

### Escuelas Publicas de North Brunswick Township

**Instrucciones para el padre / tutor:** La información solicitada a continuación es necesaria para completar el proceso de inscripción. En algunos casos por razones de privacidad, no puedan responder a una pregunta. El padre / tutor debe entender que sus respuestas a estas preguntas serán de gran ayuda para el distrito y el estado en la planificación de un programa que satisfaga las necesidades únicas de su hijo. Si el padre / tutor se niega a responder una pregunta, la escuela debe tomar una determinación sobre algunos elementos que se dejan en blanco. Por favor, haga todo lo posible para responder de la mejor manera posible a fin de agilizar el proceso y para evitar contactos de seguimiento para obtener más información.

Nombre del estudiante:: \_\_\_\_\_  
Apellido Primer Nombre medio nombre

Dirección del estudiante: \_\_\_\_\_  
Cuidad, estado, codico \_\_\_\_\_

alquiler:: \_\_\_\_\_ Fecha de Exp \_\_\_\_\_ Dueño: \_\_\_\_\_ # de Lote \_\_\_\_\_ # Bloque # \_\_\_\_\_ Tipo de casa: \_\_\_\_\_ Affidavit: si \_\_\_\_\_ No \_\_\_\_\_

Cuál fue el último grado que atendió su hijo? \_\_\_\_\_

Escuela anterior: \_\_\_\_\_ Grado anterior: \_\_\_\_\_ Numero telefonico: \_\_\_\_\_

Dirección: \_\_\_\_\_ Cuidad/estadol: \_\_\_\_\_

#### INFORMATION de Padres

Estado matrimonial: casado \_\_\_ Divorciado \_\_\_ Separado \_\_\_ Soltero \_\_\_ segunda nupcias \_\_\_ Custodia/el niño vive con: \_\_\_\_\_

Derechos de CUSTODIA: Nombre: \_\_\_\_\_ Relación: \_\_\_\_\_ tiene custodia legal del niño.

documentos legales deben estar en archivo en la escuela que atiende el niño.. El otro padre puede o no puede hablar con el niño.  SI  NO y puede firmar salida para el niño. Identificación es obligatorio.

#### Niños en la familia (incluyendo estudiante) en orden de edad, mayor a menor...

	Nombre	Género	fecha de nacimiento	nombre de escuela, estado	Grado
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Tiene su niño un IEP? si \_\_\_ no \_\_\_ Si tiene un IEP, puede dar una copia? si \_\_\_ no \_\_\_ Tiene hogar su hijo? si \_\_\_ no \_\_\_

Hay algun problema educativo que debemos saber? si \_\_\_ no \_\_\_ Por favor especifica \_\_\_\_\_

Recibe su hijo ayuda federal de inmigrantes? si \_\_\_ no \_\_\_ es su hijo inmigrante? si \_\_\_ no \_\_\_ Un inmigrante es un estudiante que tiene 3 a 21 años y No nació en los EE. Y no ha asistido a uno o más escuelas en los EE por más de 3 años academicos.

Fecha de entrada a EE: \_\_\_\_\_ Fecha de entrada a la primera escuela en los EE: \_\_\_\_\_

**Información de salud**

Enumera cualquier alergia: \_\_\_\_\_ enumere cualquier medicamentos: \_\_\_\_\_

Enumere cualquier condicion medica o discapacidad que pueda interferir con el aprendizaje de su hijo en la clase: \_\_\_\_\_

Special health recommendations you wish the school to consider: \_\_\_\_\_

Nombre del Doctor \_\_\_\_\_ direcion \_\_\_\_\_

Telefono del doctor: \_\_\_\_\_

Circule donde corresponda : su hijo usa lentes de contacto: si / no duros / suaves

Tiene alergias su hijo: si / no

Usa su hijo implantes dentales si / no

**INFORMACIÓN DE EMERGENCIA:**

Si nadie su puede contactar en caso de emergencia que su hijo/a se enferme or este herido , que desea que la escuela haga?

En caso de emergencia cuál centro médico prefiere?

Escoja uno: **Robert Wood Johnson Hospital** or **St. Peter's University Hospital**

Firma de Padre/Guardian: \_\_\_\_\_ fecha: \_\_\_\_\_

**Certifico que las declaraciones anteriores hechas por mí son verdaderas. Soy consciente de que si alguno de ellos es deliberadamente falso, estaré sujeto a acciones legales. Según la ley estatal y la política de la Junta, si se descubre que mi hijo (s) está (n) asistiendo ilegalmente a las escuelas de North Brunswick y no vive en North Brunswick, seré responsable del pago de las tasas de matrícula acumuladas. Además, reconozco que seré responsable de los gastos legales incurridos por la Junta de Educación de North Brunswick en relación con la situación.**

**Importante:**

**Entiendo que en la disposición final de una emergencia prevalecerá el juicio de las autoridades escolares. La recomendación del padre / tutor, como se indica aquí será respetada siempre que sea posible.**

**For Office Use Only** Grade: \_\_\_\_\_ New Entry: \_\_\_\_\_ Re-Entry: \_\_\_\_\_ Entry Code: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_ Class of: \_\_\_\_\_

Custody Issue: Yes \_\_\_\_\_ No \_\_\_\_\_ Copy of Custody Papers: Yes \_\_\_\_\_ No \_\_\_\_\_ Docket #: \_\_\_\_\_ Program Type: \_\_\_\_\_ School Entry Date: \_\_\_\_\_

Registrar: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date Entered \_\_\_\_\_

Copies to: \_\_\_\_\_ Transportation \_\_\_\_\_ Special Services \_\_\_\_\_ Technology

**Escuelas del Condado de North Brunswick**  
 North Brunswick, New Jersey 08902  
**EVALUACIÓN MÉDICA DEL ESTUDIANTE**

Escuela : JA JD LP Prsns LMS NBTHS Fecha: \_\_\_\_\_

Estudiante (Apellido, \_\_\_\_\_ FDN \_\_\_\_\_ Grado \_\_\_\_\_  
 Nombre)

Padre Tutor

Dirección \_\_\_\_\_

Teléfono Hogar # \_\_\_\_\_ Trabajo # \_\_\_\_\_ Celular # \_\_\_\_\_ Otro Día# \_\_\_\_\_

Médico \_\_\_\_\_ Teléfono # \_\_\_\_\_

Dirección \_\_\_\_\_

Nombre del Odontólogo \_\_\_\_\_ Teléfono # \_\_\_\_\_

**LISTA DE OTROS NIÑOS EN LA FAMILIA:**

Nombre \_\_\_\_\_ FDN \_\_\_\_\_ Nombre \_\_\_\_\_ FDN \_\_\_\_\_

Nombre \_\_\_\_\_ FDN \_\_\_\_\_ Nombre \_\_\_\_\_ FDN \_\_\_\_\_

**HISTORIA MÉDICA**

PARA TODAS LAS RESPUESTAS AFIRMATIVAS: POR FAVOR BRINDE INFORMACIÓN DETALLADA AL RESPALDO.

	Sí	No		Sí	No		Sí	No
Problemas en el embarazo			Nacimiento Prematuro			La madre tiene enfermedad crónica o grave		
Retrasos para caminar			Problemas en el parto			El padre tiene enfermedad crónica o grave		
Retrasos para hablar								

**SU HIJO (A) TIENE:**

**HAS YOUR CHILD EVER HAD:**

	Sí	No		Sí	No		Sí	No	Sí	No	
Resfriados frecuentes			Problemas de la Visión			Convulsiones			Hábitos nerviosos		
Dolores de garganta frecuentes			Gafas			Desmayos epiépticos			Enfermedad Grave		
Alergias que amenazan su vida (enve documentación médica)			Problemas Auditivos			Problemas de coordinación			Varicela		
Alergias (explique)			Dispositivos auditivos			Operación (explique)			Otra (explique)		
Asma			Problemas emocionales			Lesión grave					
			Malos hábitos alimenticios			Dolores de estomago frecuentes					
			Malos patrones de sueño			Dolores de cabeza frecuentes					

Actualmente, ¿está su hijo (a) bajo tratamiento médico? (¿Sí? Explique) \_\_\_\_\_

¿Su hijo (a) tiene algún medicamento? (¿Sí? Explique) \_\_\_\_\_

¿Ha sido su hijo (a) alguna vez remitido a un médico para mayor cuidado de la VISIÓN, ESCUCHA, y/o SCOLIOSIS? \_\_\_\_\_

POR FAVOR USE EL RESPALDO PARA APUNTA R CUALQUIER COSA ACERCA DE SU HIJO (A) QUE PUEDA PRESENTAR ALGUN PROBLEMA

\_\_\_\_\_  
Firma del Padre/Tutor

\_\_\_\_\_  
Relación con el Niño

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del Padre/Tutor

\_\_\_\_\_  
Relación con el Niño

\_\_\_\_\_  
Fecha

Por favor, lleve este formulario al doctor  
para completar  
y lleve con usted a su cita del registro de su hijo

APPENDIX H

**UNIVERSAL  
CHILD HEALTH RECORD**

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

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender <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 ( ) -	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>					
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:		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)			
<b>IMMUNIZATIONS</b>		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> 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		
<input type="checkbox"/> <i>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.</i>					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					

## Instructions for Completing the Universal Child Health Record (CH-14)

### Section 1 - Parent

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

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

### Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
  - **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
  - **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
  - **Head Circumference** - Only enter if the child is less than 2 years.
  - **Blood Pressure** - Only enter if the child is 3 years or older.
2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. The Immunization record must be attached for the form to be valid.
  - "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.
3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.
  - a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at [www.nj.gov/health/forms/ch-15.dot](http://www.nj.gov/health/forms/ch-15.dot) or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
  - b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

*Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.*

- c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.
  - d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.
  - e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at [www.pacnj.org](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.



**Responsible Use Guidelines (RUG)**

In North Brunswick, we believe our students must use technology to learn and compete in today's society. Digital teaching and learning is transformative and we encourage students to use these resources to access the unparalleled opportunities that our connected world can provide.

Technology is essential to facilitate the creative problem solving, information fluency, and collaboration that are required for both college and career. While we want our students to be active contributors in our connected world, we also want them to be responsible and safe. These Responsible Use Guidelines are designed to provide all stakeholders with a resource to better understand the Board approved Acceptable Use Policy (AUP) and Bring Your Own Personal Electronic Tool (BYOPET) program. Both support our vision of digital teaching and learning and foster a strong sense of digital citizenship.

**How We Use Technology**

North Brunswick utilizes digital learning to leverage the skills students need to contribute and succeed in our connected world. We use digital resources to:

- explore and apply the Common Core State Standards and New Jersey Core Curriculum Content Standards
- facilitate creativity and innovation
- support communication and collaboration
- assess dynamic content and evaluate the quality of resources
- provide accommodations and modifications to individualize and differentiate learning
- extend research and information fluency
- develop understanding of technology operations and concepts
- collect and analyze data

**Being a Digital Citizen**

While North Brunswick expects all members of the educational community to understand and adhere to the Acceptable Use Policy (AUP), these basic core Digital Citizenship values are non-negotiable and expected to be modeled by all.

- **Respect Yourself**
  - o I will take pride in my "digital footprint" and understand that it cannot be erased
- **Protect Yourself**
  - o I will keep personal information private as I understand there are dangerous places and individuals online
- **Respect Others**
  - o I will treat others how I would like to be treated
  - o I will ask for permission from school staff and everyone involved before taking photos and/or capturing audio/video
  - o I will report bullying, harassment, or individuals who make threats of any kind, as these behaviors are unacceptable!
- **Protect Others**
  - o I will protect others by reporting abuse and not forwarding inappropriate materials or communications
- **Respect Intellectual Property**
  - o I will create work that is mine and properly acknowledge the work of others
- **Protect Intellectual Property**
  - o I will only use software and media that is permitted by law
- **Respect and Protect District Property**
  - o I will respect the NBTSchools technology resources by taking proper precaution while using school equipment and reporting non-functioning technology to school staff

**Consequences**

Students are expected to follow all district policies, school rules, and teacher directions. The use of digital resources in the classroom is at the sole discretion of the classroom teacher and is a privilege, not a right and can be revoked by school staff at any time. Students unable to adhere to these expectations will be held accountable in accordance with the district's and school's established disciplinary procedures and policies (visit [www.nbtsschools.org](http://www.nbtsschools.org) for additional information in the Student Handbooks and Board Policy 5600 on Pupil Discipline).

Consequences for the following infractions are established in the Student Handbook

- Refusing to comply with district staff's directive of digital resource procedures (i.e., powering down, surrendering)
- Unauthorized use of a digital resource during an assessment
- Texting and/or posting pictures, video, or other content on social media
- Bypassing networks or unauthorized access (i.e. 3G/4G networks, peer-to-peer networks)

**Privacy/Security on the NBTSchoolsSchools Network**

Users are required to use the district's monitored and filtered network while on school grounds during school hours. The information systems and internet access through NBTSchools are available to support learning, enhance instruction, and support school system business and management practices. All users must authenticate and be logged into the NBTSchools network with their own username and password. Sharing personal credentials is strictly prohibited. Any attempts to bypass the district's content filter, firewall, or proxies will result in school disciplinary and/or legal action.

Computer networks/computer storage areas shall be treated in the same manner as other school storage facilities. School district personnel may review files and communications to maintain system integrity, confirm users are using the system responsibly, and ensure compliance with Federal and State laws that regulate internet safety. Therefore, no person should expect that files stored on district servers will be private or confidential.

**Social Media**

Social Media applications are interactive forums in which users create, share, and exchange information and ideas in virtual communities and networks. North Brunswick Township Schools encourages the use of collaboration in problem solving and provides students with opportunities to learn and exercise proper social media etiquette. Monitored applications, such as MyBigCampus, KidBlog and Google Apps for Education provide a safe and accountable platform for students to collaborate online.

**Statement of Assurances**

*This Section Must Be Signed by the Student:*

I have read, I understand, and I will abide by the NBTSchools Responsible Use Guidelines.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

*This Section Must Be Signed by a Parent or Guardian for All Students Under Age 18:*

As the parent or guardian of this student, I have read the NBTSchools Responsible Use Guidelines. I understand the expectation for responsible use. In addition, I acknowledge that while the North Brunswick School District has taken significant precautions to supervise, monitor, and maintain students' safety while online, there will always be the possibility of my child coming into contact with inappropriate material, and I will not hold NBTSchools responsible in the unlikely event he/she encounters inappropriate content.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sistema de información estudiantil Genesis**  
**Portal de padres**  
**Nuevo registro**

El Portal electrónico para Padres de las escuelas de *North Brunswick Township* está disponible para los estudiantes en los grados de Kínder a 12. Por favor complete la siguiente información.

Usted recibirá un correo electrónico confirmando su cuenta electrónica.

Información del padre/tutor

(Por favor complete)

Nombre: \_\_\_\_\_ Apellido: \_\_\_\_\_

Número telefónico: \_\_\_\_\_ Correo electrónico: \_\_\_\_\_

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_

Información del estudiante

(Por favor complete)

Nombre: \_\_\_\_\_ Apellido \_\_\_\_\_

Fecha de nacimiento: \_\_\_\_\_ Grado: \_\_\_\_\_

Nombre: \_\_\_\_\_ Apellido \_\_\_\_\_

Fecha de nacimiento: \_\_\_\_\_ Grado: \_\_\_\_\_

Nombre: \_\_\_\_\_ Apellido \_\_\_\_\_

Fecha de nacimiento: \_\_\_\_\_ Grado: \_\_\_\_\_

Verificado por (escribir): \_\_\_\_\_

Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_

Escuela: \_\_\_\_\_

# 6<sup>th</sup> Grade Life Skills Selections 2017-2018

## ONE PERFORMANCE MUSIC SELECTION PERMITTED (NOT REQUIRED)

Band \_\_\_\_\_ (Full Year)  
Chorus \_\_\_\_\_ (Full Year)  
Strings \_\_\_\_\_ (Full Year)

## PLEASE RANK ORDER 1-3, 1 BEING YOUR FIRST CHOICE

Music Appreciation \_\_\_\_\_ (1 Semester)  
Art 6 \_\_\_\_\_ (1 Semester)  
World Art \_\_\_\_\_ (1 Semester)

## WORLD LANGUAGE , PLEASE RANK ORDER 1-4 (REQUIRED)

French \_\_\_\_\_ German \_\_\_\_\_ Italian \_\_\_\_\_ Spanish \_\_\_\_\_

\*\* If you have selected Spanish, please indicate whether Spanish is the primary language spoken at home by checking this box.

STUDENT'S NAME \_\_\_\_\_



# 7<sup>TH</sup> Grade Life Skills Selections 2017-2018

## PERFORMANCE MUSIC (Full Year)

Only one performance music selection permitted. (Band and Strings can only be selected if your child is currently playing an instrument.)

Band \_\_\_\_\_  
Chorus \_\_\_\_\_  
Strings \_\_\_\_\_

If a performance music is not selected, please rank the following 1-5, 1 being your 1<sup>st</sup> choice.

### Semester Courses: (1 Semester each)

Music Appreciation \_\_\_\_\_  
Art 7 \_\_\_\_\_  
Mixed Media \_\_\_\_\_  
Computer Aided Design \_\_\_\_\_  
Keyboarding & Computer Application \_\_\_\_\_

## WORLD LANGUAGE, PLEASE RANK ORDER 1-4, (REQUIRED)

French\_\_\_\_\_ German\_\_\_\_\_ Italian\_\_\_\_\_ Spanish\_\_\_\_\_

\*\* If you have selected Spanish, please indicate whether Spanish is the primary language spoken at home by checking this box.

STUDENT'S NAME \_\_\_\_\_

# 8<sup>TH</sup> Grade Life Skills Selections 2017-2018

## PERFORMANCE MUSIC (Full Year)

Only one performance music selection permitted. (Band and Strings can only be selected if your child is currently playing an instrument.)

Band \_\_\_\_\_  
Chorus \_\_\_\_\_  
Strings \_\_\_\_\_

If a performance music is not selected, please rank the following 1-7, 1 being your 1<sup>st</sup> choice.

### Semester Courses: (1 Semester each)

Music Appreciation \_\_\_\_\_  
Art 8 \_\_\_\_\_  
Painting & Drawing \_\_\_\_\_  
Introduction to 21<sup>st</sup> Century Skills \_\_\_\_\_  
Advanced Computer Applications \_\_\_\_\_  
Robotics \_\_\_\_\_  
Keyboarding & Computer Applications \_\_\_\_\_

## WORLD LANGUAGE, PLEASE RANK ORDER 1-4, (REQUIRED)

French \_\_\_\_\_ German \_\_\_\_\_ Italian \_\_\_\_\_ Spanish \_\_\_\_\_

\*\* If you have selected Spanish, please indicate whether Spanish is the primary language spoken at home by checking this box.

STUDENT'S NAME \_\_\_\_\_

**North Brunswick Township School District - Permission to Request/Transfer Student Records**

**John Adams Elementary School**  
1450 Redmond Street  
North Brunswick, NJ 08902  
732-289-3100 Fax: 732-249-4521

**Livingston Park Elementary School**  
1128 Livingston Avenue  
North Brunswick, NJ 08902  
732-289-3300 Fax: 732-249-5283

**Linwood Middle School**  
25 Linwood Place  
North Brunswick, NJ 08902  
732-289-3600 Fax: 732-247-7033

**Judd Elementary School**  
1601 Roosevelt Ave.  
North Brunswick, NJ 08902  
732-289-3200 Fax: 732-297-0036

**Parsons Elementary School**  
899 Hollywood St.  
North Brunswick, NJ 08902  
732-289-3400 Fax: 732-435-1709

**North Brunswick Twp. High School**  
98 Raider Road  
North Brunswick, NJ 08902  
732-289-3700 Fax: 732-289-3784

**No. Brunswick Twp. Early Childhood Ctr.**  
44 Cleveland Avenue  
Milltown, NJ 08850  
732-317-6300 Fax: 732-317-6319

*Please send transfer records to the school circled above. Attn.:* \_\_\_\_\_

**Student Transferring to North Brunswick** (Request records from previous school)

SID Number \_\_\_\_\_

Student Name (Last, First): \_\_\_\_\_ Grade: \_\_\_\_\_

North Brunswick School: \_\_\_\_\_

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

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

Previous School's Name and Address \_\_\_\_\_  
\_\_\_\_\_

**Student Transferring from North Brunswick** (Transfer records to new school)

SID Number \_\_\_\_\_

Student Name (Last, First): \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Last Day of Attendance \_\_\_\_\_ North Brunswick School: \_\_\_\_\_

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

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

New School's Name and Address \_\_\_\_\_  
\_\_\_\_\_

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

Parent/Guardian Phone Number: \_\_\_\_\_

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

*Original Signature Is Required*

**NORTH BRUNSWICK TOWNSHIP HIGH SCHOOL  
SCHOOL COUNSELOR REQUEST FOR NEW STUDENTS RECORD OF  
ACADEMIC HISTORY**

Student Email Address: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

The following information/documents are requested for enrollment for each student either from the parent/guardian or from the previous school:

**Contact Information**

❖ Name and Address of previous school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

❖ Previous School Website: \_\_\_\_\_

❖ Main Office phone number of previous school/s: \_\_\_\_\_

❖ Main Office fax number of previous school/s: \_\_\_\_\_

❖ Name of previous School Counselor: \_\_\_\_\_

❖ Phone Number of School Counselor: \_\_\_\_\_

❖ School Counselor's Email : \_\_\_\_\_

❖ What type of schedule did you have? (ex: 9 period, block, rotating): \_\_\_\_\_

❖ Does your former school have multiple academic levels of classes? If so what level or track were you on? (regular, College Prep, Honors) \_\_\_\_\_

**Documents Needed**

- Most recent report card
- Official school transcript
- All students from another country must provided a translated official school transcript
- Description of all courses taken (this can be found in your previous school's curriculum guidebook or online)
- Copy of all standardized tests
- Copy of next year's course placement (if applicable)
- Any student interested in moving up a level (i.e. moving from college prep to honors or from honors to advanced placement) in their core academic courses must provide a letter of recommendation from their former teacher.

\*Failure to provide any of the above requested information may affect credits earned, courses to be taken and proper course placement.\*



**Responsible Use Guidelines (RUG)**

In North Brunswick, we believe our students must use technology to learn and compete in today's society. Digital teaching and learning is transformative and we encourage students to use these resources to access the unparalleled opportunities that our connected world can provide.

Technology is essential to facilitate the creative problem solving, information fluency, and collaboration that are required for both college and career. While we want our students to be active contributors in our connected world, we also want them to be responsible and safe. These Responsible Use Guidelines are designed to provide all stakeholders with a resource to better understand the Board approved Acceptable Use Policy (AUP) and Bring Your Own Personal Electronic Tool (BYOPET) program. Both support our vision of digital teaching and learning and foster a strong sense of digital citizenship.

**How We Use Technology**

North Brunswick utilizes digital learning to leverage the skills students need to contribute and succeed in our connected world. We use digital resources to:

- explore and apply the Common Core State Standards and New Jersey Core Curriculum Content Standards
- facilitate creativity and innovation
- support communication and collaboration
- access dynamic content and evaluate the quality of resources
- provide accommodations and modifications to individualize and differentiate learning
- extend research and information fluency
- develop understanding of technology operations and concepts
- collect and analyze data

**Being a Digital Citizen**

While North Brunswick expects all members of the educational community to understand and adhere to the Acceptable Use Policy (AUP); these basic core Digital Citizenship values are non-negotiable and expected to be modeled by all.

- **Respect Yourself**
  - o I will take pride in my "digital footprint" and understand that it cannot be erased
- **Protect Yourself**
  - o I will keep personal information private as I understand there are dangerous places and individuals online
- **Respect Others**
  - o I will treat others how I would like to be treated
  - o I will ask for permission from school staff and everyone involved before taking photos and/or capturing audio/video
  - o I will report bullying, harassment, or individuals who make threats of any kind, as these behaviors are unacceptable
- **Protect Others**
  - o I will protect others by reporting abuse and not forwarding inappropriate materials or communications
- **Respect Intellectual Property**
  - o I will create work that is mine and properly acknowledge the work of others
- **Protect Intellectual Property**
  - o I will only use software and media that is permitted by law
- **Respect and Protect District Property**
  - o I will respect the NBTSchools technology resources by taking proper precaution while using school equipment and reporting non-functioning technology to school staff

**Consequences**

Students are expected to follow all district policies, school rules, and teacher directions. The use of digital resources in the classroom is at the sole discretion of the classroom teacher and is a privilege, not a right and can be revoked by school staff at any time. Students unable to adhere to these expectations will be held accountable in accordance with the district's and school established disciplinary procedures and policies (visit [www.nbtsschools.org](http://www.nbtsschools.org) for additional information in the Student Handbooks and Board Policy 5800 on Pupil Discipline).

Consequences for the following infractions are established in the Student Handbook

- Refusing to comply with district staff's directive of digital resource procedures (i.e. powering down, surrendering)
- Unauthorized use of a digital resource during an assessment
- Touting and/or posting pictures, video, or other content on social media
- Bypassing networks or unauthorized access (i.e. 3G/4G networks, peer-to-peer networks)

**Privacy/Security on the NBTSchoolsSchools Network**

Users are required to use the district's monitored and filtered network while on school grounds during school hours. The information systems and internet access through NBTSchools are available to support learning, enhance instruction, and support school system business and management practices. All users must authenticate and be logged into the NBTSchools network their own username and password. Sharing personal credentials is strictly prohibited. Any attempts to bypass the district's content filter, firewall, or proxies will result in school disciplinary and/or legal action.

Computer networks/computer storage areas shall be treated in the same manner as other school storage facilities. School district personnel may review files and communications to maintain system integrity, confirm users are using the system responsibly, ensure compliance with Federal and State laws that regulate internet safety. Therefore, no person should expect that files on district servers will be private or confidential.

**Social Media**

Social Media applications are interactive forums in which users create, share, and exchange information and ideas in virtual communities and networks. North Brunswick Township Schools encourages the use of collaboration in problem solving and provides students with opportunities to learn and exercise proper social media etiquette. Monitored applications, such as MyBigCampus, KidBlog and Google Apps for Education provide a safe and accountable platform for students to collaborate online.

**Statement of Assurances**

*This Section Must Be Signed by the Student:*

I have read, I understand, and I will abide by the NBTSchools Responsible Use Guidelines.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

*This Section Must Be Signed by a Parent or Guardian for All Students Under Age 18:*

As the parent or guardian of this student, I have read the NBTSchools Responsible Use Guidelines. I understand the expected for responsible use. In addition, I acknowledge that while the North Brunswick School District has taken significant precaution for supervise, monitor, and maintain students' safety while online, there will always be the possibility of my child coming into contact with inappropriate material, and I will not hold NBTSchools responsible in the unlikely event he/she encounters inappropriate content.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_