

BYRAM TOWNSHIP SCHOOLS

STUDENT REGISTRATION

Student Information

(Note: It is important for parents/guardians to inform the office, in writing, of any changes in address, phone numbers guardianship, emergency contacts, etc.)

First Name:		Middle Name:
Last Name:	Suffix Name:	Nick Name:

Birth Date (mm/dd/yyyy):	Gender	Male	Female
---------------------------------	---------------	------	--------

Ethnicity	American Indian/Alaskan	Asian	African-American
	Hawaiian/Pacific Islander	Hispanic	White

Birth City:	Birth State (US only):	Birth Country:
Citizenship:	Primary Language:	Home Language:

Legal Residence Information		
Street Address:		
City:	State:	Zip Code:
Mailing Address (if different):		
City:	State:	Zip Code:
Home Phone Number (xxx-xxx-xxxx):		
Parent/Legal Guardian	Name(s):	
	Signature:	
Custody Ruling (circle): Yes No If Yes, show Legal Custody status (circle): Joint Father Mother Guardian		

Emergency Contacts	List at least 2 contacts that will assume temporary custody of your child if you cannot be reached. Please ask prior permission from the contacts listed.
Name & Relationship	Phone Number (xxx-xxx-xxxx)
1.	
2.	
3.	

-----Office use only-----

Original Birth Certificate		Immunizations		Proof of Residency	
Registered – Grade Level		Homeroom		Year of Graduation/Class of	

Parent Information

(Note: It is important for parents/guardians to inform the office, in writing, of any changes in address, phone numbers guardianship, emergency contacts, etc.)

Marital Status (choose one)	Married	Divorced	Separated	Single
------------------------------------	---------	----------	-----------	--------

Father's Information	Father resides with student (circle one)		Yes	No
	If not, parent is to receive copies of (choose)	Attendance Letters	Schedules	
		Report Card	Discipline Letters	
Father's Name:				
Mailing/Street Address:				
City:		State:	Zip Code:	
Phone Number Information (including area code xxx-xxx-xxxx)				
Home Phone:		Cell Phone:	Work Phone:	
Employer:				

Mother's Information	Mother resides with student (circle one)		Yes	No
	If not, parent is to receive copies of (choose)	Attendance Letters	Schedules	
		Report Card	Discipline Letters	
Mother's Name:				
Mailing/Street Address:				
City:		State:	Zip Code:	
Phone Number Information (including area code xxx-xxx-xxxx)				
Home Phone:		Cell Phone:	Work Phone:	
Employer:				

All Children in Family:		Birth date			In school (Y/N)	Grade
Name	Month	Day	Year			
1.						
2.						
3.						
4.						
5.						
6.						

Additional Information concerning the Student (For example: Step-parent, Restraining Orders, etc.):

Student Medical Information

Student Name:					
Disease History	Other info	Year	Disease History	Other Info.	Year
Allergies			Asthma		
Lyme Disease			Chicken Pox		
Hepatitis			Convulsive Dis.		
Neuromusc. Dis.			Diabetes		
Otitis media			Rheumatic Fever		
Strep Infections			Mononucleosis		
Drug Sensitivities			Heart Disease		
Congenital Defects					
Other					

Operations or Injuries	Year

Attention: If the student listed above has any <u>Special Health Concerns</u> , please indicate the concern and the procedure to follow and <i>CONTACT YOUR SCHOOL NURSE</i> :	
Name	Telephone
Physician	
Dentist	
Orthodontist	

In Case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, the school may make whatever arrangements seem necessary.

Please **CROSS OUT** the following services that you **DO NOT** want done for your child:

1. Permission to share the above Special Health Concerns with the staff that meets the daily needs of my child.
2. Permission for the nurse to check that the child's spine is not curved (called Scoliosis) when they are in grade 5 and 7.

Signature of legal Parent/Guardian:	
Date:	Print name:

BYRAM TOWNSHIP SCHOOLS
12 MANSFILED DRIVE
STANHOPE, NJ 07874
973-347-1047

REQUEST FOR TRANSFER OF STUDENT RECORDS

Date: _____

Student: _____

Grade: _____

To whom it may concern:

The above named student has enrolled in the Byram Township Schools. Please forward at your earliest convenience, the following information:

- Student's cumulative folder
- Health folder
- Current report cards
- Attendance records
- Child Study Team records (Psychological evaluations, counseling records, and IEP) if applicable.

Thank you in advance for your cooperation. Please do not hesitate to contact me if you have any questions.

Sincerely,

Corinne DeGennaro
District Attendance Officer

I authorize the release of all pertinent records of the above named student to
BYRAM TOWNSHIP SCHOOLS.

Parent/guardian signature

Relationship to child



Byram Schools-Parent/Guardian Account Setup & User Interface

Access the Instant Alert Account Setup & User Login at the following website:

Website URL: <https://instantalert.honeywell.com> Note – use of <https://> for secure website access

Each student family has been setup on the Instant Alert system with an account record. For families with returning students, your prior account, username, password, alert settings, etc., remain in effect. Follow the instructions under Family Account Holders to update your settings as needed. For new student families, this account record includes the parent/guardian name(s), home phone number and associated student(s) information. Follow the instructions for Initial Account Setup.

Initial Account Setup - Minimum Requirements

1. Go to the Honeywell Instant Alert for Schools website, listed above.
2. Select 'Parent' in the New User box.
3. Complete the requested entries on the student information form to verify your account. Click 'Submit'.
4. Complete the registration screens to create a username & password. Click "Proceed" at the confirmation screen to complete your Personal Profile and Setup; verify the Home Phone number being used for alerts. *Note:* Remember your Login Name and Password so you may use it to update your profile.
5. **You are done** – The Alert system will continue to use the home phone number on record for any alerts. Follow the directions below to change or add any account information.

Family Account Holders

Log in to your account

1. Go to the Honeywell Instant Alert for Schools website, listed above.
2. Log in using the Login Name and Password you have created.

View and check details about yourself and your family members

1. Upon successful login, click on 'My Family.'
2. Click on a parent name to view and edit parent details.
3. Click on a student name to view details about your children enrolled in our schools.

Configure alert settings for yourself

1. Click on 'Alert Setup.'
2. Click on the check boxes to select which alert type you would like to have sent to which device. Click on 'Save' when complete.
3. If you would like to add another contact device, select the device type and enter the device details. Select the person to whom the device belongs and click on 'Add.'
4. *Note:* Be sure to select which alert types you would like to have sent for any device added.
5. For e-mail, text messaging and pagers you may send yourself a test message. Click on 'Send Test Message' to send yourself a message.

Identify key contacts for your children

1. Click on 'Other Contacts.'
2. Click on 'Add New Contact' and complete the form.
3. Click on 'Save' when complete.
4. If you would like this person to receive Alerts from the school, return to the 'Alert Setup' page to configure this person's alert settings.

For Assistance: <https://instantalert.honeywell.com>

Click on the **Help Request** link in the lower right hand side of the page

Be sure to set your e-mail spam filter to receive e-mail from Honeywell.com.

TOWNSHIP OF BYRAM BOARD OF EDUCATION

12 MANSFIELD DRIVE • STANHOPE, NEW JERSEY 07874

973-347-1047

www.byramschools.org

BRYAN HENSZ
Superintendent of Schools
Fax: 973-347-9001

Dr. FRAN SCHLENOFF, Ed.D, Principal
Byram Intermediate School
Fax: 973-691-7780

EDWARD ABATO, Principal
Byram Lakes Elementary School
Fax: 973-691-7771

ALICE BRESSETT
Business Administrator / Board Secretary
Fax: 973-347-8794

JOHN FRITZKY, Assistant Principal
Byram Intermediate School
Fax: 973-691-7780

BETTYANN MONTELEONE
Supervisor, Special Education
Fax: 973-448-1935

August, 2014

Dear Parents/Guardians,

The partnership between parents and teachers is a key component in the success of Byram Intermediate School. We are fortunate to have a talented and innovative staff coupled with a strong commitment from parents. In our ongoing effort to strengthen communication with parents, we are happy to provide the Parent Portal of the Genesis grading system.

The system will enable those registered to access students' grades, attendance, and other important information. Keep in mind that this system will not replace face-to-face parent/teacher conferences, emails, announcements or the many other forms of communication that provide valuable feedback about your students' educational experience. Instead, it is a supplemental way for busy families to track student progress.

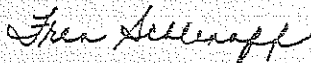
Access to Parent Portal is completely secure and will be set up for individual families only. The information you will be permitted to access will be specific to your child. Parents will also have the ease of access to the Parent Portal from the district website, www.byramschools.org by choosing the link titled "Parent Portal" under the Parent Resources tab.

To register for the Genesis Parent Portal, you must read the Acceptable Use Policy available on the Byram Schools website, as well as complete and sign the registration form on the reverse. Your completed registration form may be returned on either the day of 5th Grade Orientation or to your child's homeroom teacher the first day of class. Please be sure your form is legible and complete so the administration will be able to grant you access to the Portal.

Once we have received your completed form, Mrs. Maio of the Principal's Office will register your access in the system. At that time, you will be notified of your login and password information via the e-mail account that you registered, along with further instructions. As always, please keep your login information confidential to protect your child's personal information.

If you have any questions or concerns regarding Parent Portal, please contact Mrs. Maio via the main office at 973-347-1047, extension 2101. We look forward to a successful start of the new school year.

Sincerely,



Dr. Fran Schlenoff, Ed.D
Principal

**Byram Intermediate School
Genesis Parent Portal Registration Form**

I acknowledge that Byram Intermediate School makes no warranties of any kind, whether expressed or implied, for the service it is providing.

I release Byram Township School District from any liability or damages that may result from the use of Genesis Parent Portal. I accept full responsibility and liability for the results of my actions concerning the use of Genesis Parent Portal. In addition, I agree to hold Byram Township School District and all of their administrators, teachers, and staff harmless from any and all loss, costs, claims or damages resulting from my access and use of Genesis Parent Portal.

I have read the Parent Portal Acceptable Use Policy available on the Byram Schools web site. I agree to abide by and support these rules. I understand that if I violate any terms of this Acceptable Use Policy that I may lose my privilege to use the Parent Portal, and may be liable for civil and/or criminal consequences.

PLEASE FILL IN ALL BLANKS – PLEASE PRINT LEGIBLY

Custodial Parent/Guardian

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip code: _____ Home Phone: _____

E-Mail Address: _____

Parent/Guardian #1 Signature: _____

Parent/Guardian #2 Signature: _____

Children Information:

Name: _____ Birthdate: _____ Grade: _____

Name: _____ Birthdate: _____ Grade: _____

Name: _____ Birthdate: _____ Grade: _____

Name: _____ Birthdate: _____ Grade: _____

TOWNSHIP OF BYRAM BOARD OF EDUCATION

12 MANSFIELD DRIVE • STANHOPE, NEW JERSEY 07874
973-347-1047 www.byramschoools.org

BRYAN HENSZ, Superintendent of Schools Fax: 973-347-9001

Dr. FRAN SCHLENOFF, Ed.D, Principal
Byram Intermediate School
Fax: 973-691-7780

EDWARD ABATO, Principal
Byram Lakes Elementary School
Fax: 973-691-7771

JOHN FRITZKY, Assistant Principal
Byram Intermediate School
Fax: 973-691-7780

BETTYANN MONTELEONE
Supervisor, Special Education
Fax: 973-448-1935

ALICE BRESSETT
Business Administrator / Board Secretary
Fax: 973-347-8794

TIMOTHY McCORKLE
Elementary Supervisor
Fax: 973-691-7771

September, 2014

Dear Parents/Guardians:

Throughout the year, school activities are often photographed by Byram Township Schools staff members and/or by media photographers. Parents/guardians need to be aware that pupils may be photographed during events conducted at the school as part of general media reporting of such events, and they must give permission for their child to be photographed.

Your written permission will be kept on file for the time your child is a student at Byram Township Schools. However, District policy does provide for parents/guardians to exclude publishing photographs by media and staff. If you wish to exclude your child from such pictures, now or at any time your child is a student at Byram Township, you must submit a written request to the Main Office of either Byram Lakes Elementary or Byram Intermediate School.

Name of Student: _____

Grade: _____

School: _____

Name of Parent or Guardian: _____

We/I understand that a photograph of our daughter/son is under consideration for publication by the Byram Township School District. This publication will take the form of the following:

School Newsletter -----	Distributed to Byram residents
Press/News Release -----	Distributed to newspapers for general publication
Video -----	Viewed in-school only
Cable TV -----	Local cable only
Internet -----	Student pictures/video/work identified with initials or first name only

No home address or telephone number will appear with such work. All photo/information release forms will be kept on file in the principal's office for the duration of your child's attendance at Byram Township Schools.

I hereby give my permission for publishing:

Parents/Guardians Signature

Date

TOWNSHIP OF BYRAM BOARD OF EDUCATION

12 MANSFIELD DRIVE • STANHOPE, NEW JERSEY 07874
973-347-1047
www.byramschools.org

BRYAN HENSZ
Superintendent of Schools
Fax: 973-347-9001

Dr. FRAN SCHLENOFF, Ed.D, Principal
Byram Intermediate School
Fax: 973-691-7780

EDWARD ABATO, Principal
Byram Lakes Elementary School
Fax: 973-691-7771

ALICE BRESETT
Business Administrator / Board Secretary
Fax: 973-347-8794

JOHN FRITZKY, Assistant Principal
Byram Intermediate School
Fax: 973-691-7780

BETTYANN MONTELEONE
Supervisor, Special Education
Fax: 973-448-1935

Harassment, Intimidation & Bullying (HIB) Awareness Sign-Off Form

On January 6, 2011, Governor Christie signed the Anti-bullying Bill of Rights. This law went into effect on September 1, 2011. The law prohibits harassment, intimidation and bullying (HIB). It defines bullying, clarifies responsibility for conduct away from school grounds, creates a school safety team, and requires that each school have an Anti-Bullying Specialist and an Anti-Bullying Coordinator. This law requires procedure for an investigation, reporting, discipline support, and appeals. The law addresses the following types of behavior including: any type of gesture; any written, verbal or physical act; or any electronic communication. An act of HIB can be a single incident or a series of incidents.

The term "HIB" means: any gesture; any written, verbal or physical act; or any electronic communication that is reasonably perceived as being motivated either by an actual or perceived characteristic such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression; or by a mental, physical or sensory handicap; or by any other distinguishing characteristic that takes place on school property, at any school-sponsored function, on a school bus, or off school grounds, and that:

- a. A reasonable person should know, under the circumstances, that the act(s) of HIB will have the effect of harming a student or damaging the student's property, or placing a student in reasonable fear of harm to his person or damage to his property; or
- b. Has the effect of insulting or demeaning any student or group of students in such a way as to cause substantial disruption in, or substantial interference with, the orderly operation of the school.

HIB will be reported if it causes a substantial disruption or interference and has the effect of insulting or demeaning a student or group or creates a hostile educational environment by interfering with a student's education or severely or pervasively causing physical or emotional harm to a student.

If a staff member, coach, volunteer, or employee of the Byram Township School District witnesses, or is made aware of, an act that is considered HIB, he/she shall report it to the principal on the same day that it occurs and complete the appropriate form. An investigation will be initiated immediately after the verbal disclosure. The Anti-Bullying Specialist will perform an investigation (others may assist) and a report will be presented to the principal within 10 days from the reported date. The principal or designee will inform all parents involved. The Superintendent may recommend intervention services, training programs, impose discipline, and order counseling. After completing the investigation, the Superintendent will report to the Board of Education at the next meeting. The Building Principal will not disclose the name(s) of the person(s) accused or alleged target(s) to the other party prior to completing a preliminary investigation.

The law provides due process for both the alleged accused and the alleged target(s). Parents of all parties have the right to receive information within 5 days after the results of the investigation are given to the Board of Education. After receiving the information, parents may request a hearing within 10 days.

Our HIB policy, contact information, and reporting form may be viewed online at www.Byramschools.org. In signing this form below, you are stating that you understand the definition of HIB and the procedures and consequences as outlined in the Anti-Bullying Bill of rights. Please return this form to your child's homeroom teacher by September 30, 2014.

It is our goal that students attending the Byram Township Public Schools learn in a safe educational setting free from harassment, intimidation, and bullying. We value your support and attention to this critical initiative.

Print Student Name

School

Student Signature

Date

Parent/Guardian Signature

Date

TOWNSHIP OF BYRAM BOARD OF EDUCATION

12 MANSFIELD DRIVE • STANHOPE, NEW JERSEY 07874
973-347-1047 www.byramschools.org

BRYAN HENSZ, Superintendent of Schools Fax: 973-347-9001

Dr. FRAN SCHLENOFF, Ed.D, Principal
Byram Intermediate School
Fax: 973-691-7780

EDWARD ABATO, Principal
Byram Lakes Elementary School
Fax: 973-691-7771

JOHN FRITZKY, Assistant Principal
Byram Intermediate School
Fax: 973-691-7780

BETTYANN MONTELEONE
Supervisor, Special Education
Fax: 973-448-1935

ALICE BRESSETT
Business Administrator / Board Secretary
Fax: 973-347-8794

TIMOTHY McCORKLE
Elementary Supervisor
Fax: 973-691-7771

September, 2014

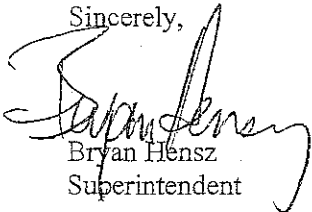
Dear Parents/Guardians:

In order for your child to use the Internet at Byram Intermediate School, it is necessary for you to review our Acceptable Use Policy and sign an agreement that your child will abide by this policy. A copy of this policy, Board Regulation No. 6165R, "Terms and Conditions for Use of Computer Technology and Internet Access" is located on the home page of the school website in our e-backpack.

Please review the regulation and the Contract for Use of Computer Technology and Internet Access (located on the back of this letter). After you have reviewed the material, you and your child should sign the contract and return it either to their first period teacher or the Main Office. This contract will remain in effect throughout the remainder of your child's years at Byram Intermediate School.

Thank you for your cooperation.

Sincerely,



Bryan Hensz
Superintendent

**BYRAM TOWNSHIP SCHOOLS
STUDENT AND PARENT / GUARDIAN CONTRACT FOR
USE OF COMPUTER TECHNOLOGY & INTERNET ACCESS**

Student and I understand and will abide by the terms and conditions for computer use and access to the Internet as set forth by Board Regulation 6165R found on the Byram Schools website. I further understand that any violation of the regulations above is unacceptable and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken and/or appropriate legal action.

User Signature _____

Date _____

Parent or Guardian (A parent or guardian must also read and sign this agreement).

As the parent or guardian of this student, I have read the terms and conditions for computer use and Internet access. I understand that these resources are designed for educational purposes and that the district has installed filters to restrict access to inappropriate material. However, I also recognize it is impossible for the Byram Township School District to restrict access to all inappropriate materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting.

I hereby give permission for _____ to use the school's computer
(student's name)
resources and access to the Internet. I certify that the information contained on this form is correct.

Parent or Guardian (please print) _____

Signature _____

Date _____

Revised May 27, 1998
Revised September 23, 1998
Revised December 1, 2000

BYRAM TOWNSHIP SCHOOLS

STUDENT EMERGENCY INFORMATION

School Year 20____
 Name & Number to call first _____
 Grade _____ Teacher _____

Student Name: _____ Sex (circle): Male Female
(Last) (First) (MI)

Home Address: _____ Birth date

--	--	--	--	--	--	--	--

(MM) (DD) (YEAR)

Mailing address: _____ City: _____ State: _____ Zip: _____

Parent Information

Father/Guardian

Mother/Guardian

Name:		Name:	
Address:		Address:	
Employer:		Employer:	
City, State:		City, State:	
Home Phone	Work #	Home Phone	Work #
Cell #		Cell #	

(Note: it is important for parents/guardians to inform the office, in writing of any changes in address or phone numbers.)

Child resides with: _____ Any Custody issues : _____

Emergency contacts: (List neighbors or nearby relatives who will assume temporary custody of your child if you cannot be reached. PLEASE ask permission to use these names.)

	Name	Relationship	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Note: It is important for parents/guardians to inform the Health Office, in writing of their child's health needs and/or changes during the school year.

My child receives regular care for the following medical conditions:

No medical condition

Yes, please check below:

Allergy to (list):

Food

Medications

Rheumatic Heart

Cancer/Leukemia

Asthma

Diabetes

Bee Sting

Other

Heart Disease

Hearing Problems

Sickle Cell Anemia

Vision Problem

Chronic Cough/Wheezing

Hemophilia Seizures

Other: _____

Other health information:

Operations or injuries (include date): _____

Medications (list): _____

Other health issues or concerns: _____

Brothers/Sisters Names _____

Date of birth _____

Physician (and number): _____

Dentist (and number): _____

Orthodontist (and number): _____

I, the undersigned, do hereby authorize officials of Byram Township Schools to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Does your child have Health Insurance?

Yes _____ Name of Company _____

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

or visit www.njfamilycare.org to apply online.

Please CROSS OUT the following services that you DO NOT want done for your child:

1. Permission to share the above Special Health Concerns with the staff that meets the daily needs of my child.
2. Permission for the nurse to check that the child's spine is not curved (called Scoliosis) when they are in grade 5 and 7.
3. Permission to release my name and address to the NJ FamilyCare Program to contact me about health insurance. (Written consent required pursuant to 20 USC § 1232g (b)(1) and 34 CFR 99.30 (b).)

Signature of legal Parent/Guardian: _____

Date: _____

Print name: _____