



# - PARENT/GUARDIAN CONSENT -

## PLEASE SIGN AND RETURN THIS FORM TO YOUR CHILD'S SCHOOL BY FRIDAY, SEPTEMBER 9, 2016

August 31, 2016

Dear Washington Township Parent/Guardian:

Please indicate, by checking the appropriate box, you have read all of the 2016-17 Parent Information that is linked on the District website ([www.wtpps.org](http://www.wtpps.org)). Your signature below will serve as verification of this review, and when appropriate, your compliance with the provisions outlined in these specific policies, regulations and procedures.

- |                                                                                       |                                                                                         |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Power Announcement, PowerSchool and e-Backpacks              | <input type="checkbox"/> Student Accident Insurance Information                         |
| <input type="checkbox"/> District Activities Calendar Link                            | <input type="checkbox"/> Transportation Rules Agreement                                 |
| <input type="checkbox"/> 2016-17 School Calendar                                      | <input type="checkbox"/> Food and Nutrition Services and Free/Reduced Lunch Information |
| <input type="checkbox"/> FERPA Notification                                           | <input type="checkbox"/> Lunch Pricing Information                                      |
| <input type="checkbox"/> Policy 5512 – Harassment, Intimidation and Bullying Overview | <input type="checkbox"/> How to Apply for Free/Reduced Lunch                            |
| <input type="checkbox"/> Student Directory Information                                | <input type="checkbox"/> NJ Family Care Refusal                                         |
| <input type="checkbox"/> Student Absence and School Notification Information          | <input type="checkbox"/> Student Code of Conduct                                        |
| <input type="checkbox"/> Parent Handbook                                              | <input type="checkbox"/> District Start Times & Back to School Nights                   |
| <input type="checkbox"/> Protection of Pupil Rights Information                       | <input type="checkbox"/> Technology Acceptable Use Policy                               |

**Please indicate below whether you grant permission for your child's photo/image to be used with other personal identifying information as described in District publications, local newspapers, on the District cable television station and District website.**

\_\_\_\_\_ I **GRANT** permission for my child's photo/image/video with possibly other personal identifying information as described above to be published in district publications, local newspapers, on district cable television station, and on the District Website.

\_\_\_\_\_ I **DO NOT GRANT** permission for my child's photo/image/video to be published in district publications, local newspapers, on district cable television station, or on the District website.

\_\_\_\_\_ I am aware that the Washington Township School District will be providing student schedules, progress reports, report cards online via the PowerSchool system. I am also aware that it is my responsibility to call my child's school office to inform them that I do not have ability to access the information online.

\_\_\_\_\_ I am aware that the Washington Township School District has asked me to provide at least one email address via the PowerAnnouncement system so that I can receive important information from the District via email.

**PLEASE NOTE: Your parent/guardian signature below will serve as verification of this review, and when appropriate, your compliance with the provisions outlined in the aforementioned and specific policies, regulations and procedures.**

Child's Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\* Please complete a separate form for each of your children and return the signed copy to your child's school by Sept. 9, 2016.**