Important Information for Parents and Guardians

This section of the Back to School mailing contains consent forms that are required by Federal and State laws and that have important ramifications for your child. All the consent forms must be signed and returned in the enclosed envelope. Here is important information, to assist you in making your consent selections:

_____ NOTICE FOR DIRECTORY INFORMATION (K-12). The Public Schools of Edison Township includes information about students in publications such as the yearbook, honor roll and award recognition lists, graduation and athletic programs and playbills for concerts and dramatic productions. If you do not want your child’s information included in such publications, without your prior written consent, you must notify the school, using the enclosed information guide.

_____ CONSENT TO VIDEOTAPE (K-12). The Public Schools of Edison Townships students are sometimes videotaped by the school, for educational programs or as part of athletics, activities and award ceremonies, for broadcast on television. The enclosed information sheet gives details and requires you to give your consent.

_____ INTERNET/WEBSITE CONSENT FORM (K-12). The Public Schools of Edison Township frequently recognizes students on the school’s website. This requires parental permission, required by the State of New Jersey. You can choose to give permission for a student’s name, photo, or other “identifiers” to appear on the school’s website or on listserv. Please note: if you do not give this consent, your child can not be included in any recognitions on the website. If you want your child to receive these recognitions, check the second box on the consent form.

_____ TECHNOLOGY USE AGREEMENT (K-12). Acceptable use of technological resources in the Public Schools of Edison Township can be defined as employing technology as an educational tool. Transmission of any material in violation of any United States or state regulation is prohibited. This includes, but is not limited to: copyrighted material, threatening or obscene material, or material protected by trade secret. For the complete policy 6145.3 Publications/Transmission: Technology, please consult our district’s website at edisonpublicschools.org

_____ CONSENT TO SURVEY (K-12). Occasionally, the Public Schools of Edison Township surveys on adolescent social or health issues, usually in health classes. The enclosed information sheet gives details and requires you to give your consent.

_____ MILITARY RECRUITERS/COLLEGE AND UNIVERSITIES ACCESS TO STUDENT INFORMATION CONSENT FORMS (9-12). Federal law requires all high schools to provide the names, addresses and phone numbers of all 11th and 12th grade students to recruiters and colleges/universities. Parents and/or adult students have the option of deciding whether or not to release this information. The enclosed information sheets give details and require parents or students to give consent.

PLEASE NOTE: The Public Schools of Edison Township will not allow any media to videotape, photograph or interview your child, on school premises during school hours, without your consent. In the event of a press request involving your child, you will be contacted by the school to obtain this permission.
In publications such as the yearbook, honor roll and award recognition lists, graduation and athletic programs, playbills for concerts and dramatic productions, information about students is routinely included.

Please complete the bottom of this form indicating whether or not we have permission to publish your son/daughter’s name in any of the above publications. A separate form should be completed for each student you have enrolled in school.

_________________________________________  Grade: ______________________

Student Name (please print)

_____ I give permission to include my child’s name in directory publications.

_____ I do NOT give permission to include my child’s name in directory publications.

_________________________________________  Parent Name (please print)

_________________________________________  Parent Signature  ___________ Date

PLEASE RETURN THIS FORM TO THE PRINCIPAL’S OFFICE.
Consent to Videotape

From time to time, the Public Schools of Edison Township’s students are videotaped by staff, students, or outside organizations. These videos are often broadcast on our designated cable television station, ESN-Channel 118, or other television stations.

Also, Edison Township videotapes athletic events and activities such as school concerts and awards ceremonies for broadcast on ESN-118. We are aware that there might be some parents who would prefer that their children not be videotaped. Please indicate your consent on the form below and return it as part of the back to school packet. A separate form should be completed for each child.

Please note: If you do not give permission for Edison Township to videotape your child, your child will not be able to appear on ESN-118 during athletic events, concerts, school programs and awards ceremonies that are broadcast on ESN-118.

Edison Township Public Schools will not allow outside media to videotape your child, on school premises during school hours, without first obtaining your consent.

__________________________________________ Grade: ___________

Student Name (Please Print)

I give permission to include my child when videotaping projects related to Edison Township’s Public Schools’ programs for broadcast on ESN-118.

I do NOT give permission to include my child when videotaping projects related to Edison Townships’ Public Schools’ programs for broadcast on ESN-118.

__________________________________________

Parent Name (Please Print)

__________________________________________ Date

Parent Signature

Please Return This Form To:
Principal’s Office

JF/pt
forms/consent to videotape
We are sending you this parental consent form to both inform you and to request permission for your child’s photo/image and personally identifiable information to be published on the district and/or school’s web site.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site 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 names, photo or image, residential addresses, e-mail address, phone numbers and locations and times of class trips.

If you, as a parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the principal or 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/image that includes this student without any other personal identifiers to be published on the school and/or district’s public Internet site.

_____ I/We GRANT permission for this student’s photo/image and name to be published on the school and/or district’s Internet site.

_____ I/We GRANT permission for this student’s photo/image and all other personal identifiers listed above to be published on the school and/or district’s public Internet site.

_____ I/We DO NOT GRANT permission for photo/image that includes this student to be published on the school and/or district’s public Internet site.

Student’s Name: (please print) ____________________________ Student’s Grade/Homeroom ______

Print name of Parent/Guardian: (print) ______________________________________________________________________

Signature of Parent/Guardian: (sign) ______________________________________________________________________

Relation to Student: ______________________________________________________________________________________

Date: __________________________

PLEASE RETURN THIS FORM TO THE PRINCIPAL’S OFFICE.
TECHNOLOGY USE AGREEMENT

Student

I have read, understand, and will abide by the Public Schools of Edison Township policy and procedures for technology. Should I violate the agreement my access privileges will be revoked, and school disciplinary action and/or appropriate legal action will be taken.

Student Name (Please Print) __________________________

User Signature __________________________

Date ________________

Grade ________________ Homeroom Section ________________

Parent or Guardian

(If you are under the age of 18 a parent or guardian must also read and sign this agreement.)

As the parent/guardian of the student, I have read and discussed with my child the policy and procedures for technology of the Public Schools of Edison Township. I have also read and discussed with my child the implications of the student use agreement and the penalties involved for violating the agreement, and have witnessed my child signing the document. I understand that the technological resources of the district are for educational use only and that the Public Schools of Edison Township has taken reasonable safeguards to prevent access by students to objectionable materials. However, I also understand that it is impossible for the district to prevent unauthorized access to inappropriate information, and I will not hold the district responsible for any materials obtained through the use of technological resources. I hereby give permission to my child to use the technological resources of the Public Schools of Edison Township.

Parent/Guardian Name (Please Print) __________________________

Parent/Guardian Signature __________________________

Date ________________
Staff Members and Employees

I have read, understand and will abide by the Public Schools of Edison Township policy and procedures for technology. I realize that violation of these provisions will result in administrative action.

Staff Member’s Name (Please Print) ________________________

Signature ____________________________________________

School(s)Building ______________________________________

Date ________________
Consent to Survey

In order to be in compliance with new directives issued by the State of New Jersey, schools must obtain parental consent in order to survey students regarding behaviors related to adolescent social and health issues. Surveys are voluntary and anonymous. No one will ever know how any individual responded to the survey. Although we generally only conduct surveys regarding these issues occasionally, the survey results allow us to target areas for concern. Services and programs designed to address these areas of concern allow us to meet the needs of students and their families based on the survey results.

Please complete the bottom of this form indicating whether or not we have permission to survey your son/daughter in school. Names are never collected as part of the survey process, so all information remains anonymous. **A separate form should be completed for each student you have enrolled at the school.**

______________________________  Grade: ______________________
Student Name (Please Print)

_____ I give permission to include my child when conducting surveys related to adolescent social/health issues.

_____ I do **NOT** give permission to include my child when conducting surveys related to adolescent social/health issues.

______________________________
Parent Name (Please Print)

______________________________  _________________
Parent Signature  Date

PLEASE RETURN THIS FORM TO:
Principal’s Office
College Universities Access to Student Information Consent Form

The No Child Left Behind federal education legislation requires all high schools to permit institutions of higher education access to students’ with the names, addresses and phone numbers of all 11th and 12th grade students upon request. A school’s failure to comply with this requirement could result in a loss of federal education funding under the Elementary and Secondary Education Act that was signed into law in January 2002.

Parents have the option of deciding if their child’s information is to be released to institutions of higher education. Please indicate below whether or not you want your child’s information released. Failure to respond will mean that colleges and universities will have access to your child’s information, unless your child requests that his or her information not be released without prior written parental consent.

Adult students have the option to make their own decision regarding release of this information to colleges and universities. An adult student’s failure to respond will mean that colleges and universities will have access to their information.

Student Name: __________________________________________
(Please Print)

Address: ________________________________________________

Grade: 11 12 (Please Circle)

☐ I agree to release my child’s information to colleges and/or universities.

☐ I do NOT want my child’s information released to colleges and/or universities.

☐ I am an adult student at least 18 years of age. I do ____ or ____ do not want any pupil records released to colleges and/or universities.

__________________________________________
Parent Name (Please Print)

__________________________________________
Parent Signature ___________________________

__________________________________________
Student’s Signature if over 18 years old

PLEASE RETURN THIS FORM TO THE PRINCIPAL’S OFFICE.
Military Recruiters Access to Student Information Consent Form

The No Child Left Behind federal education legislation requires all high schools to provide military recruiters with the names, addresses and phone numbers of all 11th and 12th grade students. A school’s failure to comply with this requirement could result in a loss of federal education funding under the Elementary and Secondary Education Act that was signed into law in January 2002.

Parents have the option of deciding if their child’s information is to be released to military recruiters. Please indicate below whether or not you want your child’s information released to military recruiters. Failure to respond will mean that military recruiters will have access to your child’s information, unless your child requests that his or her information not be released without prior written parental consent.

Adult students have the option to make their own decision regarding release of this information to military recruiters. An adult student’s failure to respond will mean that military recruiters will have access to their information.

Student Name: ________________________________  (Please Print)

Address: ____________________________________

Grade:  11  12  (Please Circle)

☐ I agree to release my child’s information to military recruiters.

☐ I do NOT want my child’s information released to military recruiters.

☐ I am an adult student at least 18 years of age. I do ___ or ___ do not want any pupil records information released to military recruiters.

________________________________________________________________________

Parent Name (Please Print)

________________________________________________________________________

Parent Signature                                          Date

________________________________________________________________________

Student’s Signature if over 18 years old

PLEASE RETURN THIS FORM TO THE PRINCIPAL’S OFFICE.