

PLEASE RETURN EMERGENCY FORMS  
BY THE FIRST DAY OF SCHOOL!

CAMPBELL SCHOOL  
"A Great Place to Learn"  
Metuchen, NJ 08840

Revised 8/2012

CAMPBELL SCHOOL EMERGENCY FORM

Teacher \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

Dear Parents/Guardians: It is often necessary to contact the home during school hours because of an accident, sudden illness or emergency closing. Please provide us with the information requested below to be used in an emergency.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_ (tuition student yes or no)

Home Phone # \_\_\_\_\_ Cell Phone #'s \_\_\_\_\_

Email Addresses (work/home) \_\_\_\_\_

Parent One/Guardian \_\_\_\_\_

Business Address \_\_\_\_\_ Phone # \_\_\_\_\_

Parent Two/Guardian \_\_\_\_\_

Business Address \_\_\_\_\_ Phone # \_\_\_\_\_

\* *Divorced or Separated?* If yes, with whom is the child living with and are there any legal restrictions we should know about? \_\_\_\_\_

\* Other Parent's Home Address & Phone # \_\_\_\_\_

\* Does child have Health Insurance?

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

No \_\_\_\_ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 1-800-701-0710 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. Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Please List All Other Children in the Family and Their Birth Dates:

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

*Please fill in both sides of this form!*

CAMPBELL SCHOOL EARLY DISMISSAL INFORMATION

Student's Name \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

*If you can't be reached, one of your emergency contacts will be notified.*

*\*In case of an **EXTREME** emergency or **sudden illness** and the school is not able to reach you, whom do you designate to assume the responsibility for your child? PLEASE DESIGNATE SOMEONE IN THE IMMEDIATE AREA!*

Please note that in the event you can't be reached and school personnel call your family doctor, you will assume full responsibility for costs of his/her services.

Contact #1 Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact #2 Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact #3 Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

**\*\*In the event of a possible emergency early dismissal you will be notified by the Honeywell Alert System. \*\***

**\*PLEASE MAKE SURE THAT YOU HAVE REGISTERED ALL OF YOUR CONTACT INFORMATION ON THE HONEYWELL ALERT SYSTEM.**

**\*STUDENTS MAY NOT REMAIN AT SCHOOL IN THE EVENT OF AN EARLY DISMISSAL!**

**\*The Metuchen Public School District requires a signed acknowledgement indicating that you have viewed the following items: a district and school calendar, a student handbook, and Policy #8601 Pupil Supervision after School Dismissal. These documents are available on the District and Campbell School webpage.**

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

PHOTOGRAPHS AND VIDEOTAPES

Frequently, teachers will take both photographs and videotapes of class activities for use in books and displays, as well as in newspaper articles regarding school projects. Please sign below, granting Campbell School permission to use the photographs and videos in these ways.

I, \_\_\_\_\_ give Campbell School permission to  
(Parent/guardian printed name)

include my child, \_\_\_\_\_ in school  
(Child's printed name)  
photos or videotapes.

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

CAMPBELL SCHOOL  
"A GREAT PLACE TO LEARN"  
24 Durham Avenue  
Metuchen, NJ 08840

(For Office Use Only)

Grade \_\_\_\_\_ Date of Entry \_\_\_\_\_  
Proof of Birth Date: transfer original BC passport  
Student Present @ registration? \_\_\_\_\_  
Parent(s) Present? \_\_\_\_\_

STUDENT REGISTRATION FORM

STUDENT'S NAME: \_\_\_\_\_  
*First middle last*

Address (not P.O. Box): \_\_\_\_\_

Home phone: \_\_\_\_\_ Sex (male/female): \_\_\_\_\_ Hair & Eye color: \_\_\_\_\_

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

Name & Address of Previous School: \_\_\_\_\_  
\_\_\_\_\_

Any Previous Special Education Programs? \_\_\_\_\_ Remedial Programs? \_\_\_\_\_

Any Previous Retention? \_\_\_\_\_ Speech referrals? \_\_\_\_\_ ESL Needed? \_\_\_\_\_

Language Spoken in Home: English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

Child's Ethnicity: American Indian \_\_\_ Asian \_\_\_ Black \_\_\_ Hispanic \_\_\_ White \_\_\_

Health Comments: Glasses \_\_\_ Hearing \_\_\_ Seizures \_\_\_ Asthma \_\_\_ Allergies \_\_\_\_\_  
\_\_\_\_\_

Family Information:

Parent One Name: \_\_\_\_\_ Parent Two Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Please list all other family members living with you: \_\_\_\_\_  
\_\_\_\_\_

CHILD RESIDES WITH:

Both Parents \_\_\_\_\_ Other \_\_\_\_\_

CAMPBELL SCHOOL  
"A Great Place to Learn"  
24 Durham Avenue  
Metuchen, NJ 08840  
Ph: 732-321-8777  
Fax: 732-767-9324

AUTHORIZATION TO RELEASE RECORDS

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Last Grade Attended: \_\_\_\_\_ Last Date Attended: \_\_\_\_\_

Name and Address of School *Last* Attended: \_\_\_\_\_

\_\_\_\_\_

Telephone (former school): \_\_\_\_\_

.....  
I hereby authorize you to forward all documents pertaining to the above student:

- Cumulative Records
- Health Records (immunization form A-45, etc.)
- Guidance Records (Standardized Test results, attendance records)
- Child Study Team Records (IEP's, Learning Evaluations, Annual Reports, Speech, ESL)
- Free/Reduced Lunch Form
- Other \_\_\_\_\_

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

\_\_\_\_\_  
Signature of school official

Please forward all records to: Campbell School  
24 Durham Avenue  
Metuchen, NJ 08840  
Attention: Main Office

# Metuchen School District

## Home Language Survey

The New Jersey State Department of Education requires that all schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

**Please complete the below form and return it to your child's school office.**

**Student Information:**

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

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

<b>Parent/Guardian Home Language Survey</b>		
Student's Name (first, middle, last)	Gender	Grade
Relationship of Person Completing Survey		
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other Specify		

**Directions:** Check  the correct response for each of the following questions and indicate other languages if appropriate

- |   | English                  | Other(specify)           |
|---|--------------------------|--------------------------|
| 1. What language did the child learn when he or she first began to talk?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. What language does the parent(s) speak to his/her child most of the time?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. What language does the child speak to his/her parent(s) most of the time?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. What language does the child use most often with friends outside the home?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <b>Yes</b>               | <b>No</b>                |
| 5. Can an adult family member or extended family member speak English?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Can an adult family member or extended family member read English?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did your child attend school outside of the US?<br>Country _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has the student ever been in a bilingual or an "English as a Second Language" program in a school in the U.S.? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did the student exit the program?      Exit Date: _____  | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Person Completing Survey

Date Signed

\_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY:**

**FOR STAFF COMPLETION**

**TO BE COMPLETED FOR ALL NEW STUDENTS**

<b>ESL EVALUATOR</b>	<b>ESL TEST DATE</b>
<b>TEST</b>	<b>ESL LEVEL</b>