of **harassment**, intimidation, or bullying of a student. A safe and civil environment in school is necessary for students to learn and achieve high academic standards. **Harassment**, intimidation, or bullying, like other disruptive or violent behaviors, is conduct that disrupts both a student's ability to learn and a school's ability to educate its students in a safe and disciplined environment. **Harassment**, intimidation, or bullying is unwanted, aggressive behavior that may involve a real or perceived power imbalance. Since students learn by example, school administrators, faculty, staff and volunteers should be commended for demonstrating appropriate behavior, treating others with civility and respect, and refusing to tolerate **harassment**, intimidation, or bullying.

For the purposes of this Policy, the term "parent," pursuant to N.J.A.C. 6A:16-1.3, means the natural parent(s) or adoptive parent(s), legal guardian(s), foster parent(s), or parent surrogate(s) of a student. Where parents are separated or divorced, "parent" means the person or agency which has legal custody of the student, as well as the natural or adoptive parent(s) of the student, provided such parental rights have not been terminated by a court of appropriate jurisdiction.

**B. Harassment, Intimidation, and Bullying Definition**

"**Harassment**, intimidation, or bullying" means any gesture, any written, verbal or physical act, or any electronic communication, as defined in N.J.S.A. 18A:37-14, whether it be a single incident or a series of incidents that:

1. Is reasonably perceived as being motivated by either any actual or perceived characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression, or a mental, physical or sensory disability, or by any other distinguishing characteristic;
2. Takes place on school property, at any school-sponsored function, on a school bus, or off school grounds, as provided for in N.J.S.A. 18A:37-15.3;



3. Substantially disrupts or interferes with the orderly operation of the school or the rights of other students; and that
  - a. A reasonable person should know, under the circumstances, that the act(s) will have the effect of physically or emotionally harming a student or damaging the student's property, or placing a student in reasonable fear of physical or emotional harm to his/her person or damage to his/her property; or
  - b. Has the effect of insulting or demeaning any student or group of students; or
  - c. Creates a hostile educational environment for the student by interfering with a student's education or by severely or pervasively causing physical or emotional harm to the student.

Schools are required to address **harassment**, intimidation, and bullying occurring off school grounds, when there is a nexus between the **harassment**, intimidation, and bullying and the school (e.g., the **harassment**, intimidation, or bullying substantially disrupts or interferes with the orderly operation of the school or the rights of other students).

"Electronic communication" means a communication transmitted by means of an electronic device, including, but not limited to: a telephone, cellular phone, computer, or pager.

#### C. Student Expectations

The Board expects students to conduct themselves in keeping with their levels of development, maturity and demonstrated capabilities with proper regard for the rights and welfare of other students and school staff, the educational purpose underlying all school activities and the care of school facilities and equipment consistent with the Code of Student Conduct.

The Board believes that standards for student behavior must be set cooperatively through interaction among the students, parents, school employees, school administrators, school volunteers, and community representatives, producing an atmosphere that encourages students to grow in self-discipline. The development of this atmosphere requires respect for self and others, as well as for school district and community property on the part of students, staff, and community members.

Students are expected to behave in a way that creates a supportive learning environment. The Board believes the best discipline is self-imposed, and it is the responsibility of staff to use instances of violations of the Code of Student Conduct as opportunities to help students learn to assume and accept responsibility for their behavior and the consequences of their behavior. Staff members who interact with students shall apply best practices designed to prevent student



conduct problems and foster students' abilities to grow in self-discipline.

The Board expects that students will act in accordance with the student behavioral expectations and standards regarding **harassment**, intimidation, and bullying, including:

1. Student responsibilities (e.g., requirements for students to conform to reasonable standards of socially accepted behavior; respect the person, property and rights of others; obey constituted authority; and respond to those who hold that authority);
2. Appropriate recognition for positive reinforcement for good conduct, self-discipline, and good citizenship;
3. Student rights; and
4. Sanctions and due process for violations of the Code of Student Conduct.

Pursuant to N.J.S.A. 18A:37-15(a) and N.J.A.C. 6A:16-7.1(a)1, the district has involved a broad-base of school and community members, including parents, students, instructional staff, student support services staff, school administrators, and school volunteers, as well as community organizations, such as faith-based, health and human service, business and law enforcement, in the development of this Policy. Based on locally determined and accepted core ethical values adopted by the Board, pursuant to N.J.A.C. 6A:16-7.1(a)2, the Board must develop guidelines for student conduct pursuant to N.J.A.C. 6A:16-7.1. These guidelines for student conduct will take into consideration the developmental ages of students, the severity of the offenses and students' histories of inappropriate behaviors, and the mission and physical facilities of the individual school(s) in the district. This Policy requires all students in the district to adhere to the rules established by the school district and to submit to the remedial and consequential measures that are appropriately assigned for infractions of these rules.

Pursuant to N.J.A.C. 6A:16-7.1, the Superintendent must annually provide to students and their parents the rules of the district regarding student conduct. Provisions shall be made for informing parents whose primary language is other than English.

The district prohibits active or passive support for acts of **harassment**, intimidation, or bullying. Students are encouraged to support other students who:

1. Walk away from acts of **harassment**, intimidation, and bullying when they see them;
2. Constructively attempt to stop acts of **harassment**, intimidation, or bullying;



3. Provide support to students who have been subjected to **harassment**, intimidation, or bullying; and
4. Report acts of **harassment**, intimidation, and bullying to the designated school staff member.

D. Consequences and Appropriate Remedial Actions

Consequences and Appropriate Remedial Actions – Students

The Board of Education requires its school administrators to implement procedures that ensure both the appropriate consequences and remedial responses for students who commit one or more acts of **harassment**, intimidation, or bullying, consistent with the Code of Student Conduct. The following factors, at a minimum, shall be given full consideration by school administrators in the implementation of appropriate consequences and remedial measures for each act of **harassment**, intimidation, or bullying by students.

Appropriate remedial action for a student who commits an act of **harassment**, intimidation, or bullying that takes into account the nature of the behavior; the nature of the student's disability, if any, and to the extent relevant; the developmental age of the student; and the student's history of problem behaviors and performance. The appropriate remedial action may also include a behavioral assessment or evaluation including, but not limited to, a referral to the Child Study Team as appropriate; and supportive interventions and referral services, including those at N.J.A.C. 6A:16-8.

Factors for Determining Consequences – Student Considerations

1. Age, developmental and maturity levels of the parties involved and their relationship to the school district;
2. Degrees of harm;
3. Surrounding circumstances;
4. Nature and severity of the behavior(s);
5. Incidences of past or continuing patterns of behavior;
6. Relationships between the parties involved; and
7. Context in which the alleged incidents occurred.

Factors for Determining Consequences – School Considerations

1. School culture, climate, and general staff management of the learning environment;
2. Social, emotional, and behavioral supports;
3. Student-staff relationships and staff behavior toward the student;
4. Family, community, and neighborhood situation; and
5. Alignment with Board policy and regulations/procedures.

Factors for Determining Remedial Measures

Personal

1. Life skill deficiencies;



2. Social relationships;
3. Strengths;
4. Talents;
5. Interests;
6. Hobbies;
7. Extra-curricular activities;
8. Classroom participation;
9. Academic performance; and
10. Relationship to students and the school district.

#### Environmental

1. School culture;
2. School climate;
3. Student-staff relationships and staff behavior toward the student;
4. General staff management of classrooms or other educational environments;
5. Staff ability to prevent and manage difficult or inflammatory situations;
6. Social-emotional and behavioral supports;
7. Social relationships;
8. Community activities;
9. Neighborhood situation; and
10. Family situation.

Consequences for a student who commits one or more acts of **harassment**, intimidation, or bullying may range from positive behavioral interventions up to and including suspension or expulsion of students, as set forth in the Board's approved Code of Student Conduct pursuant to N.J.A.C. 6A:16-7.1. Consequences for a student who commits an act of **harassment**, intimidation, or bullying are those that are varied and graded according to the nature of the behavior; the nature of the student's disability, if any, and to the extent relevant; the developmental age of the student; and the student's history of problem behaviors and performance consistent with the Board's approved Code of Student Conduct and N.J.A.C. 6A:16-7, Student Conduct. The use of negative consequences should occur in conjunction with remediation and not be relied upon as the sole intervention approach.

Remedial measures shall be designed to correct the problem behavior, prevent another occurrence of the problem, protect and provide support for the victim of the act, and take corrective action for documented systemic problems related to **harassment**, intimidation, or bullying. The consequences and remedial measures may include, but are not limited to, the examples listed below:

#### Examples of Consequences

1. Admonishment;
2. Temporary removal from the classroom;
3. Deprivation of privileges;
4. Classroom or administrative detention;
5. Referral to disciplinarian;
6. In-school suspension;



7. Out-of-school suspension (short-term or long-term);
8. Reports to law enforcement or other legal action; or
9. Expulsion.

#### Examples of Remedial Measures

##### Personal – Student Exhibiting Bullying Behavior

1. Develop a behavioral contract with the student. Ensure the student has a voice in the outcome and can identify ways he or she can solve the problem and change behaviors;
2. Meet with parents to develop a family agreement to ensure the parent and the student understand school rules and expectations;
3. Explain the long-term negative consequences of **harassment**, intimidation, and bullying on all involved;
4. Ensure understanding of consequences, if **harassment**, intimidation, and bullying behavior continues;
5. Meet with school counselor, school social worker, or school psychologist to decipher mental health issues (e.g., what is happening and why?);
6. Develop a learning plan that includes consequences and skill building;
7. Consider wrap-around support services or after-school programs or services;
8. Provide social skill training, such as impulse control, anger management, developing empathy, and problem solving;
9. Arrange for an apology, preferably written;
10. Require a reflective essay to ensure the student understands the impact of his or her actions on others;
11. Have the student research and teach a lesson to the class about bullying, empathy, or a similar topic;
12. Arrange for restitution (i.e., compensation, reimbursement, amends, repayment), particularly when personal items were damaged or stolen;
13. Explore age-appropriate restorative (i.e., healing, curative, recuperative) practices; and
14. Schedule a follow-up conference with the student.

##### Personal – Target/Victim

1. Meet with a trusted staff member to explore the student's feelings about the incident;
2. Develop a plan to ensure the student's emotional and physical safety at school;
3. Have the student meet with the school counselor or school social worker to ensure he or she does not feel responsible for the bullying behavior;
4. Ask students to log behaviors in the future;
5. Help the student develop skills and strategies for resisting bullying; and
6. Schedule a follow-up conference with the student.



## Parents, Family, and Community

1. Develop a family agreement;
2. Refer the family for family counseling; and
3. Offer parent education workshops related to bullying and social-emotional learning.

## Examples of Remedial Measures – Environmental (Classroom, School Building, or School District)

1. Analysis of existing data to identify bullying issues and concerns;
2. Use of findings from school surveys (e.g., school climate surveys);
3. Focus groups;
4. Mailings – postal and email;
5. Cable access television;
6. School culture change;
7. School climate improvement;
8. Increased supervision in “hot spots” (e.g., locker rooms, hallways, playgrounds, cafeterias, school perimeters, buses);
9. Adoption of evidence-based systemic bullying prevention practices and programs;
10. Training for all certificated and non-certificated staff to teach effective prevention and intervention skills and strategies;
11. Professional development plans for involved staff;
12. Participation of parents and other community members and organizations (e.g., Parent Teacher Associations, Parent Teacher Organizations) in the educational program and in problem-solving bullying issues;
13. Formation of professional learning communities to address bullying problems;
14. Small or large group presentations for fully addressing the actions and the school’s response to the actions, in the context of the acceptable student and staff member behavior and the consequences of such actions;
15. School policy and procedure revisions;
16. Modifications of schedules;
17. Adjustments in hallway traffic;
18. Examination and adoption of educational practices for actively engaging students in the learning process and in bonding students to pro-social institutions and people;
19. Modifications in student routes or patterns traveling to and from school;
20. Supervision of student victims before and after school, including school transportation;
21. Targeted use of monitors (e.g., hallway, cafeteria, locker room, playground, school perimeter, bus);
22. Targeted use of teacher aides;
23. Disciplinary action, including dismissal, for school staff who contributed to the problem;
24. Supportive institutional interventions, including



- participation in the Intervention and Referral Services Team, pursuant to N.J.A.C. 6A:16-8;
25. Parent conferences;
  26. Family counseling;
  27. Development of a general **harassment**, intimidation, and bullying response plan;
  28. Behavioral expectations communicated to students and parents;
  29. Participation of the entire student body in problem-solving **harassment**, intimidation, and bullying issues;
  30. Recommendations of a student behavior or ethics council;
  31. Participation in peer support groups;
  32. School transfers; and
  33. Involvement of law enforcement officers, including school resource officers and juvenile officers or other appropriate legal action.

#### Consequences and Appropriate Remedial Actions – Adults

The district will also impose appropriate consequences and remedial actions to an adult who commits an act of **harassment**, intimidation, or bullying of a student. The consequences may include, but not be limited to: verbal or written reprimand, increment withholding, legal action, disciplinary action, termination, and/or bans from providing services, participating in school district-sponsored programs, or being in school buildings or on school grounds. Remedial measures may include, but not be limited to: in or out-of-school counseling, professional development programs, and work environment modifications.

#### Target/Victim Support

Districts should identify a range of strategies and resources that will be available to individual victims of **harassment**, intimidation, and bullying, and respond in a manner that provides relief to victims and does not stigmatize victims or further their sense of persecution. The type, diversity, location, and degree of support are directly related to the student's perception of safety.

Sufficient safety measures should be undertaken to ensure the victims' physical and social-emotional well-being and their ability to learn in a safe, supportive, and civil educational environment.

Examples of support for student victims of **harassment**, intimidation, and bullying include:

1. Teacher aides;
2. Hallway and playground monitors;
3. Partnering with a school leader;
4. Provision of an adult mentor;
5. Assignment of an adult "shadow" to help protect the student;
6. Seating changes;
7. Schedule changes;
8. School transfers;



9. Before- and after-school supervision;
10. School transportation supervision;
11. Counseling; and
12. Treatment or therapy.

E. **Harassment, Intimidation, and Bullying Reporting Procedure**

The Board of Education requires the Principal at each school to be responsible for receiving complaints alleging violations of this Policy. All Board members, school employees, and volunteers and contracted service providers who have contact with students are required to verbally report alleged violations of this Policy to the Principal or the Principal's designee on the same day when the individual witnessed or received reliable information regarding any such incident. All Board members, school employees, and volunteers and contracted service providers who have contact with students, also shall submit a report in writing to the Principal within two school days of the verbal report.

The Principal or designee will inform the parents of all students involved in alleged incidents, and, as appropriate, may discuss the availability of counseling and other intervention services. The Principal or designee shall take into account the circumstances of the incident when providing notification to parents of all students involved in the reported **harassment**, intimidation, or bullying incident and when conveying the nature of the incident, including the actual or perceived protected category motivating the alleged offense. The Principal, upon receiving a verbal or written report, may take interim measures to ensure the safety, health, and welfare of all parties pending the findings of the investigation.

Students, parents, and visitors are encouraged to report alleged violations of this Policy to the Principal on the same day when the individual witnessed or received reliable information regarding any such incident.

A person may report, verbally or in writing, an act of **harassment**, intimidation, or bullying committed by an adult or youth against a student anonymously. The Board will not take formal disciplinary action based solely on the anonymous report.

A Board member or school employee who promptly reports an incident of **harassment**, intimidation, or bullying and who makes this report in compliance with the procedures set forth in this Policy, is immune from a cause of action for damages arising from any failure to remedy the reported incident.

In accordance with the provisions of N.J.S.A. 18A:37-18, the **harassment**, intimidation, and bullying law does not prevent a victim from seeking redress under any other available law, either civil or criminal, nor does it create or alter any tort liability.

The district may consider every mechanism available to simplify reporting, including standard reporting forms and/or web-based reporting mechanisms. For anonymous reporting, the district may



consider locked boxes located in areas of a school where reports can be submitted without fear of being observed.

A school administrator who receives a report of **harassment**, intimidation, and bullying from a district employee, and fails to initiate or conduct an investigation, or who should have known of an incident of **harassment**, intimidation, or bullying and fails to take sufficient action to minimize or eliminate the **harassment**, intimidation, or bullying, may be subject to disciplinary action.

F. Anti-Bullying Coordinator, Anti-Bullying Specialist, and School Safety/School Climate Team(s)

1. The Superintendent shall appoint a district Anti-Bullying Coordinator. The Superintendent shall make every effort to appoint an employee of the school district to this position.

The district Anti-Bullying Coordinator shall:

- a. Be responsible for coordinating and strengthening the school district's policies to prevent, identify, and address **harassment**, intimidation, or bullying of students;
  - b. Collaborate with school Anti-Bullying Specialists in the district, the Board of Education, and the Superintendent to prevent, identify, and respond to **harassment**, intimidation, or bullying of students in the district;
  - c. Provide data, in collaboration with the Superintendent, to the Department of Education regarding **harassment**, intimidation, or bullying of students;
  - d. Execute such other duties related to school **harassment**, intimidation, or bullying as requested by the Superintendent; and
  - e. Meet at least twice a school year with the school Anti-Bullying Specialist(s) to discuss and strengthen procedures and policies to prevent, identify, and address **harassment**, intimidation, and bullying in the district.
2. The Principal in each school shall appoint a school Anti-Bullying Specialist. The Anti-Bullying Specialist shall be a guidance counselor, school psychologist, or other certified staff member trained to be the Anti-Bullying Specialist from among the currently employed staff in the school.

The school Anti-Bullying Specialist shall:

- a. Chair the School Safety/School Climate Team as provided in N.J.S.A. 18A:37-21;
- b. Lead the investigation of incidents of **harassment**, intimidation, or bullying in the school; and



- c. Act as the primary school official responsible for preventing, identifying, and addressing incidents of **harassment**, intimidation, or bullying in the school.
3. A School Safety/School Climate Team shall be formed in each school in the district to develop, foster, and maintain a positive school climate by focusing on the on-going systemic operational procedures and educational practices in the school, and to address issues such as **harassment**, intimidation, or bullying that affect school climate and culture. Each School Safety/School Climate Team shall meet, at a minimum, two times per school year. The School Safety/School Climate Team shall consist of the Principal or the Principal's designee who, if possible, shall be a senior administrator in the school and the following appointees of the Principal: a teacher in the school; a school Anti-Bullying Specialist; a parent of a student in the school; and other members to be determined by the Principal. The school Anti-Bullying Specialist shall serve as the chair of the School Safety/School Climate Team.

The School Safety/School Climate Team shall:

- a. Receive records of all complaints of **harassment**, intimidation, or bullying of students that have been reported to the Principal;
- b. Receive copies of all reports prepared after an investigation of an incident of **harassment**, intimidation, or bullying;
- c. Identify and address patterns of **harassment**, intimidation, or bullying of students in the school;
- d. Review and strengthen school climate and the policies of the school in order to prevent and address **harassment**, intimidation, or bullying of students;
- e. Educate the community, including students, teachers, administrative staff, and parents, to prevent and address **harassment**, intimidation, or bullying of students;
- f. Participate in the training required pursuant to the provisions of N.J.S.A. 18A:37-13 et seq. and other training which the Principal or the district Anti-Bullying Coordinator may request. The School Safety/School Climate Team shall be provided professional development opportunities that may address effective practices of successful school climate programs or approaches; and
- g. Execute such other duties related to **harassment**, intimidation, or bullying as requested by the Principal or district Anti-Bullying Coordinator.



Notwithstanding any provision of N.J.S.A. 18A:37-21 to the contrary, a parent who is a member of the School Safety/School Climate Team shall not participate in the activities of the team set forth in 3. a., b., or c. above or any other activities of the team which may compromise the confidentiality of a student, consistent with, at a minimum, the requirements of the Family Educational Rights and Privacy Act (20 U.S.C. Section 1232 and 34 CFR Part 99), N.J.A.C. 6A:32-7, Student Records and N.J.A.C. 6A:14-2.9, Student Records.

**G. Harassment, Intimidation, and Bullying Investigation**

The Board requires a thorough and complete investigation to be conducted for each report of violations and complaints which either identify **harassment**, intimidation, or bullying or describe behaviors that indicate **harassment**, intimidation, or bullying.

**Principal's Preliminary Determination**

However, prior to initiating the investigation, the Principal or designee, in consultation with the Anti-Bullying Specialist, may make a preliminary determination as to whether the reported incident or complaint, assuming all facts presented are true, is a report within the scope of the definition of **harassment**, intimidation, and bullying under the Anti-Bullying Bill of Rights Act, N.J.S.A. 18A:37-14. The Superintendent or designee may sign-off on the preliminary determination.

The Principal or designee, upon making a preliminary determination the incident or complaint is not within the scope of the definition of **harassment**, intimidation, and bullying, shall inform the parents of the parties involved, who may appeal the preliminary determination to the Board of Education and thereafter to the Commissioner of Education in accordance with N.J.A.C. 6A:3.

A Board hearing shall be held within ten business days of receipt of the request for a Board hearing. If the preliminary determination, upon review of the facts presented in the reported incident or complaint, is to continue with the **harassment**, intimidation, and bullying investigation, the investigation shall be completed in accordance with N.J.S.A. 18A:37-15.b.(6) and this Policy.

The investigation shall be initiated by the Principal or the Principal's designee within one school day of the verbal report of the incident. The investigation shall be conducted by the school Anti-Bullying Specialist in coordination with the Principal. The Principal may appoint additional personnel who are not school Anti-Bullying Specialists to assist with the investigation. Investigations or complaints concerning adult conduct shall not be investigated by a member of the same bargaining unit as the individual who is the subject of the investigation. An investigation concerning a staff member shall not be conducted by a staff member who is supervised by the staff member being investigated or who is an administrator in the district. The Principal or designee, in



consultation with the Superintendent or designee, will appoint a staff member to complete these investigations.

The investigation shall be completed and the written findings submitted to the Principal as soon as possible, but not later than ten school days from the date of the written report of the incident. Should information regarding the reported incident and the investigation be received after the end of the ten-day period, the school Anti-Bullying Specialist shall amend the original report of the results of the investigation to ensure there is an accurate and current record of the facts and activities concerning the reported incident.

The Principal shall proceed in accordance with the Code of Student Conduct, as appropriate, based on the investigation findings. The Principal shall submit the report to the Superintendent within two school days of the completion of the investigation and in accordance with the Administrative Procedures Act (N.J.S.A. 52:14B-1 et seq.). As appropriate to the findings from the investigation, the Superintendent shall ensure the Code of Student Conduct has been implemented and may decide to provide intervention services, order counseling, establish training programs to reduce **harassment**, intimidation, or bullying and enhance school climate, impose discipline, or take or recommend other appropriate action, as necessary.

The Superintendent shall report the results of each investigation to the Board of Education no later than the date of the regularly scheduled Board of Education meeting following the completion of the investigation. The Superintendent's report shall include information on any consequences imposed under the Code of Student Conduct, any services provided, training established, or other action taken or recommended by the Superintendent.

Parents of involved student offenders and targets/victims shall be provided with information about the investigation, in accordance with Federal and State law and regulation. The information to be provided to parents shall include the nature of the investigation, whether the district found evidence of **harassment**, intimidation, or bullying, and whether consequences were imposed or services provided to address the incident of **harassment**, intimidation, or bullying. This information shall be provided in writing within five school days after the results of the investigation are reported to the Board of Education.

A parent may request a hearing before the Board of Education after receiving the written information about the investigation. Any request for such a hearing shall be filed with the Board Secretary no later than sixty calendar days after the written information is provided to the parents. The hearing shall be held within ten business days of the request. The Board of Education shall conduct the hearing in executive session, pursuant to the Open Public Meetings Act (N.J.S.A. 10:4-1 et seq.), to protect the confidentiality of the students. At the hearing, the Board may hear testimony from and consider information provided by the school Anti-Bullying Specialist and others, as appropriate, regarding the incident, the findings from the investigation of the incident, recommendations for consequences or services, and any



programs instituted to reduce such incidents, prior to rendering a determination.

At the regularly scheduled Board of Education meeting following its receipt of the Superintendent's report on the results of the investigations to the Board or following a hearing in executive session, the Board shall issue a decision, in writing, to affirm, reject, or modify the Superintendent's decision. The Board's decision may be appealed to the Commissioner of Education, in accordance with N.J.A.C. 6A:3, Controversies and Disputes, no later than ninety days after issuance of the Board of Education's decision.

A parent, student, or organization may file a complaint with the Division on Civil Rights within one hundred eighty days of the occurrence of any incident of **harassment**, intimidation, or bullying based on membership in a protected group as enumerated in the "Law Against Discrimination," P.L.1945, c.169 (C.10:5-1 et seq.).

#### H. Range of Responses to an Incident of **Harassment**, Intimidation, or Bullying

The Board shall establish a range of responses to **harassment**, intimidation, and bullying incidents and the Principal and the Anti-Bullying Specialist shall appropriately apply these responses once an incident of **harassment**, intimidation, or bullying is confirmed. The Superintendent shall respond to confirmed **harassment**, intimidation, and bullying, according to the parameters described in this Policy. The range of ways in which school staff will respond shall include an appropriate combination of counseling, support services, intervention services, and other programs. The Board recognizes that some acts of **harassment**, intimidation, or bullying may be isolated incidents requiring the school officials respond appropriately to the individual(s) committing the acts. Other acts may be so serious or parts of a larger pattern of **harassment**, intimidation, or bullying that they require a response either at the classroom, school building, or school district level or by law enforcement officials.

For every incident of **harassment**, intimidation, or bullying, the school officials must respond appropriately to the individual who committed the act. The range of responses to confirmed **harassment**, intimidation, or bullying acts should include individual, classroom, school, or district responses, as appropriate to the findings from each incident. Examples of responses that apply to each of these categories are provided below:

1. Individual responses can include consistent and appropriate positive behavioral interventions (e.g., peer mentoring, short-term counseling, life skills groups) intended to remediate the problem behaviors.
2. Classroom responses can include class discussions about an incident of **harassment**, intimidation, or bullying, role plays (when implemented with sensitivity to a student's situation or involvement with **harassment**, intimidation, and bullying), research projects, observing and discussing audio-visual



materials on these subjects, and skill-building lessons in courtesy, tolerance, assertiveness, and conflict management.

3. School responses can include theme days, learning station programs, "acts of kindness" programs or awards, use of student survey data to plan prevention and intervention programs and activities, social norms campaigns, posters, public service announcements, "natural helper" or peer leadership programs, "upstander" programs, parent programs, the dissemination of information to students and parents explaining acceptable uses of electronic and wireless communication devices, and **harassment**, intimidation, and bullying prevention curricula or campaigns.
4. District-wide responses can comprise of adoption of school-wide programs, including enhancing the school climate, involving the community in policy review and development, providing professional development coordinating with community-based organizations (e.g., mental health, health services, health facilities, law enforcement, faith-based organizations), launching **harassment**, intimidation, and bullying prevention campaigns.

#### I. Reprisal or Retaliation Prohibited

The Board prohibits a Board member, school employee, contracted service provider who has contact with students, school volunteer, or student from engaging in reprisal, retaliation, or false accusation against a victim, witness, or one with reliable information, or any other person who has reliable information about an act of **harassment**, intimidation, or bullying or who reports an act of **harassment**, intimidation, or bullying. The consequence and appropriate remedial action for a person who engages in reprisal or retaliation shall be determined by the administrator after consideration of the nature, severity, and circumstances of the act, in accordance with case law, Federal and State statutes and regulations, and district policies and procedures. All suspected acts of reprisal or retaliation will be taken seriously and appropriate responses will be made in accordance with the totality of the circumstances.

Examples of consequences and remedial measures for students who engage in reprisal or retaliation are listed and described in the Consequences and Appropriate Remedial Actions section of this Policy.

Examples of consequences for a school employee or a contracted service provider who has contact with students who engage in reprisal or retaliation may include, but not be limited to: verbal or written reprimand, increment withholding, legal action, disciplinary action, termination, and/or bans from providing services, participating in school district-sponsored programs, or being in school buildings or on school grounds. Remedial measures may include, but not be limited to: in or out-of-school counseling, professional development programs, and work environment modifications.



Examples of consequences for a Board member who engages in reprisal or retaliation may include, but not be limited to: reprimand, legal action, and other action authorized by statute or administrative code. Remedial measures may include, but not be limited to: counseling and professional development.

J. Consequences and Appropriate Remedial Action for False Accusation

The Board prohibits any person from falsely accusing another as a means of retaliation or as a means of **harassment**, intimidation, or bullying.

1. Students - Consequences and appropriate remedial action for a student found to have falsely accused another as a means of **harassment**, intimidation, or bullying or as a means of retaliation may range from positive behavioral interventions up to and including suspension or expulsion, as permitted under N.J.S.A. 18A:37-1 et seq., Discipline of Students and as set forth in N.J.A.C. 6A:16-7.2, Short-term Suspensions, N.J.A.C. 6A:16-7, Long-term Suspensions and N.J.A.C. 6A:16-7.5, Expulsions and those listed and described in the Consequences and Appropriate Remedial Actions section of this Policy.
2. School Employees - Consequences and appropriate remedial action for a school employee or contracted service provider who has contact with students found to have falsely accused another as a means of **harassment**, intimidation, or bullying or as a means of retaliation could entail discipline in accordance with district policies, procedures, and agreements which may include, but not be limited to: reprimand, suspension, increment withholding, termination, and/or bans from providing services, participating in school district-sponsored programs, or being in school buildings or on school grounds. Remedial measures may include, but not be limited to: in or out-of-school counseling, professional development programs, and work environment modifications.
3. Visitors or Volunteers - Consequences and appropriate remedial action for a visitor or volunteer found to have falsely accused another as a means of **harassment**, intimidation, or bullying or as a means of retaliation could be determined by the school administrator after consideration of the nature, severity, and circumstances of the act, including law enforcement reports or other legal actions, removal of buildings or grounds privileges, or prohibiting contact with students or the provision of student services. Remedial measures may include, but not be limited to: in or out-of-school counseling, professional development programs, and work environment modifications.

K. **Harassment**, Intimidation, and Bullying Policy Publication and Dissemination



This Policy will be disseminated annually by the Superintendent to all school employees, contracted service providers who have contact with students, school volunteers, students, and parents who have children enrolled in a school in the district, along with a statement explaining the Policy applies to all acts of **harassment**, intimidation, or bullying, pursuant to N.J.S.A. 18A:37-14 that occur on school property, at school-sponsored functions, or on a school bus and, as appropriate, acts that occur off school grounds.

The Superintendent shall ensure that notice of this Policy appears in the student handbook and all other publications of the school district that set forth the comprehensive rules, procedures, and standards for schools within the school district.

The Superintendent shall post a link to the district's **Harassment**, Intimidation, and Bullying Policy that is prominently displayed on the homepage of the school district's website. The district will notify students and parents this **Harassment**, Intimidation, and Bullying Policy is available on the school district's website.

The Superintendent shall post the name, school phone number, school address, and school email address of the district Anti-Bullying Coordinator on the home page of the school district's website. Each Principal shall post the name, school phone number, address, and school email address of both the Anti-Bullying Specialist and the district Anti-Bullying Coordinator on the home page of each school's website.

L. **Harassment, Intimidation, and Bullying Training and Prevention Programs**

The Superintendent and Principal(s) shall provide training on the school district's **Harassment**, Intimidation, and Bullying Policy to current and new school employees; including administrators, instructors, student support services, administrative/office support, transportation, food service, facilities/maintenance; contracted service providers; and volunteers who have significant contact with students; and persons contracted by the district to provide services to students. The training shall include instruction on preventing bullying on the basis of the protected categories enumerated in N.J.S.A. 18A:37-14 and other distinguishing characteristics that may incite incidents of discrimination, **harassment**, intimidation, or bullying.

Each public school teacher and educational services professional shall be required to complete at least two hours of instruction in **harassment**, intimidation, and bullying prevention within each five year professional development period as part of the professional development requirement pursuant to N.J.S.A. 18:37-22.d. The required two hours of suicide prevention instruction shall include information on the risk of suicide and incidents of **harassment**, intimidation, or bullying and information on reducing the risk of suicide in students who are members of communities identified as having members at high risk of suicide.



Each newly elected or appointed Board member must complete, during the first year of the member's first term, a training program on **harassment**, intimidation, and bullying in accordance with the provisions of N.J.S.A. 18A:12-33.

The school district shall provide time during the usual school schedule for the Anti-Bullying Coordinator and each school Anti-Bullying Specialist to participate in **harassment**, intimidation, and bullying training programs.

A school leader shall complete school leader training that shall include information on the prevention of **harassment**, intimidation, and bullying as required in N.J.S.A. 18A:26-8.2.

The school district shall annually observe a "Week of Respect" beginning with the first Monday in October. In order to recognize the importance of character education, the school district will observe the week by providing age-appropriate instruction focusing on the prevention of **harassment**, intimidation, and bullying as defined in N.J.S.A. 18A:37-14. Throughout the school year the district will provide ongoing age-appropriate instruction on preventing **harassment**, intimidation, or bullying, in accordance with the Core Curriculum Content Standards, pursuant to N.J.S.A. 18A:37-29.

The school district and each school in the district will annually establish, implement, document, and assess **harassment**, intimidation, and bullying prevention programs or approaches, and other initiatives in consultation with school staff, students, administrators, volunteers, parents, law enforcement, and community members. The programs or approaches and other initiatives shall be designed to create school-wide conditions to prevent and address **harassment**, intimidation, and bullying in accordance with the provisions of N.J.S.A. 18A:37-17 et seq.

M. **Harassment, Intimidation, and Bullying Policy Reevaluation, Reassessment and Review**

The Superintendent shall develop and implement a process for annually discussing the school district's **Harassment, Intimidation, and Bullying Policy** with students.

The Superintendent, Principal(s), and the Anti-Bullying Coordinator, with input from the schools' Anti-Bullying Specialists, shall annually conduct a reevaluation, reassessment, and review of the **Harassment, Intimidation, and Bullying Policy**, and any report(s) and/or finding(s) of the School Safety/School Climate Team(s). The Superintendent shall recommend to the Board necessary revisions and additions to the Policy consistent with N.J.S.A. 18A:37-15.c., as well as to **harassment**, intimidation, and bullying prevention programs and approaches based on the findings from the evaluation, reassessment, and review.

N. **Reports to Board of Education and New Jersey Department of Education**



The Superintendent shall report two times each school year, between September 1 and January 1 and between January 1 and June 30 at a public hearing all acts of violence, vandalism, and **harassment**, intimidation, and bullying which occurred during the previous reporting period in accordance with the provisions of N.J.S.A. 18A:17-46. The information shall also be reported to the New Jersey Department of Education in accordance with N.J.S.A. 18A:17-46.

O. School and District Grading Requirements

Each school and each district shall receive a grade for the purpose of assessing their efforts to implement policies and programs consistent with the provisions of N.J.S.A. 18:37-13 et seq. The grade received by a school and the district shall be posted on the homepage of the school's website and the district's website in accordance with the provisions of N.J.S.A. 18A:17-46. A link to the report that was submitted by the Superintendent to the Department of Education shall also be available on the school district's website. This information shall be posted on the websites within ten days of receipt of the grade for each school and the district.

P. Reports to Law Enforcement

Some acts of **harassment**, intimidation, and bullying may be bias-related acts and potentially bias crimes and school officials must report to law enforcement officials either serious acts or those which may be part of a larger pattern in accordance with the provisions of the Memorandum of Agreement Between Education and Law Enforcement Officials.

Q. Collective Bargaining Agreements and Individual Contracts

Nothing in N.J.S.A. 18A:37-13.1 et seq. may be construed as affecting the provisions of any collective bargaining agreement or individual contract of employment in effect on the Anti-Bullying Bill of Rights Act's effective date (January 5, 2011). N.J.S.A. 18A:37-30.

The Board of Education prohibits the employment of or contracting for school staff positions with individuals whose criminal history record check reveals a record of conviction for a crime of bias intimidation or conspiracy to commit or attempt to commit a crime of bias intimidation.

R. Students with Disabilities

Nothing contained in N.J.S.A. 18A:37-13.1 et seq. may alter or reduce the rights of a student with a disability with regard to disciplinary actions or to general or special education services and supports. N.J.S.A. 18A:37-32.

S. Approved Private Schools for Students with Disabilities (APSSD)

In accordance with the provisions of N.J.A.C. 6A:16-7.7(a).2.ix.(2), the Board of Education shall investigate a complaint or report of



**harassment**, intimidation, or bullying, pursuant to N.J.A.C. 6A:16-7.7(a).2.ix. and Section G. of this Policy, occurring on Board of Education school buses, at Board of Education school-sponsored functions, and off school grounds involving a student who attends an APSSD. The investigation shall be conducted by a Board of Education Anti-Bullying Specialist, in consultation with the APSSD.

The school district shall submit all subsequent amended **Harassment**, Intimidation, and Bullying Policies to the Executive County Superintendent of Schools within thirty days of Board adoption.

N.J.S.A. 18A:37-13 through 18A:37-32

N.J.A.C. 6A:16-7.1 et seq.; 6A:16-7.9 et seq.

Model Policy and Guidance for Prohibiting **Harassment**, Intimidation, and Bullying on School Property, at School-Sponsored Functions and on School Buses – April 2011 – New Jersey Department of Education

Memorandum – New Jersey Commissioner of Education – Guidance for Schools on Implementing the Anti-Bullying Bill of Rights Act – December 16, 2011

Adopted: 13 June 2017

Revised: 13 November 2018





## Hoboken Board of Education

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## District Regulation

**5512 - HARASSMENT, INTIMIDATION OR BULLYING  
INVESTIGATION PROCEDURE (M)**

Section: Students

Date Created: June, 2017

Date Edited: June, 2017

**M**

The Board of Education authorizes a prompt investigation of reports and violations and complaints of **harassment**, intimidation, or bullying in accordance with the provisions of N.J.S.A. 18A:37-15(b)6.

The following investigation procedure shall be used for all allegations of **harassment**, intimidation, or bullying:

1. An investigation shall be initiated by the Principal or the Principal's designee within one school day of the verbal report of the incident and shall be conducted by a school's Anti-Bullying Specialist, in coordination with the Principal.
  - a. The Principal may appoint additional personnel who are not school Anti-Bullying Specialists to assist in the investigation.
2. The investigation shall be completed as soon as possible, but not later than ten school days from the date of the written report of the incident of **harassment**, intimidation, or bullying.
  - a. In the event that there is information relative to the investigation that is anticipated but not yet received by the end of the ten-day period, the school Anti-Bullying Specialist may amend the original report of the results of the investigation to reflect the information.
3. The results of the investigation shall be reported to the Superintendent within two school days of the completion of the investigation, and in accordance with regulations promulgated by the State Board of Education pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.).
4. The Superintendent may decide to provide intervention services, establish training programs to reduce **harassment**, intimidation, or bullying and enhance school climate, impose discipline, order counseling as a result of the findings of the investigation, or take or recommend other appropriate action.



5. The results of each investigation shall be reported to the Board of Education no later than the date of the next Board of Education Meeting following the completion of the investigation, along with information on any services provided, training established, discipline imposed, or other action taken or recommended by the Superintendent.
6. Parents of individual student offenders and targets/victims shall be entitled to receive information about the investigation, in accordance with Federal and State law and regulation, including the nature of the investigation, whether the district found evidence of **harassment**, intimidation, or bullying, or whether discipline was imposed or services provided to address the incident of **harassment**, intimidation, or bullying. This information shall be provided in writing within five school days after the results of the investigation are reported to the Board of Education.
7. A parent may request a hearing before the Board of Education after receiving the information.
  - a. This hearing shall be held within ten school days of the request;
  - b. The Board shall meet in executive session for the hearing to protect the confidentiality of the students; and
  - c. At the hearing the Board may hear from the school Anti-Bullying Specialist about the incident, recommendations for discipline or services, and any programs instituted to reduce such incidents.
8. At the next regularly scheduled Board of Education meeting following its receipt of the Superintendent's report on the results of each investigation to the Board or following a hearing in executive session, the Board shall issue a decision, in writing, to affirm, reject, or modify the Superintendent's decision. The Board's decision may be appealed to the Commissioner of Education, in accordance with the procedures set forth in law and regulation, no later than ninety days after the issuance of the Board's decision.
9. A parent, student, or organization may file a complaint with the Division on Civil Rights within one hundred eighty days of the occurrence of any incident of **harassment**, intimidation, or bullying based on membership in a protected group as enumerated in the "Law Against Discrimination," P.L.1945, c.169 (C.10:5-1 et seq.).

Issued: 13 June 2017





# HOBOKEN BOARD OF EDUCATION

STUDENT DATA / ENROLLMENT CLERK

158 Fourth Street ❖ Hoboken, NJ 07030 ❖ 201.356.3619 ❖ Fax: 201.792.5175

Brunilda Munoz  
Student Data/Enrollment Clerk  
[bmunoz@hoboken.k12.nj.us](mailto:bmunoz@hoboken.k12.nj.us)

## BULLYING, INTIMIDATION AND HAZING POLICY

I have received a copy of the district bullying, intimidation and hazing policy.  
My child and I agree to its contents.

\_\_\_\_\_  
Parent/Guardian's *(Signature)*

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

\_\_\_\_\_  
Teacher's Name *(Please print)*

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date



# HOBOKEN BOARD OF EDUCATION

STUDENT DATA / ENROLLMENT CLERK

158 Fourth Street ❖ Hoboken, NJ 07030 ❖ 201.356.3619 ❖ Fax: 201.792.5175

Brunilda Munoz  
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[bmunoz@hoboken.k12.nj.us](mailto:bmunoz@hoboken.k12.nj.us)

## PARENTAL PERMISSION SLIP FOR WALKING FIELD TRIPS

Dear Parent/Guardian(s):

During the course of the school year the children enrolled in the Hoboken Public Schools will be participating in local activities to enhance their learning experiences. These activities will occur periodically during the course of the school day under the supervision of at least one certified teacher or supervisor. All necessary safety precautions shall be observed and the activities shall not exceed beyond the length of the school day. Students will be walking on these trips. Your signature below indicates that you are granting permission for your child to participate in all such excursions and activities during the course of the school year.

Student's Name: (*Print*) \_\_\_\_\_ Grade: \_\_\_\_\_  
                                   (*Last*)         (*First*)         (*MI*)

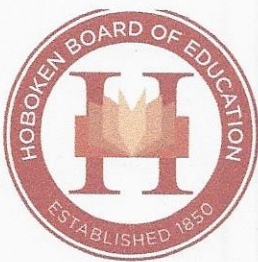
Teacher's Name: *(Print)* \_\_\_\_\_ Room: \_\_\_\_\_

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

Parent/Guardian's Name: *(Print)* \_\_\_\_\_

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





# HOBOKEN BOARD OF EDUCATION

STUDENT DATA / ENROLLMENT CLERK

158 Fourth Street

Hoboken, NJ 07030

201.356.3619

Fax: 201.792.5175

Brunilda Munoz

Student Data/Enrollment Clerk

[bmunoz@hoboken.k12.nj.us](mailto:bmunoz@hoboken.k12.nj.us)

## Student's Photo/Video/Image and Other Personally Identifiable Information On the Internet Parent/Guardian Consent Form

Dear Parent(s)/Guardian(s):

**In accordance with Statute 18A:36-35 (Disclosure of certain student information on Internet prohibited without parental consent),** we are sending you this consent form to both inform you and to request permission for your child's photo/video/image and other personally identifiable information to be published on the district and/or school's website and/or social media.

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

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. **Personally identifiable information includes student photos/videos/images, names, residential addresses, email addresses, phone numbers, and locations and times of class trips.**

If you, as parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Principal of your child's school, and such rescission will take effect upon receipt by the school.

### Check one of the following choices:

☐ I/We **GRANT** permission for a photo/video/image that includes this student **without any other personal identifiers** to be published on the school and/or district's website and/or social media.

☐ I/We **GRANT** permission for this student's photo/video/image **and name** to be published on the school and/or district's website and/or social media.

☐ I/We **GRANT** permission for this student's photo/video/image **and all other above-described personally identifiable information** to be published on the school and/or district's website and/or social media.

☐ I/We **DO NOT GRANT** permission for **any photo/video/image that includes this student** to be published on the school and/or district's website and/or social media.

Student Name: (print) \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_

Parent/Guardian Relationship to Student: \_\_\_\_\_

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





# HOBOKEN BOARD OF EDUCATION

STUDENT DATA / ENROLLMENT CLERK

158 Fourth Street

Hoboken, NJ 07030

201.356.3619

Fax: 201.792.5175

Brunilda Munoz

Student Data/Enrollment Clerk

[bmunoz@hoboken.k12.nj.us](mailto:bmunoz@hoboken.k12.nj.us)

## Student's School Work and Personally Identifiable Information On the Internet Parent/Guardian Consent Form

In accordance with Hoboken Board of Education's policies and procedures consistent with Statute 18A:36-35 (Disclosure of certain student information on Internet prohibited without parental consent) with additional regard to publication of your child's school work on the district and/or school's website and/or social media, also check one of the following choices:

- ☐ I/We **GRANT** permission for this student's **school work and photo/video/image** to be published on the school and/or district's website and/or social media.
- ☐ I/We **GRANT** permission for this student's **school work and photo/video/image and name** to be published on the school and/or district's website and/or social media.
- ☐ I/We **GRANT** permission for this student's **school work and photo/video/image and name and all other personally identifiable information** to be published on the school and/or district's website and/or social media.
- ☐ I/We **GRANT** permission for this student's **school work only** to be published on the school and/or district's website and/or social media **without this student's photo/video/image or any other personally identifiable information**.
- ☐ I/We **DO NOT GRANT** permission for this student's **school work** to be published on the school and/or district's website and/or social media.

### Student's Photo/Video/Image for non-Internet purposes Parent/Guardian Consent Form

In accordance with Hoboken Board of Education's policies and procedures with regard to use of your child's photo/video/image for purposes unrelated to the Internet, please also indicate your preferences below.

I/We **GRANT** permission for use of this student's **photo/video/image** as follows (check all that apply):

- ☐ For instructional use in the classroom
- ☐ For use within the student's school building
- ☐ For use in the yearbook
- ☐ For use in district publications
- ☐ For use in print and broadcast media (i.e., newspapers, television, etc)

**Thank you for your cooperation with Hoboken Board of Education in our effort to protect your child's right to privacy consistent with your specific preferences as Parent/Guardian.**



**HOBOKEN BOARD OF EDUCATION  
HEALTH HISTORY FORM**

SCHOOL: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

TEACHER: \_\_\_\_\_

GRADE: \_\_\_\_\_ ROOM: \_\_\_\_\_

DEAR PARENT/GUARDIAN(S):

PLEASE INDICATE IF YOUR CHILD CURRENTLY HAS OR HAS HAD ANY OF THE FOLLOWING:

CONDITION	DATE OF DIAGNOSIS	MEDS TAKEN FOR THIS
CHICKEN POX	_____	_____
ASTHMA	_____	_____
DIABETES	_____	_____
SEIZURES	_____	_____
ALLERGIES	_____	_____
HEART PROBLEMS	_____	_____
VISION PROBLEMS	_____	_____
BEHAVIOR/ADHD	_____	_____
OTHER	_____	_____

DOES YOUR CHILD TAKE ANY OTHER MEDICATIONS? *Please list. \*\*\* (Medications to be give in school require special permission forms)*

DID YOUR CHILD EVER HAVE SURGERY? ☐ YES ☐ NO

*If yes, please explain:*

DOES THE CHILD HAVE ANY OTHER CHRONIC MEDICAL PROBLEMS, SPECIAL NEEDS, HANDICAPPING CONDITIONS OR RECEIVE THERAPY (i.e. speech)? ☐ YES ☐ NO

*If yes, please explain:*

As parent/guardian of the above named student, I authorize pertinent medical information (*medical conditions, allergies, and or medication regimes*) to be shared with appropriate professional staff involved in the care of my child.

Parent/Guardian's Name: (*Print*) \_\_\_\_\_ Signature: \_\_\_\_\_

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



# UNIVERSAL CHILD HEALTH RECORD

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

## SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last) (First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> 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	
<b>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</b>			
Signature/Date		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Date of Physical Examination:	Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Abnormalities Noted:	<table border="1"> <tr> <td>Weight (must be taken within 30 days for WIC)</td> <td></td> </tr> <tr> <td>Height (must be taken within 30 days for WIC)</td> <td></td> </tr> <tr> <td>Head Circumference (if &lt;2 Years)</td> <td></td> </tr> <tr> <td>Blood Pressure (if ≥3 Years)</td> <td></td> </tr> </table>	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)	
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:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> 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: <input type="checkbox"/> Capillary <input type="checkbox"/> 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 and Senior Services, Immunization Program at 609-588-7512.

- 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.state.nj.us/health/forms/ch-15.dot](http://www.state.nj.us/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](http://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.



# PHYSICAL EXAMINATION K-12

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP \_\_\_\_\_  
 Vision: R 20/ \_\_\_\_\_ L20/ \_\_\_\_\_ Corrected: Y \_\_\_\_\_ N \_\_\_\_\_ Hearing: R \_\_\_\_\_ L \_\_\_\_\_

MEDICAL	NORMAL	ABNORMAL	INITIALS
Appearance			
Eyes/ears/nose/throat			
Lymph nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

Recommendations: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ MD/DO/NP

*\*PARENTS MUST PROVIDE THE BOLD ITEMS IN ORDER TO REGISTER A STUDENT*

(Form 6b)



**HOBOKEN BOARD OF EDUCATION  
HEALTH ASSESSMENT REPORT**

**I. PERSONAL DATA (TO BE COMPLETED BY PARENT/GUARDIAN)**

Student's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
MM DD YYYY

Sex: ☐ Male ☐ Female

School your child will be attending: \_\_\_\_\_

Does your child have health insurance? ☐ Yes ☐ No

Insurance Name: \_\_\_\_\_ Number: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

If no, do you need an application or assistance in applying for NJ Family Care? ☐ Yes ☐ No

Place where your child gets regular health care: (Please check)

☐ Private Doctor/HMO

☐ Community Health Center

☐ No Regular Place

Was your child ever hospitalized or seriously injured? ☐ Yes ☐ No

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_ why? \_\_\_\_\_

List any health problems that might affect your child's performance in school:

\_\_\_\_\_  
\_\_\_\_\_

**II. HEALTH ASSESSMENT (TO BE COMPLETED BY HEALTH CARE PROVIDER)**

A physician licensed to practice medicine or a certified nurse practitioner must conduct the health assessment.

Date of Assessment: \_\_\_\_\_ Are all immunizations complete at this time: ☐ Yes ☐ No  
MM DD YYYY

Most recent Mantoux test date: \_\_\_\_\_ (Please attach a copy)  
MM DD YYYY

Date Read: \_\_\_\_\_ Result: \_\_\_\_\_ mm  
MM DD YYYY

Weight \_\_\_\_\_ lbs Weight relative to height is ☐ Normal Development: \_\_\_\_\_ Within Normal range

Height \_\_\_\_\_ ft \_\_\_\_\_ inches ☐ Underweight \_\_\_\_\_ Needs follow-up

BMI \_\_\_\_\_ ☐ Overweight Test(s) used (optional): \_\_\_\_\_

Illnesses or Developmental Problems (Please check any of the following that the child has):

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Convulsions/ Seizures | <input type="checkbox"/> Ear Infections     | <input type="checkbox"/> Skin Problems   |
| <input type="checkbox"/> Bleeding Problems    | <input type="checkbox"/> Cystic Fibrosis       | <input type="checkbox"/> Heart Problems     | <input type="checkbox"/> Speech Problems |
| <input type="checkbox"/> Bone/Muscle Problems | <input type="checkbox"/> Cerebral Palsy        | <input type="checkbox"/> Hearing Problem    | <input type="checkbox"/> Stomach Aches   |
| <input type="checkbox"/> Bowel Problems       | <input type="checkbox"/> Dental Problems       | <input type="checkbox"/> Meningitis         | <input type="checkbox"/> Urinary/Bladder |
| <input type="checkbox"/> Cancer/Leukemia      | <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Sickle Cell Anemia | <input type="checkbox"/> Other           |
| <input type="checkbox"/> Attention/ Learning  | <input type="checkbox"/> Emotional/Behavioral  | <input type="checkbox"/> Vision Problems    | <input type="checkbox"/> None            |



For those illnesses or developmental problems checked on the reverse side please provide additional information: \_\_\_\_\_

**III. FURTHER HEALTH INFORMATION (TO BE COMPLETED BY HEALTH CARE PROVIDER)**

Please provide additional information about illnesses or developmental problems checked on the previous page. Also please provide information about any other important health conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Birth History: ☐ Normal ☐ C/Section ☐ Premature

In your opinion, will any of the above illnesses or conditions affect the child's performance in school?

If so, specify: \_\_\_\_\_  
\_\_\_\_\_

What specialized care is the child receiving related to these problems? \_\_\_\_\_  
\_\_\_\_\_

List any allergies that the child has (e.g. food, insect stings, medications, etc.): \_\_\_\_\_  
\_\_\_\_\_

What type of allergic reaction occurs? \_\_\_\_\_  
\_\_\_\_\_

Does this child take medication on a regular basis? ☐ Yes ☐ No

If yes, list medication, dose and possible side effects: \_\_\_\_\_  
\_\_\_\_\_

Does this medication need to be given at school? ☐ Yes ☐ No

If yes, list frequency and duration: (PARENT MUST OBTAIN REQUIRED FORMS FROM SCHOOL NURSE)  
\_\_\_\_\_  
\_\_\_\_\_

Does this child need a special diet? ☐ Yes ☐ No

If yes, specify modifications: \_\_\_\_\_  
\_\_\_\_\_

Please list any additional medical care that is indicated at this time: \_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_

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

Print Name or Stamp Provider's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

PLEASE COMPLETE ATTACHED PHYSICAL EXAM FORM.