



**WARREN GLEN
ACADEMY**

**45 County Road 519
Bloomsbury, NJ 08804
908.995.1999**

IMPORTANT INFORMATION ENCLOSED – PLEASE RESPOND PROMPTLY

2024/2025 School Year

Dear Parents/Guardians:

Attached are emergency and medical forms for the 2024-2025 school year. Please complete these forms and return them to school as soon as possible.

We understand that there are an overwhelming number of forms, but it is necessary that we have the correct information pertaining to your child.

Please feel free to contact the school if you have any questions regarding the enclosed material.

Sincerely,

Dr. Randy Pratt
Executive Director

Warren Glen Academy
2024/2025 SCHOOL YEAR
Emergency Information

D.O.B. _____ Home Phone: _____
Student Name: _____
Address: _____
Father's Name _____ Mother's Name _____
Student Lives With: Mother & Father Mother Father Guardian
Father's Work Number: _____
Father's Cell Phone Number: _____
Mother's Work Number: _____
Mother's Cell Phone Number: _____
E-mail Address: _____
Family Doctor: _____ Phone: _____

EMERGENCY CONTACTS: In the event you cannot be reached in case of illness, early dismissal, emergency evacuation, etc., the following names of family, friend, and babysitter have my permission to take responsibility for my child. **AT LEAST ONE PERSON NEEDS TO BE LISTED.**

Family/Friend/Babysitter _____ Phone: _____
Address: _____

Family/Friend/Babysitter _____ **Phone:** _____
Address: _____

Family/Friend/Babysitter _____ Phone: _____
Address: _____

In case of serious accident or illness, I request the school to contact me. If the school is unable to reach me or my designated temporary person listed above, I hereby appoint Warren Glen Academy as my agent and authorize Warren Glen Academy to arrange transportation to Warren Hospital. I fully understand that the hospital will treat my child consistent with medical needs that illness or injury presents. I relieve Warren Glen Academy School, its Board of Directors and Staff of all responsibility and consequences that may arise as a result of this treatment. I will not hold Warren Glen Academy, its Board of Directors or Staff responsible for treatment or transportation costs. I will accept financial responsibility as a result of any medical treatment given to my son/daughter.

My child is allergic to: Foods _____ Bee Stings: Yes ___ No ___
Medication: _____ Other: _____

My child takes the following medication (dosage & times):

Physician: _____ Phone: _____

Physician's Address: _____

Psychiatrist: _____ Phone: _____

Name of Insurance Carrier: _____

Group Number/Agreement Number: _____

Parent/Guardian Signature

Date

Warren Glen Academy

2024/2025 School Year

TO: Parents/Guardians
FROM: Dr. Randy Pratt, Executive Director
RE: **EMERGENCY CALL SYSTEM**

In the event of a school emergency, closing or event, you will receive a message via our "Emergency Calling System". Please complete the information below for our records.
If you have a telephone number which changes, please be sure to notify the school so you receive the information.

STUDENT NAME: _____

MOTHER/FATHER NAMES: _____

HOME TELEPHONE: _____

MOTHER'S CELLPHONE: _____

FATHER'S CELLPHONE: _____

DO NOT USE TELEPHONE NUMBERS WITH EXTENSIONS

MOTHER'S WORK TELEPHONE: _____

FATHER'S WORK TELEPHONE: _____

MOTHER'S E-MAIL ADDRESS: _____

FATHER'S E-MAIL ADDRESS _____

ALTERNATE CONTACT: _____

ALTERNATE CONTACT: _____

If you have any questions regarding this system, please call Deborah Welch at 908-995-1999 Ext-101. Thank you.



2024-2025 School Year

Dear Parents/Guardians:

Re: Custody Orders

In order, for the personnel at Warren Glen Academy to provide you and your child with the proper custody release, it is necessary for us to know if your child is covered by a custody order. Please complete the information below and provide us with a copy of the Custody Order so that we will have a clear understanding of the way you would like Warren Glen Academy to handle your individual situation.

Please be advised, without a copy of a specific custody order on file, we cannot prevent a parent from removing a child from school.

Thank you for your assistance in this matter.

Sincerely,

Dr. Randy Pratt
Executive Director

This will verify that I have exclusive custody of: _____

___ Yes, I am forwarding a copy for your records.

___ A copy was previously provided for your records.

___ No Restrictions on whom may be in contact.

Additional Note: _____

Parent/Legal Guardian

Date



WARREN GLEN
ACADEMY

**Reward Field Trip Permission Form
2024-2025 School Year**

Throughout the course of the year students will be rewarded for academic performance and good behavior as part of our Behavior Modification Program. That reward will come in the form of unscheduled local field trips, i.e. Local Park, McDonald's, pizza, Rita's, Jimmy's. This is to surprise students, to motivate them to continue to perform at a high level. Trips may arise at the last minute; therefore, there may not be time to notify parents prior to the trip. By giving your consent you are agreeing that it is not necessary to notify you prior to the trip. If you would like your child to be able to participate on such field trips, please sign and return this form immediately.

____ I give my child, _____, permission to participate in the reward field trips.

____ I do not give my child, _____, permission to participate in the reward field trips.

Parent/Guardian Signature

Date