



**WARREN GLEN
ACADEMY**

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

IMPORTANT INFORMATION ENCLOSED – PLEASE RESPOND PROMPTLY

2025/2026 School Year

Dear Parents/Guardians:

Attached are emergency and medical forms for the 2025-2026 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,

Ms. Fran Corl
Executive Director

Warren Glen Academy

**2025/2026 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

2025/2026 School Year

TO: Parents/Guardians
FROM: Ms. Fran Corl, 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.



2025-2026 SCHOOL YEAR

PHYSICAL EDUCATION PERMISSION FORM

Part of the Warren Glen Academy Physical Education Philosophy is to have all our students participate in activities that they will enjoy throughout their lives. Consequently, our Physical Education Curriculum includes activities other than team sports. Below is a list of the various activities your child may participate in. Please check each item that your child has permission to participate in.

- Ride a bike
- Skateboard
- Ride a scooter
- Roller blades/roller skates
- Sleigh riding in winter
- Snow board (recreational/play)

Please also understand that when your child is participating in such an activity, they will always be wearing the proper equipment. Helmets, elbow pads, goggles must be worn for some of these sports. The protective equipment is available for students at school, but they are welcome to bring their own.

Child's Name

Parent/Guardian Signature

Date



**THIS FORM IS SPECIFIC TO THE SUMMER
2024 EXTENDED SCHOOL YEAR PROGRAM**

Student Name: _____

Our Extended School Year Program dates are July 1, 2025, through August 13, 2025. For the purpose of planning trips and buying tickets during this time period we would like to know the dates your child will not be attending the program. Please indicate those dates below.

Thank you.

From: _____

To: _____

From: _____

To: _____



COMPUTERS, THE INTERNET, AND THE SCHOOL NETWORK

The use of technology in the educational process is essential as part of the schooling experience. We recognize that technologies change the manner in which information is accessed, communicated and transferred will present us with new challenges. The following regulations will help to guide our students and staff to pursue honorable behavior and acceptable use of computers/technology:

Authorized Use Policy

The Warren Glen Academy will offer supervised Internet access to our students only. Since this resource connects millions of computers around the world with no central control, we must hold students responsible for the areas they will be allowed to search. We educators, as well as parents, know that the Internet may contain information that could potentially be offensive to some people, and we will take every step to promote a healthy Internet environment. We review and teach internet safety throughout the school year. Students will be educated about appropriate online behaviors, including interacting with other individuals or social networking websites and in chat rooms, and cyber bullying awareness and response. Every computer will be filtered to ensure the safest environment possible. It is necessary, however, that students be aware of their responsibilities and the consequences that will occur if computers or Internet access is misused. Before using the Internet, each student along with a parent or guardian must abide by the following guidelines:

1. Students will access the Internet for specific academic assignments and educationally related functions.
2. Using technology for illegal activities as outlined in federal and state law.
3. Students will not access, download, nor upload obscene, sexually explicit, abusive, racially offensive, illegal, defamatory or inappropriate material.
4. Students are prohibited from downloading executable files or computer programs.
5. Students are prohibited from willfully introducing any computer virus, disrupting, vandalizing, gaining unauthorized access to equipment, software, files, or operating systems.
6. Students will not delete any files or programs, and not alter any Internet settings.
7. Students are prohibited from duplicating copyrighted materials without the written consent of the owner or licensor.
8. No one is allowed to access common "chat rooms," developing bulletin boards, chat groups, or email broadcasting.
9. Students are required to receive permission to print anything from the Internet.
10. Students will not use personal email accounts or social media such as FACEBOOK in school.



11. Students may have supervised email availability for specific school projects. The user is prohibited from forging, reading, deleting, copying, modifying or viewing other user's email or school related instructional student program. Including logging on and using someone else's identity.
12. Students are prohibited from sending harassing, obscene, and/or threatening email, text or tweets to another user during school.
13. Students cannot use school-based technology for personal, financial, or business gain.
14. Violation of any of the rules will result in the consequences at the discretion of the teacher and/or Executive Director. Consequences may include, but are not limited to:
 - a. Cancellation of access rights for a period of time (such as the remainder of the marking period or school year) to be determined dependent upon the severity of the violation.
 - b. In-school suspension or Reflection for a period of time to be determined upon the severity of the violation.

Revised 7/2022



Please return this form to the school.

TECHNOLOGY USE FORM

2025-2026 SCHOOL YEAR

Parent/Guardian Consent

I have read and understood the **Acceptable use of Technology Policy** for Warren Glen Academy. I also have discussed with my child the implications and penalties involved if this policy is violated and have witnessed my child signing the **Student Agreement** below. I also understand that the school's technology is for educational purposes only and that Warren Glen has taken reasonable steps to safeguard access for users. However, I understand that it is not possible to stop all inappropriate activities and I will not hold the school responsible for any materials obtained through the use of the networks.

I give my child permission to use all the technological resources that Warren Glen has to offer.

Parent/Guardian Name: _____ **Date:** _____

Parent/Guardian Signature: _____

Student Agreement

I have read, discussed with my parent/guardian, and understand the **Acceptable Use Technology Policy** for Warren Glen Academy. I agree to follow these regulations at all times while using the technology provided by Warren Glen Academy. I also understand that a violation of this policy may result in the revocation of my technological privileges and disciplinary action by the school or appropriate legal action if laws are violated. I also understand my parents/guardians will be financially responsible for any damage I cause by the misuse of technology. As a student of Warren Glen Academy, I also agree to report any inappropriate activity to the supervising staff member.

Student User's Name: _____ **Date:** _____

Student User's Signature: _____



2025-2026 SCHOOL YEAR

FIELD TRIP CONSENT FORM

My son/daughter _____ is hereby granted permission to take field trips off the school grounds that are part of the activities of the Warren Glen Extended Year (Summer) Program and our regular School Year Program. I understand that a description of each trip, including any special requirements, will be sent home with my child before the trip. Furthermore, I understand that these activities will involve walking, swimming, or riding on a school vehicle or a contracted school bus.

It is also my understanding that every precaution will be taken for the safety of my child. In addition, I understand that proper supervision will be provided by the program. Therefore, my child may take the field trip and the school, Board of Trustees, and members of the staff are hereby released from any obligation in the event of injury to my child occurring as a result of participation in a field trip activity.

I give my son/daughter permission to attend events off school grounds.

Parent/Guardian Signature

Date

I give my son/daughter permission to ride in a school van/vehicle.

Parent/Guardian Signature

Date

**I give my son/daughter permission to swim when attending water events.
I understand that these events will have qualified lifeguards at all times.**

Parent/Guardian Signature

Date



Reward Field Trip Permission Form 2025-2026 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 agree 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



**Movie Permission Form
2025-2026 School Year**

As part of our program, we have planned several trips to the local movie theater. Some of the films shown have a PG – 13 or a PG rating. Therefore, we need your permission for your child to view a movie with this rating. Please return the form below as soon as possible.

I hereby give my permission for my child, _____, to accompany the summer program staff to a movie that may have **PG rating.**

Signature of Parent/Guardian

Date

I hereby give my permission for my child, _____, to accompany the summer program staff to a movie that may have a **PG – 13 rating.**

Signature of Parent/Guardian

Date



2025-2026 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,

Ms. Fran Corl
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



2025-2026 School Year

Dear Parent/Guardian:

As per Board Policy #5330, we are informing you of the following information pertaining to the administration of medication, specifically in the use of a pre-filled auto-injector mechanism (also known as an Epi-Pen).

Our School Nurse, as well as staff members have been trained in the use of an auto-injector. The school and its employees shall have no liability as a result of any injury to a student arising from the administration of epinephrine via a pre-filled auto-injector mechanism.

Sincerely,

Ms. Fran Corl
Executive Director

____ I understand that the Warren Glen Academy shall incur no liability as a result of any injury arising from the administration of epinephrine via a pre-filled auto-injector mechanism to the student and the parent shall indemnify and hold harmless the school and its employees or agents against any claims arising out of the administration of epinephrine via a pre-filled auto-injector mechanism to the student.

Print Name of Student

Signature of Parent

Date

2025-2026 School Year

Dear Parent(s)/Legal Guardian(s):

Warren Glen Academy requires a parent/guardian of a student who is absent to **notify the school of the absence**. Please do so by **notifying the school nurse** who will document the absence. I, the school nurse, will be calling the parent/guardian of an absent student if I do not receive a phone call notifying me of the absence. When calling, if you do not speak directly to me, please leave your child's name and date of absence. I would appreciate it also if you would leave a reason for the absence. By doing so, I am able to see if there is a trend of a type of illness that is going around the school. If you are kind enough to leave me a reason for the absence, it will be documented as such.

Please note that for your convenience, you may leave me a message regarding an absence or any other medical issue on my voice mail at any time. You do not need to wait until school opens in the morning to do so, especially if you need to leave for work early. Any messages left are confidential and only I can retrieve them. When you call the school number and a recording begins, you may press #3 or extension 109 to reach my office. You do not need to listen to the complete message before doing so. Please remember to report absences to me since I am the person who calls to confirm absences if I do **NOT** receive a message. I will be glad to inform your child's teacher that you notified the school. If you know in advance that your child will be absent for an appointment, etc., you may call ahead and inform me. I will note it on my calendar, and you will not need to recall the day of the appointment.

If your child is seen by a physician, remember to ask for an excuse from school so that I can file the note in your child's medical file. Often school districts ask to see a student's attendance record, if I have any physician notes available, I make the school district aware. **Physician's note is required to return to school if absent three or more days.**

A few reminders:

Please keep me updated regarding **any medication changes** made throughout the year for your child, even if I do not administer the medication in school. This permits me to better assess a child if they come to the health office with symptoms that may be attributed to a side effect of a new medication. It also allows me to have current information in case of an emergency and the need arises that your child is sent to the hospital. It is important that the hospital is aware of medications taken. Even though you will be notified immediately of your child's need to go to the hospital, often with this information the medical personnel can begin to evaluate your child immediately.

***It is extremely important to contact the school with any change in address or phone numbers. If you have a cell phone available, please notify us of the number, and also try to include an emergency contact person that is available during the day at home or cell phone number that you provide for them.

Some students **will require a physical examination to attend school this year**. Physicals are annually up until 4th grade (your grade 4 physical will be good through 6th grade) then one will be needed for grades 7-9, and then another one for grades 10-12. Please have the physical examination form completed and returned to school before or no later than the month of **September**, along with updated vaccinations. It is always helpful to have current medical information in a student's medical file.

As always, thank you for your cooperation. If you have any questions or concerns now or throughout the school year, please feel free to contact me at 908-995-1999, ext. 109. If I am not available, please leave me a message and I will return your call.

Thank you,

School Nurse



Dear Parent/Guardian of students who receive routine medication in school:

Please note that ALL medications are to be brought to the school in the original medication container dispensed by the pharmacy. State regulations require that all medications be dispensed from a pharmacy bottle. The correct dose must be printed on the label.

In order for the medication to be administered at school, the nurse must also have a written doctor's order. If the medication dose changes during the year, we must also have a current order for that change. Your child's physician may **fax** the order directly to Warren Glen Academy: **908-995-1994**. The medication must be brought to school by a parent/guardian or given to the bus driver, who in turn will deliver it to a staff member. The children are not allowed to carry/bring the medication to school. We regret any inconvenience this may cause you.

When your child has a few days' supply left at school, I will call or send a note home requesting a new supply. If you need the labeled bottle, please let me know. When returning a medication supply, please notify me of the quantity of pills dispensed if it differs from the existing pharmacy label.

Any questions or concerns please contact me at school, 908-995-1999, extension 109.

Thank you,

School Nurse



Student Health Questionnaire

It is very important that your child's school health records remain up to date. Please fill out this form with health information that would benefit the nurse or teacher in caring for your child.

Students Name:

_____ My child does not have any significant health problems currently.

******List all current Medical Diagnosis** _____

Please be aware of: (please give dates)

Recent surgery _____

Serious injury or illness _____

Allergies: (include all allergies) _____

Recent boosters _____

******Please have physician's office send the confirmation of booster(s)\Immunizations to the school. Attention: school nurse**

Vision corrections: Wears glasses _____ Wears contacts _____ None _____

Hearing problems _____ Seizures _____ Asthma _____ heart disease _____ Hepatitis _____ Diabetes _____

Is your child taking medication currently? Yes _____ No _____

If so, please list **ALL** medications taken including AM and PM doses taken before and after school. List the name of medication, dosage and time taken. For medications to be administered in school **PLEASE ATTACH PHYSICIAN ORDER**.

Physician's name & Phone number _____

Psychiatrist's name & Phone number _____

Parent/Guardian's Signature _____ **Date** _____



2025-2026 SCHOOL YEAR

Dear Parent/Guardian:

Please read, sign and return to school. Any questions or concerns please feel free to contact the school nurse.

RE: Protocol for any suspected illness or rash that may be contagious.

It is at the discretion of the school nurse and school policy to determine if an illness or rash may be contagious. If the school nurse using her medical knowledge feels that a condition may jeopardize the health of other students, she will contact the student's parent or guardian and request that they come to school to take the child home. Depending on the physician's diagnosis, a minimum period of 24 hours of treatment is needed before returning to school with longer periods of time needed for some conditions. The child must present a physician's note stating the date the child may return to school and the treatment prescribed.

Upon receiving this note, the child will be allowed to return to school. In certain circumstances, the child may be asked to keep the area covered while in school, such as a rash, to protect the other students.

Some common conditions that you may receive a call to come pick up your child are as follows but not limited to:

Chicken Pox (Varicella)
Conjunctivitis (Pink Eye)
Impetigo
Measles
Mumps
Fifth's disease (rash with fever)
Poisons (such as poison ivy, oak, sumac)
Ringworm
Rubella (German Measles)
Scabies
Staph or Strep Infections

Parent Signature _____ Date: _____



Dear Parent/Guardian:

Attached please find the medication forms that you may need for your child. For medication to be administered in the school setting, a physician order in addition to parental permission needs to be on file. Please review the attached forms and contact me if you have any questions or concerns. I can be reached at 908-995-1999 ex 109. The following is a brief explanation of the attached forms.

- 1. PRN medication form-** If you would like your child to be given Acetaminophen (Tylenol), Ibuprofen (Motrin, Advil), Benadryl, or Tums as needed, please complete this form. Our school physician has given a standing order for these medications; however, I also need parental consent to administer these medications.
- 2. Medication/Doctor's Order to dispense form-** This form is to be used for any **routine medication** order (medication that is administered each day) or **any other PRN** (as needed) medications besides the medications listed on our standing order form. The physician completes the top half, and the parent completes the bottom portion. Both sections need to be completed in order to administer the medication in school.
- 3.** If your child has asthma and uses an inhaler, please have their physician complete the **Asthma Action Plan** form. As the parent, please be sure to also sign the form which gives consent for the use of the inhaler.
- 4.** The form known as the **Permission for Self-Administration of Medication** form is required if you would like your child to be able to carry their epi-pen or inhaler. This is extremely useful, especially during a field trip when students are in various groups throughout the area. Inhalers and epi-pens are held in the health office while in school usually kept by the school nurse who accompanies the students on a field trip.
- 5. The Allergy Form: If your child has the type of allergy which may require treatment (example, antihistamine or epi-pen) an allergy form must be completed by his/her doctor.**
- 6. ****Please note that if your child requires more than one medication to be administered in school, a separate medication form must be completed for each medication. If you need additional copies, please feel free to call the school.**
- 7.** If you have any questions regarding these forms, please feel free to contact me. You may leave a voicemail message with a return phone number for me to contact you. (My voicemail is confidential, my substitute being the only other person having access). During the summer months, my hours may vary. I will return your call as soon as possible. If, the issue is urgent, you may leave a message with a substitute nurse or the school secretary.

Warren Glen Academy
Allergy Action Plan (food or insect)

Student's Name: _____ D.O.B. _____

Allergy to: _____

Asthmatic: YES* NO *Higher risk for severe reaction

Step 1 Treatment

Symptoms:

If your child has any symptoms of an allergic reaction of any kind, Warren Glen Academy has standing orders from our school doctor to give Benadryl for a mild reaction, such as a rash or mild itching. If symptoms worsen such as, severe hives/rash, swelling in the face and or tongue, nausea/vomiting/abdominal cramps, tightness in throat or trouble breathing, low blood pressure/fainting or pulse that is hard to feel, trained staff will administer an Epi-Pen appropriate for your child's age.

The severity of symptoms can quickly change. *Potentially life-threatening. By law we are to have on hand, two different Epi-pens. Epi-pen Jr. is for children who are under 66lbs., and the other is for anyone over 66lbs.

Epinephrine: Inject intramuscularly per child's weight/per our school doctor's standing orders.

Antihistamine: Benadryl will be given per our school doctor's standing orders.

If you want different antihistamine used, the school nurse will need a doctor's order and medication brought in by parents.

Other Antihistamine: _____

Medication/dose/route

Step 2: Emergency Calls to 911 and Parent/Guardian

1. **Call 911.** State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr. _____ at _____
3. Emergency Contacts:

Name/relationship	Phone Numbers	
_____	1) _____	2) _____
_____	1) _____	2) _____
_____	1) _____	2) _____

Even if Parent/Guardian cannot be reached, do not hesitate to medicate or take child to Medical Facility

Parent/Guardian Signature _____ DATE _____

Doctor's Signature: _____ DATE _____

Warren Glen Academy
PERMISSION FOR ADMINISTRATION OF MEDICATION*

*To be accompanied by "Medication/Doctor's Order to Dispense" or
"Order for Pre-filled, Single Dose Autoinjector Mechanism containing Epinephrine"

A pupil may be permitted to self-administer medication for asthma, allergic reaction to insect stings or other potentially life-threatening illnesses. The parent/guardian must present written authorization for the self-administration of the medication.

The child's physician must certify in writing that the child has asthma, or another life-threatening illness and that the child is capable of and has been instructed in the administration of the prescribed medication.

The parents/guardians must sign a statement acknowledging that Warren Glen Academy employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil, and that the parents/guardians shall indemnify and hold harmless the school and its employees or agents against any claims arising out of the self-administration of this medication by the pupil.

Your child's medication will be kept in the Health Office and provided as needed by M.D. directive. Please complete the form with the physician and return to the school nurse.

This permission must be renewed annually.

I request that my child _____, be provided with the medication stored in the Health Office: _____. I realize that Warren Glen Academy School, its employees or agents, shall incur no liability as a result of any condition or injury arising out of the self-administration of medication.

Parent/Guardian signature

Date

Physician, please complete the following:

I certify that _____ has the following life-threatening condition
(Student Name)
_____ and that he/she is capable of and has been instructed in the proper self-administration of the following medication: (ex. Ventolin)

Printed Name of Physician

Physician's Signature

Address

Phone

Date

Director's Signature

Date



School year 2025-2026

Dear Parent(s):

Re: Scoliosis Screening

Scoliosis is a lateral curvature of the spine most commonly detected during the adolescent growth period. It is estimated that between 5% and 10% of school children have such a curvature to varying degrees. However, only about 2% of these curvatures are significant. If someone else in the family has scoliosis, the likelihood of incidence is much higher- approximately 20%. The effect of scoliosis depends upon its severity, and its early detection and treatment.

Scoliosis screening is performed every two years between the ages of 10 and 18. The goal of this mass screening program is early identification, because curvatures can often be controlled if detected early. Students diagnosed with scoliosis should be under the care and supervision of a family healthcare provider or clinic. Referral to an orthopedist or orthopedic clinic may also be indicated.

Kindly complete this form and return it to me. Scoliosis screening will be part of the yearly health screening to begin in September.

Thank you,

School Nurse

I understand my child will be screened for scoliosis in the 2025/2026 school year.

My child is currently being followed by his/her physician for this screening or for treatment of this condition.

Physician name and phone number _____

Please do not perform this screening on my child.

** Please note that if this form is not returned, your child will be screened for scoliosis.

Signature of parent _____

Date _____

PARENTAL CONSENT TO SHARE HEALTH INFORMATION

Dear Parents/Guardians:

The laws regarding confidentiality and health information have become increasingly stringent. In order to ensure that your child's health needs are adequately met in school, it is important to share information with the teachers who are directly involved with your child. Before this information may be shared, we must have your written consent. Written/verbal information regarding your child's condition, symptoms to watch for, and action to take if a problem arises will be provided to the teachers indicated. If you do not want information shared with anyone on this list, please INITIAL the line that indicates this, and sign and date the bottom of this page. If you would like information to be shared with school staff, INITIAL next to each member that you are giving permission. This consent will be effective for the school year of July 2025-July 2026. You may waive this consent at any time by indicating this change in writing.

Student Name: _____ Birth date: _____

List health concerns: _____

Initial which staff members are permitted to have medical information about your child (substitutes will be given information on an "As needed" basis if covering for a staff member that you have granted permission)

Initial which staff members are permitted to have medical information about your child (substitutes will be given information on an "As needed" basis if covering for a staff member that you have granted permission.

- Level I teacher and classroom aide
- Level II teacher and classroom aide
- Level III teacher and classroom aide
- Level IV teacher and classroom aide
- Administration
- Reflection Room Staff
- Speech Teacher
- Art Teacher
- Tech Ed Teacher
- Other (please indicate) _____

I give my consent for the school nurse to provide the staff members indicated above written/verbal information regarding the management of health concerns for my child.

Initial if you do NOT want your child's information shared with any staff members.

Parent/Guardian signature: _____ INITIALS _____ Date: _____

**** You must INITIAL for this form to be valid. Check mark will not be accepted. ****



There will be sunscreen and insect repellent available for your child to use during outdoor activities at school and on field trips. Please sign below to consent to the following to be used for your child:

COPPERTONE ULTRA GUARD SPF 50 (clear spray, no rub) or equivalent if above is not available.

I give permission for my child to use the above sunscreen.

Name of Child

Parent/Guardian Signature: _____ Date _____

Off insect repellent spray or equivalent if above is not available.

I give permission for my child to use the above insect repellent.

Name of

Parent/Guardian Signature: _____ Date _____



2025/2026 SCHOOL YEAR

Dear Parent/Guardian:

Please read, sign and return to school. Any questions or concerns please feel free to contact to the school nurse.

RE: Protocol for any suspected illness or rash that may be contagious.

It is at the discretion of the school nurse and school policy to determine if an illness or rash may be contagious. If the school nurse using her medical knowledge feels that a condition may jeopardize the health of other students, she will contact the student's parent or guardian and request that they come to school to take the child home. Depending on the physician's diagnosis, a minimum period of 24 hours of treatment is needed before returning to school with longer periods of time needed for some conditions. The child must present a physician's note stating the date the child may return to school and the treatment prescribed.

Upon receiving this note, the child will be allowed to return to school. In certain circumstances, the child may be asked to keep the area covered while in school, such as a rash, to protect the other students.

Some common conditions that you may receive a call to come pick up your child are as follows but not limited to:

Chicken Pox (Varicella)
Conjunctivitis (Pink Eye)
Impetigo
Measles
Mumps
Fifth's disease (rash with fever)
Poisons (such as poison ivy, oak, sumac)
Ringworm
Rubella (German Measles)
Scabies
Staph or Strep Infections

Parent Signature _____ Date: _____



NOTIFICATION OF ASBESTOS INSPECTIONS

To: Parents, Staff and Employees

Re: Notification of Asbestos Inspections and Response

Date: School Year 2025-2026

From: Ms. Fran Corl

In compliance with the Environmental Protection Agency (EPA) and the Asbestos Hazard Emergency Response Act (AHERA), in 2019, an inspection of our school building for asbestos containing material was performed. The inspection findings and asbestos management plan has been on file in the main office since that time. Although building materials containing asbestos are present in the Warren Glen Academy, they have been determined not to be of any danger to the occupants.

The EPA requires our district to perform re-inspections of asbestos containing materials every six months. In addition, every three years an extensive reinspection must be performed by an accredited asbestos inspector and an accredited planner who must review the results and make necessary recommendations to safely manage the asbestos in our building. All these written inspection reports are on file in the main office for your review.

Everyone is welcome to view the management plan and/or the written results of the inspection during normal school hours. Please call the school for an appointment if you so desire to view any of these documents.



2025-2026 SCHOOL YEAR

Dear Parents/Guardians:

Please be advised that this letter serves as formal notification that in the event your child causes damage to school property including but not limited to textbooks, equipment, materials and/or physical plant (building) you will be responsible for the cost of repair or replacement of the item(s) damaged.

This is in accordance with school board policy #5513.

Sincerely,

Ms. Fran Corl
Executive Director



DRESS CODE

Especially as children get older, the way they dress for school has both educational and emotional implications. Our goal is to provide a structure that is both safe and educational for students with respect to their attire. It is expected that Warren Glen Academy students and parents will exercise sound judgment and good taste in determining what to wear to school.

Board of Trustee Policy #5511 strictly prohibits clothing and grooming which:

- Presents a hazard to the health or safety of the student or others.
- Interferes with schoolwork, creates disorder or disrupts the educational program.
- Causes excessive wear or damage to school property.
- Prevents a student from achieving his/her own educational objectives because of blocked vision or restrictive movement.

The following guidelines are examples of inappropriate attire for school:

- Shredded, ripped or cut-off clothing, bare midriff (belly shirts), see-through clothing that exposes the torso, underwear that is visible, beachwear, strapless tops, spaghetti strap tops, halter tops, cut-off shirts, and sleeveless athletic jerseys are not permitted.
- Tank tops may be worn but need to cover the entire torso including sides and chest. Cleavage cannot be visible.
- Shorts and shirts must be long and loose enough to allow freedom of movement and should be no shorter than the child's fingertips when arms are fully extended and relaxed.
- Writing/lettering on the seat of the pants is not allowed.
- Attire, including buttons and patches, with inappropriate, derogatory, or offensive sayings or graphics is not permitted in school.
- Clothing that advertises drug, alcohol or tobacco products is not permitted.
- Sunglasses, hats, bandanas and hoods are not to be worn during the school day.
- For safety reasons, footwear must secure both the front and back of each foot. This means no flip-flops, open-heeled shoes or sandals or clogs. No open toe shoes are permitted for Physical Education or in the Industrial Arts room.
- All pants, shorts and skirts should not reveal bare midriffs or under garments during any normal actions including standing, sitting and leaning over. Any loose pants must be secured with a belt. Underpants are not to be seen.
- Pajamas and sleepwear, including slippers, are prohibited.

The Board of Trustees prohibits pupils from wearing, while on school property, any type of clothing, apparel or accessory which indicates that the pupil has membership in, or affiliation with, any gang associated with criminal activities. The local law enforcement agency will advise the Board, upon request, of gangs which are associated with criminal activities.



**Policy # 5512.01 – Harassment, Intimidation and Bullying
General Guidelines**

School Year 2025-2026

To: Parents/Guardians

From: Ms. Fran Corl
Executive Director

The Board of Trustees prohibits acts of harassment, intimidation or bullying. A safe and civil environment in school is necessary for students to learn and achieve high academic standards while enhancing students' social and emotional growth. Harassment, intimidation or bullying, like other disruptive or violent behaviors, is conduct that disrupts both a student's ability to learn and a school's ability to educate its students in a safe environment.

“Harassment, intimidation or bullying” constitutes any gesture, written, verbal or physical act that takes place on school property, at any school –sponsored function or on a school bus.

Warren Glen Academy will enforce consequences and appropriate actions for said behaviors: The following will be considered in determining the appropriate measure to students who commit one or more acts of harassment, intimidation or bullying:

1. The classifications of students involved
2. The developmental and maturity levels of students involved
3. The surrounding circumstances
4. The nature of the behavior(s)
5. Past incidences or continuing patterns of behavior
6. The relationships between the parties involved
7. The context in which the alleged incidents occurred

Each incident will be reviewed by the proper and designated personnel on an individual basis. Pursuant to N.J.S.A. 18A:37-17, (c), information regarding the schools Harassment, Intimidation, and Bullying Policy shall be incorporated into a school employee training program.



2025-2026 SCHOOL YEAR

Dear Parent/Guardian:

The Child Nutrition and Women, Infants, & Children (WIC) Reauthorization Act of 2004, section 204, requires each local education agency participating in any federal funded Child Nutrition Programs to develop a local school wellness policy by September 2006. Warren Glen Academy does participate in the Child Nutrition Program; therefore, a wellness policy has been developed which encompasses providing healthy meals, snacks, and daily exercise.

Childhood obesity is on the rise. Warren Glen Academy began last year, before the state guidelines were effective, to change our beverage and snack policy. We began to slowly phase out beverages that had a higher content of sugar and no other nutritional value. We introduced healthier snacks, such as fresh fruit and vegetables, along with traditional snacks of chips and cookies. The difference with our chips and cookies that we provide is the serving size, fewer calories, and less fat and sugar. These snacks are purchased from a supplier who follows the guidelines set forth by the State of New Jersey.

Foods of minimal nutritional value (FMNV) may not be served on school property at any time before the end of the school day. This includes ALL soda, power drinks, and all forms of candy. **Please do not send soda or candy with your child for lunch so that we may stay in compliance with the Child Nutrition guidelines.** If you send these items, we will return them to home. This also includes diet soda which, this falls under the category of FMNV. The only exception is holiday celebrations in school. Even with this exception, the state encourages us to find healthier alternatives. The school store will also be following the state guidelines; therefore, no candy will be available for purchase.

Good nutrition can advance the performance of academics along with physical abilities. As parents/guardians, please help us in our efforts to promote wellness for your child. Providing them with healthy food choices will enhance their abilities to later make these healthy choices on their own, while combating problems associated with poor nutrition and inactivity.

Thank you,

Ms. Fran Corl
Executive Director



2025-2026 SCHOOL YEAR

Dear Warren Glen Academy Parents/Guardians,

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents/guardians certain rights with respect to their children's education records. Parents and or eligible students have the right to review their educational records and request any items to be corrected that deem to be inaccurate or misleading. For the most part, schools must have written permission from the parent or eligible student to release any information from the student's file. However, FERPA does allow schools to disclose records without consent to the following person(s) or under certain conditions:

- School officials with legitimate educational interest
- Other schools to which a student is transferring (only those documents generated at present receiving school)
- Specified officials for audit or evaluation purposes
- Appropriate parties in connection with financial aid to a student
- Organizations conducting certain studies for the school
- Accrediting organizations
- To comply with a judicial order or lawfully issued subpoena
- Appropriate officials in cases of health and safety emergencies
- Juvenile justice system, pursuant to specific State law

Schools may disclose, without active consent, directory information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance as long as parents and eligible students are given time to request this information not to be disclosed. *

Ms. Fran Corl
Executive Director

*U.S. Department of Education, Family Educational Rights and Privacy Act. Retrieved 8/18/03 from WWW:
<http://www.ed.gov/offices/OII/fpco/ferpa/>
04/17/2012