

HOLLY HILLS ELEMENTARY SCHOOL

500 Ogden Drive
Westampton, NJ 08060
Phone: (609) 267-2722 Fax: (609) 702-9017

Jennifer Murray

Principal

jmurray@westamptonschools.org

Parent/Student Consent Form

Please read and sign EACH numbered item below and return to school.

1) _____
Student Name (please print First and Last Name)

Grade _____

Homeroom _____

2) Student/Parent Handbook

The Handbook is available to me online on the school website and I accept responsibility reading and helping my child adhere to its contents.

Parent/ Guardian Signature

Date

3) Acceptable Use of Technology/ Internet

My signature on the below line acknowledges that my student and I have read and understand the internet regulations, including those concerning acceptable and unacceptable use, computer security, and proper care of the equipment. I further understand that my student may be prevented from working with technology located at Holly Hills Elementary School if he/she violates this pledge and fails to abide by the rules and regulations stated herein.

Parent/ Guardian Signature

Date

(please fill out the reverse side of the form)

4) Display of Pictures

I give the school permission to publish the photo and/or name (student NAMES will not be published on RVTV, the district website, or any social media outlet) of the above-named student in all of the following media outlets:
Name and photo - School newspaper or local newspaper
PHOTO ONLY - RVTV, District website, District Facebook page, District Instagram.

If you choose not to give permission, please take the time to explain this decision to your child. Students have been upset when they are removed from pictures, or when television cameras are present, because they do not understand the reason for not being able to participate.

Please put an “x” next to the appropriate response.

Yes, I give permission _____

No, I do not give permission _____

Parent/ Guardian Signature

Date

5) Cell Phone

The above-named student has my permission to bring a personal cell phone to school. I understand that the phone must be off and away at all times, unless specific permission has been granted by a staff member and is used only for the stated purpose.

I understand that the school has no financial responsibility for the personal device should it be lost or damaged. I understand that my child must abide by the acceptable use of technology and internet access policies while on their personal device at school.

Yes, I give permission _____

No, I do not give permission _____

Parent/ Guardian Signature

Date

6) Parent Consent for Student Participation in the Teacher Video Evaluation Program

Many of our teachers participate in the New Jersey Department of Education teacher video evaluation program. Part of the program encompasses a video of the teacher teaching his/her class. This video will be used by the teacher to reflect upon his/her teaching practice. It will be used in district only. It will not be published.

Yes, I give permission _____

No, I do not give permission _____

Parent/ Guardian Signature

Date