

Piscataway Township School District  
Piscataway, New Jersey

DISMISSAL RELEASE FORM  
SCHOOL YEAR 2018-2019

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Teacher: \_\_\_\_\_ Home Room: \_\_\_\_\_

The Supreme Court has indicated that school districts have a duty to exercise reasonable care for supervising students' safety at dismissal. School districts are now required to keep official documents on file about how you want your child(ren) to be dismissed on a regular school day and/or during an early dismissal. The following information is designed to inform you about our dismissal procedures. **Please fill out this form and return it to each child's school on or before September 7, 2018.**

The district accepts responsibility for appropriately supervising students in its care during the normal school day; when your child is being transported to or from school on school buses, and when participating in school-sponsored activities. Once the school day, bus ride home or school-sponsored activity has ended, the district expects that adult students (18 years of age) will assume responsibility for their own safety and welfare, and parents and guardians of minor students will assume responsibility for the safety and welfare of their children.

The district will take reasonable measures to publicize to the school community the days and hours when school is open. When inclement weather or other unanticipated emergency causes an early dismissal, the district will alert parents and guardians through designated radio stations, Honeywell phone calls, and the district's Web site ([www.piscatawayschools.org](http://www.piscatawayschools.org)). The district will assume that these methods of communication are adequate to alert the school community, and that arrangements will be made by the student's family on those occasions to assume care and supervision of the student upon release from school.

While it is the parent or guardian who makes the ultimate decision on whether their child should be permitted to leave school premises under regular or emergency circumstances, we will assume that you allow your child to leave school *unescorted* **UNLESS** this form is submitted by September 7, 2018.

**REGULAR DISMISSAL – How will your child get home on a regular day?**

Students shall be instructed to go home or elsewhere as directed by parents/guardians immediately following the close of the regular school day unless attending regularly organized programs of instruction and/or recreation or school activities which follow the dismissal of school.

Except in emergencies, students will not be permitted to vary dismissal arrangements without written permission of the parent or guardian. **Attempts shall be made to notify parents/guardians or others authorized to care for a student before he/she is sent home or elsewhere at other than the regular time of dismissal.**

**All students who walk home must have written permission from parents/guardians.**

Please indicate (X) your choice below (choose only one):

A.  I hereby give authorization for my minor child to walk home unescorted from school at the end of the regular school day.

B.  I **do not** authorize my minor child to walk home unescorted at the end of the regular school day. I authorize the following person(s) to pick up my child:

**Please indicate the person's name, telephone number and relationship to your child.**

1.	
2.	
3.	

**PLEASE COMPLETE AND SIGN THE REVERSE SIDE.**

**EARLY DISMISSAL/EMERGENCY SCHOOL CLOSING – How will your child get home if school closes early?**

On days when school is dismissed early for weather or other emergencies, all students must leave the school building and grounds as soon as classes are dismissed. All after-school childcare programs will continue to operate from the time of school dismissal until 6:00 PM. The decision to close the schools will be made by the superintendent and/or his designee, and administration will announce early dismissal closing information on designated radio stations, Honeywell phone calls, school audix messages, and the district's Web site (<http://www.piscatawayschools.org>). Please indicate below your preferred choice should schools be dismissed in the event of an early dismissal or emergency school closing:

Please indicate (X) your choice below (choose only one):	
A. <input type="checkbox"/>	My minor child will take his/her regularly scheduled school bus home.
B. <input type="checkbox"/>	My minor child will report to the fee-based childcare program in which he or she is already enrolled.
C. <input type="checkbox"/>	My minor child is allowed to walk to home unescorted from school.
D. <input type="checkbox"/>	In the event of an early dismissal or emergency school closing, my minor child <u>is not allowed</u> to walk home unescorted from school. I authorize the following person(s) to pick up my child:
<b>Please indicate the person's name, telephone number and relationship to your child.</b>	
1.	
2.	
3.	

**DISMISSAL FROM SCHOOL UPON SUSPENSION AND/OR SAFETY RELATED ISSUES**

Upon suspension and/or upon an administrative decision to remove a student from school before the regular dismissal time, a parent or legal guardian of record must pick up the student from school as soon as possible, but no later than 4:00 PM. This criterion for emergency dismissal/release from school is established to help maintain a safe school environment for all concerned.

Parents or legal guardians must designate in writing, permission for allowing their child to leave with a specific designated adult(s).

1.	
2.	
3.	

Reasons for not allowing students to board the regular school bus to home include, but are not limited to the following:

Suspension or excused removal from school during administrative investigations for verbal altercations, fighting, assault, suspected drug use (controlled dangerous substance) or possession of drugs or demonstrated likelihood to be disruptive or to cause harm to self or others. Other information pertinent to suspensions from school may be found in school district's Code of Student Conduct.

If a student is not picked up by 4:00 PM, school personnel may seek the involvement of the Piscataway Township Police Department or State child protection officials, as appropriate.

I have received this 2018-2019 Dismissal Release form and the 2018-2019 school calendar that was mailed to my home.

\_\_\_\_\_ Date

Parent's/Guardian's Signature

**Please Note: It is the responsibility of the parent/guardian to notify your child's school in writing of any changes to the information indicated on this form.**



100 Behmer Road  
Piscataway, NJ 08854  
732 981-0700 x2075  
Fax 732 844-9407  
www.piscatawayschools.org

Teresa M. Rafferty  
Superintendent of Schools

Deborah I. Dawson, Psy.D.  
Supervisor of K-8 Counseling and Health Services

Dear Parents/Guardians:

Food allergies affect children in many ways, with reactions ranging from itching or a rash to hives and difficulty breathing. If you notify us of your child's food allergy, food service personnel will be alerted when your child checks out in the food line.

Please complete the form below and return it to the school nurse, who in turn will send the form to Sodexo School Services at the High School (732-981-0700 ext. 2289). **A new form must be completed each school year.** Once the form is returned, the allergy information will be entered into the computer system by Sodexo's staff. The food allergy information will be entered onto your child's health record as well. **If your child cannot drink milk and you would like to substitute juice for milk, a doctor's note is required.** Please attach the note from your child's doctor to this form when you return it to the nurse.

When your child enters his/her ID number at check out a "Dietary Notice" of food allergies will appear. This alerts food service personnel that this food item should not appear on your child's tray. If it does, food service personnel will remove the food and talk with your child.

You should be aware, however, that this system may not identify allergens that are ingredients in other foods, such as chicken nuggets or baked goods.

It is hoped that this service will assist with the health and well being of your child. However, this service is not intended to replace parental responsibility for insuring that their child makes appropriate food selections from the school cafeteria.

Sincerely,  
*Deidre Ortiz*  
Director of Pupil Services

*Jim Giannakis*  
Sodexo Food Service Manager

***Complete and Return to the Nurse at Your Child's School***

**A new form must be completed each school year.**

\* \* \* \* \*

\_\_\_\_\_  
Child's Name                      ID Number                      School                      Grade

\_\_\_\_My Child has the following **food allergies** (do not include personal, religious or cultural preference):

\_\_\_\_\_

\_\_\_\_My child has no food allergies.

I understand that this information will be entered into the Sodexo School Services system and onto my child's health record.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**Teresa M. Rafferty**  
Superintendent of Schools

1515 Stelton Road  
Piscataway, NJ 08854  
732 572-2289  
Fax 732 572-7889  
[www.piscatawayschools.org](http://www.piscatawayschools.org)

**David Oliveira**  
Business Administrator/Board Secretary

### 2018-2019 Meal Charging Policy

Dear Parents and Guardians,

The Piscataway Board of Education has contracted with Sodexo Food Service to provide nutritionally balanced breakfasts and lunches daily at each school building. The food service program is operated in accordance with district policy and all laws and regulations of the New Jersey Department of Agriculture, National School Breakfast Program, and National School Lunch Program.

The Board of Education expects all parents/guardians to pay for their child's meals on a daily basis through the use of the MealTime Online payment management system or with cash purchases. In the event of an emergency, the Board of Education has developed a policy related to the purchase of student meals on a credit basis.

Students are permitted, within the following limitations, to charge a complete meal on a temporary credit basis. Students are *not* allowed to purchase snacks or a-la-carte items on a credit basis. Please note that parents are still responsible for paying for meals purchased on a credit basis. If a parent/guardian fails to pay their child's account balance, notification of the debt will occur in the following manner:

- An email will be sent to all accounts with a negative balance on the 1<sup>st</sup> day of each month.
- An email will be sent to all accounts with a negative balance greater than \$25 the 15<sup>th</sup> day of each month. The email will contain information about options for assistance available to families experiencing financial hardship.
- Accounts with a negative balance greater than \$25 will have their access to Genesis suspended.
- Accounts with a negative balance greater than \$75 will receive a phone call from the Principal or designee the 15<sup>th</sup> day of each month.

Additional information regarding the district's meal charging policy can be found in Policy 8550 Unpaid Meal Charges/Outstanding Food Service Charges, which is attached for your review.

If you have any questions regarding payment for school meals or the district's meal charging policy, please contact Sodexo at 732-981-0790, Ext. 2289, or the Business Office at 732-572-2289, Ext. 2507.

Sincerely,

David Oliveira  
Business Administrator/Board Secretary

**Application #:**  
**2018-2019 Application for Free and Reduced Price School Meals**  
 Complete one application per household. Please type or use a pen (not a pencil).

Available online at: <https://www.mymealtime.com/Apps>

**STEP 1** List ALL Household Members who are infants, children, and students up to and including Grade 12 (if more spaces are required for additional names, attach another sheet of paper)

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."  
 Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name	MI	Child's Last Name [press spacebar to advance]	School Name (Abbr.)	Grade	Student attends the school district?		Foster Child	Homeless, Migrant, Runaway
					Yes	No		
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? YES  NO

If you answered NO > Complete STEP 3. If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) **Case Number:** \_\_\_\_\_  
 Write only one case number in this space.

**STEP 3** Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**A. Child Income**  
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.  
 Child income \$ \_\_\_\_\_ How often?  Weekly  Bi-Weekly  2x Month  Monthly

**B. All Adult Household Members (Including yourself)**  
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)  Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member           Check if no SSN

**STEP 4** Contact Information and adult signature. Mail Completed Form To: **Piscataway Bd of Education, 1515 Stalton Road, Piscataway, NJ 08854**

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Printed name of adult signing the form	Signature of adult			Today's date	
<input type="text"/>	<input type="text"/>			<input type="text"/>	



# Piscataway Board of Education

Community Education & Outreach  
1515 Stelton Road  
Piscataway, NJ 08854  
(732) 572-4688

## Before and Aftercare Emergency Enrollment Form

### Attention Principals/Secretaries:

Please complete the following steps prior to placing a Non-Registered student into aftercare.

Program (check off) Before Care  or After Care  Date of Usage \_\_\_\_\_

1. Inform parent/guardian they will be charged a \$15.00 for before care and \$35.00 for after care for emergency enrollment.
2. **After Care Only - Provide aftercare staff with a copy of the student's Emergency Contact Information from Genesis.**
3. Fill in student name and billing information and sign form.

\_\_\_\_\_  
Office Staff Initial

### Student Name and Billing Information:

Print name of student:	
Full Home Address:	
Parent Cell Phone:	Parent Email Address:
Print name of parent/guardian authorizing placement in aftercare:	

*Before and/or Aftercare staff completes the bottom section of the form*

### Program Center (check one)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Arbor                   | <input type="checkbox"/> Eisenhower           | <input type="checkbox"/> Grandview         |
| <input type="checkbox"/> M.L. King               | <input type="checkbox"/> Knollwood            | <input type="checkbox"/> Randolphville     |
| <input type="checkbox"/> Quibbletown             | <input type="checkbox"/> Schor                | <input type="checkbox"/> Conackamack       |
| <input type="checkbox"/> Children's Corner Pond  | <input type="checkbox"/> Manville – Roosevelt | <input type="checkbox"/> Manville - Weston |
| <input type="checkbox"/> Children's Corner River |   |  |

\_\_\_\_\_  
Print name of parent/guardian

X \_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of staff member witnessing signature

X \_\_\_\_\_  
Signature of staff member

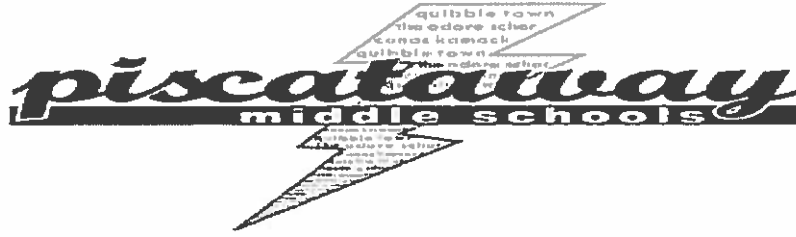
\_\_\_\_\_  
Date

### Staff complete below

Payment: Check  Cash  Amount of payment \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date. \_\_\_\_\_ CVV \_\_\_\_\_

# Piscataway Township Schools



## ***2018-2019 Student Handbook Acknowledgement Page***

**PLEASE NOTE: THIS PAGE MUST BE SIGNED AND RETURNED TO YOUR CHILD'S SCHOOL**

*Piscataway Middle School Community*

### **Mission Statement**

The Piscataway Middle School Community believes that youth in the middle grades are capable of learning and achieving at high levels. Therefore we dedicate our efforts to creating exemplary middle schools that provide equal access to quality education that is responsive to the developmental needs, talents, and interests of all students.

Dear Parent/Guardian:

We ask that you review the Middle School Student Handbook with your child. In an effort to conserve paper, the handbook can be found on the school's website. It can also be accessed through your child's school issued iPad. Please sign this page acknowledging that you and your child have accessed and read all of the information included in the handbook. This page should be returned to your child's homeroom teacher no later than Thursday, September 20, 2018.

My child, \_\_\_\_\_, and I have reviewed and understand the procedures and information provided in the Handbook.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date