Please return the Parent Signature Form, Emergency Form and any additional paperwork to Mount Olive High School on Wednesday, September 3, 2014. Collection boxes are located in the Commons Area.

**MOUNT OLIVE HIGH SCHOOL**

**OPENING DAY FORMS: 2014-2015**

**PARENT SIGNATURE PAGE**

<table>
<thead>
<tr>
<th>CHILD’S NAME:</th>
<th>GRADE:</th>
</tr>
</thead>
</table>

**HARASSMENT, INTIMIDATION AND BULLYING POLICY**

(to be reviewed by ALL parents and students)

| I have read and discussed, with my child, the Mount Olive School District Harassment, Intimidation and Bullying Policy. (Located on the MOHS and District websites) |
| Parent Signature: | Date: |

| I have read and discussed, with my parent, the Mount Olive School District Harassment, Intimidation and Bullying Policy. (Located on the MOHS and District websites) |
| Student Signature: | Date: |

**HEALTH OFFICE AND SPORTS EMERGENCY FORM**

(Form was enclosed in the opening day mailing. Please complete and return to MOHS on September, 3, 2014)

| I have completed and returned the Mount Olive High School Health Office and Sports Emergency Form |
| Parent Signature: | Date: |

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)**

Mark an “X” in the box of your choice

| I grant permission to have my child’s photo/information published in/on local newspapers, district publications/websites and yearbooks relative to school news and events |
| I DO NOT grant permission to have my child’s photo and information published in/on local newspapers, district publication/websites and yearbooks relative to school news and events |

Please specify any and all from which you are opting out. Please indicate with a check mark below if you do not wish to have information given to:  

___College/University Recruiters  ___Employers  
___Military  ___Class Pictures  ___Senior Portraits  ___Class Fundraisers  ___Class Rings  ___Yearbook

| Parent Signature: | Date: |
**FREE AND REDUCED LUNCH FORMS**
(Form was enclosed in the opening day mailing.)
Mark an “X” in the box of your choice

| I have completed and returned the necessary paperwork required to apply for Free and Reduced Lunch Program. |
| I have reviewed the Free and Reduced Lunch form but **DO NOT** require application to the program. |

Parent Signature: ___________________________ Date: __________

**MEDICATION MEMO**
Mark an “X” in the box of your choice

| I have completed and returned the necessary forms (Physician Orders for Medication To Be Given at School, Asthma Action Plan and/or Permission for Self Administration of Medication) outlined in the Health Centers Medication Memo. |
| I have reviewed the Health Center’s Medication Memo and **DO NOT** need to complete or return any forms. |

Parent Signature: ___________________________ Date: __________

**SUDDEN CARDIAC DEATH IN YOUNG ATHLETES**
(to be reviewed by ALL parents and students)

I have read and discussed, with my child, the Sudden Cardiac Death In Young Athletes.

Parent Signature: ___________________________ Date: __________
Family Educational Rights and Privacy Act (FERPA)

Dear Parents/Guardians:

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that the Mount Olive Township School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child’s educational records. However, Mount Olive Township School District may disclose appropriately designated “directory information” without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Mount Olive Township School District to include this type of information from your child’s educational records in certain school publications. Examples include:

- A playbill, showing your student’s role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports rosters, such as for football, showing height and weight of team members.

Directory information which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent’s prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws [Section 9528 of the ESEA (20 U.S.C. 7908) as amended by the No Child Left Behind Act of 2001 (P.L. 107-110), the education bill, and 10 U.S.C. 503, as amended by section 544, the National Defense Authorization Act for Fiscal Year 2002 (P.L. 107-107), the legislation that provides funding for the Nation’s armed forces] require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three of the five directory information categories—names, addresses and telephone listings—unless parents have advised the LEA that they do not want their student’s information disclosed without their prior written consent.

If you do not want Mount Olive Township School District to disclose directory information from your child’s educational records without your prior written consent, you must notify the Guidance Department at Mount Olive High School in writing by Friday, September 12, 2014. If you elect to return this form, your child’s picture will still be taken for the purpose of the student photo ID only. The picture will appear nowhere else. The Mount Olive Township School District has designated the following information as directory information:

- Student’s name
- Gender
- Address
- Grade level
- Telephone listing

Copies of the applicable State and Federal law as well as the student records policy of the Mount Olive Township Board of Education are available to you upon request or can be examined at the offices of the Board of Education.

Sincerely,

Mr. Robert Feltmann
Vice Principal of Pupil Services
Dear Parent/Guardian:

Under the federal “No Child Left Behind” Act, public high schools must give the names, addresses and telephone numbers of students to military recruiters, college/university recruiters and prospective employers if the recruiters request the information (P.L. 107-110, Section 9528; 10 USC 503). However, students or their parents have the right to instruct the school in writing that this information is not to be released.

If you do not consent to the release of this information to 1) military recruiters, 2) colleges/university recruiters and/or 3) prospective employers, please check the appropriate box or boxes below. To be certain your wishes are respected; return this form to Mount Olive High School by September 3, 2014 although signed forms returned after that date will be effective after receipt by the Guidance Department:

☐ DO NOT release student contact information to Military Recruiters.

☐ DO NOT release student contact information to College/University Recruiters.

☐ DO NOT release student contact information to prospective employers.

_________________________________________________    ___________________
Student’s Name

Name of School

Signature of Student or Parent*** _____________________________ Date of Signature

*** Students have the right to request that their contact information not be released to recruiters. Parents can override a child’s decision by notifying the school in writing, only if the student is under age 18. We encourage parents and students to discuss this information.

PLEASE INDICATE PREFERENCE ON PARENT SIGNATURE FORM
Mount Olive Township School District

<table>
<thead>
<tr>
<th>Mount Olive High School</th>
<th>Mount Olive Middle School</th>
<th>Mt View Elementary School</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 Corey Road</td>
<td>160 Wolfe Road</td>
<td>118 Cloverhill Drive</td>
</tr>
<tr>
<td>Flanders, NJ 07836</td>
<td>Budd Lake, NJ 07828</td>
<td>Flanders, NJ 07836</td>
</tr>
<tr>
<td>Nurse: Suzanne Menta</td>
<td>Nurse: Betty Forward</td>
<td>Nurse: Sonia Kelleher</td>
</tr>
<tr>
<td>ext 7480</td>
<td>ext 5480</td>
<td>ext 1480</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sandshore Elementary School</th>
<th>Chester Stevens Elementary</th>
<th>Tinc Elementary</th>
</tr>
</thead>
<tbody>
<tr>
<td>498 Sandshore Road</td>
<td>99 Sunset Drive</td>
<td>24 Tinc Road</td>
</tr>
<tr>
<td>Budd Lake, NJ 07828</td>
<td>Budd Lake, NJ 07828</td>
<td>Flanders, NJ 07836</td>
</tr>
<tr>
<td>Nurse: Suzanne Herbst ext 3480</td>
<td>Nurse: Pat Dauer ext 6480</td>
<td>Nurse: Mary Owens ext 2480</td>
</tr>
</tbody>
</table>

We hope the following information, concerning health services and sport physicals; will be helpful to you and your child. Please notify the Nurse’s office if your child has any special health needs.

VISITATION TO THE SCHOOL NURSE’S OFFICE
The school nurse is available to students at all times during the school day. If a student becomes ill during school time, he/she should request a pass from the teacher to report to the Nurse. Absences from class resulting from being in the Nurse’s Office or signing out from school is not an excused absent. If it is necessary for the student to be sent home, the Nurse will make the necessary arrangements with the student’s parents. Any accident occurring on school property should be reported to the school nurse immediately.

EMERGENCY CARDS
It is imperative that the Nurse and/or Guidance Office receives an Emergency Card, on the first day of school, for every high school student. Your consent is required for emergency treatment, and permission to share student health information with other professional staff when necessary. Please notify the School Guidance Office when changes occur to your home, work, cell and emergency contact numbers.

HEALTH SCREENINGS
Health Screenings are performed every year for all high school students. All students will have height, weight checks annually and blood pressure screening in grades 9, 11 and 12. In addition, hearing and vision screenings are performed on 10th grade students. Students in grade 9th and 11th are screened for scoliosis. A comprehensive developmental physical is also recommended for all 9th and 10th graders completed by a private physician and a complete report sent to the school nurse. A parent may request screening at any time. If you want your child excused from any of these services, please send in a note to the nurse’s office.

PHYSICAL EDUCATION EXCUSES AND ELEVATOR USAGE
The school nurse will excuse a student from physical activity for medical reasons for a single day. The nurse will issue only 2 single day passes without a doctor’s note, per year. Students excused from Physical Education for more than one day must present to the nurse’s office a doctor’s note requesting to be excused from physical activity; and if the student is to be excused for two (2) weeks or more, the student shall then report to the Guidance Office to be rescheduled to a study hall. IT IS THE STUDENT’S RESPONSIBILITY TO RETURN TO PHYSICAL EDUCATION AT THE APPROPRIATE TIME. Students with an injury may receive an elevator key from the nurse’s office. A doctor’s note is necessary in order for the key to be issued. The lost/damaged key charge is $20.00.

IMMUNIZATION
All High School students need the following immunizations, DPT - 3 shots, Polio – 3 shots, MMR –2 shots and Hepatitis B – 3 shots, Tdap, Meningococcal to enter into the High School. The Mt. Olive Health Department is offering these immunizations at a low cost to Mt. Olive residents who are in financial need. You can reach the nurse at the Health Department at 973-691-0900, Ext.7353.
MEDICATIONS

“The administration of medication in school should be avoided whenever possible as this is not normally a function of education.”

It is school policy not to allow children to have medications in the classroom. If needed on school time, medications will be kept in the nurse’s office and dispensed by her at the proper time.

FOR ALL MEDICATIONS:

- The Parent/Guardian must provide a written request for the administration of medication. This note must include:
  - Name of medication
  - Dosage and time it is to be given

- We must also have a written order from your doctor for any medications that must be taken on school time. These medication authorization forms can be obtained from the nurse’s office.

- All medications must be in the ORIGINAL PHARMACY CONTAINER properly labeled for the student. Ask your pharmacist for the medication to be divided into two bottles completely labeled—one for home and one for school. Do not send medications in baggies, tissues, envelopes, etc., as it is against the law to dispense unlabeled medication.

- Students are not allowed to carry medications on the bus or into school. An adult must drop off the medication in the Main Office or in the Health Office.

SPORTS PHYSICALS

A physical is required for interscholastic sports. High School fall sports include football, volleyball, cheerleading, cross-country, field hockey, soccer, and girl’s tennis. Winter sports include basketball, cheerleading, and indoor track, ice hockey, swimming and wrestling. Spring sports include baseball, golf, softball, track, and boy’s tennis, boys and girls lacrosse. The Mt. Olive Athletic Physical Form, that must be used, can be picked up in the Athletic office of the High School. Please complete two emergency cards and a Physical Form to be submitted to the School Nurse’s Office.

The actual physical must be within 60 days of the start of the fall practice. A student may obtain a physical from Dr. Sander, our School Physician, or your private physician. If your private physician performs your physical, it must be recorded on the Athletic form and must include the doctor’s office stamp and doctor’s signature. Any private physical still must be granted permission by the school physician to participate in any given sport pursuant to N.J.A.C. 6A:16.2.2

SCHOOL PHYSICAL EXAMS

The NJ Board of Education recommends all students receive his/her physical exam at the student’s medical home.

Parents/Guardians may utilize the school physician if your child does not have a medical home (primary care practitioner/physician).

Any private physical still must be granted permission by the school physician to participate in any given sport pursuant to N.J.A.C.6: 16.2.2

PLEASE INDICATE PREFERENCE ON PARENT SIGNATURE FORM