



One Family in Christ Jesus

Dear Parents/Guardians,

We are happy that you are choosing a Catholic Education for your child and that you wish to register him/her in Saint Joseph Regional School.

In order for us to prepare for your child's placement in our school, please complete all the enclosed forms for registration and return to the school office.

- 1. Information/Application for Admission (In order for your child to register for Kindergarten they must be 5 years old on or before September 30, 2017.*
- 2. Application for Private School Transportation-if your child resides more than 2.0 miles and no more than 20 miles from St. Joseph Regional School*
- 3. Immunization Information*
- 4. Tuition Agreement*
- 5. FACTS Payment Agreement Forms. 2 Forms are enclosed-If you plan on paying the tuition MONTHLY OR QUARTERLY, SEMI-ANNUAL, ANNUAL. CHOOSE THE PAYMENT PLAN AND COMPLETE THAT FORM .*
- 6. CREDIT CARD OPTIONS ARE AVAILABLE FOR REGISTRATION FEE.*
- 7. Request for Student's Records(Incoming Grades 1-8)*
- 8. Individual Student Request for Loan of Textbooks*
- 9. License, Release and Hold Harmless Agreement*
- 10. Acceptable Use Policy and Contract for Students/Guidelines for Internet and Electronic Communications*
- 11. Emergency Calling Form*

A Registration Fee of \$100.00 per student if paid by March 1, 2017. After March 1, 2017, Registration Fee will be \$150.00. A copy of the Student's Birth and Baptismal Certificate must accompany the Application. If your child/children have received the sacraments of Reconciliation, Eucharist or Confirmation we will need the Date and the name of the Parish.

If you have any questions, please call the school office 927-2228 x11

*Ted Pugliese
Principal*

For more information about Saint Joseph Regional School, please like us on Facebook at www.facebook.com/saintjosephregionalschool or visit our website - sjrs.org

*Saint Joseph Regional School, 11 Harbor Lane, Somers Point, NJ 08244
Phone 609 927-2228 ~ Fax 609 927-7834*

**SAINT JOSEPH REGIONAL SCHOOL
INFORMATION/ APPLICATION GRADES PK-8
2017-2018 SCHOOL YEAR**

FAMILY NAME _____ PARISH _____
(PLEASE PRINT)

IF PRE-K: HALF DAY ___ FULL DAY ___ DAYS ATTENDING: M T W TH F
(please circle)

<u>STUDENT'S NAME</u>	<u>GRADE</u>	<u>BIRTHDATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDRESS _____ HOME PHONE # _____
MOM'S CELL# _____
DAD'S CELL# _____

MOTHER'S E-MAIL ADDRESS _____

FATHER'S E-MAIL ADDRESS _____

MOTHER'S NAME _____ ADDRESS _____
(include maiden name) (if different from above)

OCCUPATION/PLACE OF WORK _____ WORK PHONE # _____

FATHER'S NAME _____ ADDRESS _____
(if different from above)

OCCUPATION/PLACE OF WORK _____ WORK PHONE # _____

** IF PARENTS ARE DIVORCED OR SEPARATED, WHO HAS LEGAL CUSTODY OF THE CHILDREN? _____

EMERGENCY PERSON IF OTHER THAN PARENTS _____

RELATIONSHIP TO CHILD _____

ADDRESS _____ PHONE # _____

STUDENT'S RACE _____ ETHNICITY _____ RELIGION _____

IS MOTHER &/OR FATHER A GRADUATE OF SJRS? NO ___ YES ___ WHAT YEAR? _____

FOR INCOMING STUDENTS:

FOR GRADES ONE THROUGH EIGHT: STUDENT HAS TRANSFERRED FROM:

SCHOOL: _____

CITY _____ STATE _____ ZIP _____

FOR ALL NEW STUDENTS PRE-K THROUGH EIGHT-PLEASE INCLUDE A COPY OF STUDENT'S BIRTH & BAPTISMAL CERTIFICATE. INFORMATION FOR FIRST COMMUNION & FIRST EUCHARIST ALSO .

DATE: _____ PARENT/GUARDIAN SIGNATURE _____

**SAINT JOSEPH REGIONAL SCHOOL
11 HARBOR LANE
SOMERS POINT, N. J. 08244
609-927-2228**

All Egg Harbor Township students currently enrolled in St. Joseph Regional School(grades K-8) that have changed their address or any new student registered for the 2017-2018 school year (Kindergarten students would be considered new since they did not ride the bus in Pre-K) must complete the application process by registering at Central Registration in Egg Harbor Township.

It is imperative that the registration process be completed as soon as possible in order for the students to be placed officially on a bus for September and a bus pass issued. This process has to be completed even if your child is not riding the school bus.

The following documents will be accepted:

DEED

CURRENT MORTGAGE BILL

TAX BILL

LEASE (MUST HAVE PARENT/GUARDIAN AND STUDENTS NAME ON LEASE)

**MOBILE HOME (A LETTER FROM THE PARK MANAGER WITH THE
PARENT/GUARDIAN AND STUDENTS NAME INCLUDED)**

BIRTH CERTIFICATE (FOR KINDERGARTEN STUDENTS)

Central Registration is located behind Swift School on Ocean Heights Avenue,
927-4141 x1103 or x1234. Hours of operation are 9:00am-2:00pm

Thank you,
Ted Pugliese
Principal

SCHOOL YEAR **2017-2018** RESIDENT DISTRICT BOARD OF EDUCATION _____

STUDENT'S NAME _____ DATE OF BIRTH _____
LAST FIRST MIDDLE MONTH DAY YEAR

GENDER _____ PARENT/GUARDIAN NAME _____ DAYTIME PHONE _____
M or F AREA CODE + NUMBER

HOME ADDRESS _____ CITY or TWP _____ ZIP _____

NEAREST INTERSECTION TO STUDENT'S RESIDENCE _____

MAILING ADDRESS _____ ZIP _____

FULL NAME OF SCHOOL TO BE ATTENDED **Saint Joseph Regional School** PHONE **609-927-2228**

ADDRESS OF SCHOOL **11 Harbor Lane, Somers Point, NJ 08244**

STUDENT'S GRADE FOR THE COMING YEAR _____ SHORTEST ONE-WAY MILEAGE BETWEEN HOME AND SCHOOL _____
(MEASURED VIA THE SHORTEST ROUTE ALONG PUBLIC ROADWAYS OR WALKWAYS IN MILES AND TENTHS)

DATE SCHOOL OPENS **September, 2017** CLOSES **June, 2018** SCHOOL HOURS FROM **8:00** AM TO **2:45** PM
MILES TENTHS

NAME AND ADDRESS OF LAST SCHOOL OF ATTENDANCE _____

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE * FOR PUBLIC SCHOOL USE ONLY

YOUR APPLICATION HAS BEEN REVIEWED BY THE RESIDENT DISTRICT BOARD OF EDUCATION. THE FOLLOWING DETERMINATION HAS BEEN MADE:

_____ TRANSPORTATION WILL BE PROVIDED _____ YOU ARE ELIGIBLE FOR PAYMENT IN LIEU OF TRANSPORTATION

_____ INELIGIBLE _____ (REASON)

DATE _____ SIGNATURE _____ TITLE _____

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION (B6T) N.J.A.C. 6A:27-2.5

1. IT IS THE OBLIGATION OF THE PARENT OR GUARDIAN OF PRIVATE SCHOOL STUDENTS TO:
- ANNUALLY OBTAIN THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION FROM THE ADMINISTRATIVE OFFICE OF THE PRIVATE SCHOOL FOR EACH STUDENT FOR WHICH TRANSPORTATION SERVICES ARE BEING REQUESTED. SUBMIT A SEPARATE APPLICATION FOR EACH STUDENT.
- NOTE:**
- IF THERE IS A CHANGE OF HOME ADDRESS, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.
 - IF THERE IS A CHANGE IN THE NONPUBLIC SCHOOL OF ATTENDANCE, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.
 - COMPLETE THIS APPLICATION AND RETURN IT TO THE PRIVATE SCHOOL ON OR BEFORE MARCH 10TH PRECEDING THE SCHOOL YEAR IN WHICH TRANSPORTATION IS BEING REQUESTED.
- LATE APPLICATIONS – ANY APPLICATION RECEIVED AFTER MARCH 10TH WILL BE A LATE APPLICATION AND MUST BE ACCOMPANIED BY A STATEMENT OF THE REASON FOR LATENESS. ELIGIBLE STUDENTS WILL RECEIVE TRANSPORTATION OR AID IN LIEU OF TRANSPORTATION BASED ON THE DATE THE APPLICATION IS RECEIVED BY THE PUBLIC SCHOOL.
2. IT IS THE OBLIGATION OF THE NONPUBLIC SCHOOL ADMINISTRATOR TO ANNUALLY COLLECT THE APPLICATION AND SUBMIT IT TO THE PUBLIC SCHOOL FROM WHICH TRANSPORTATION IS BEING REQUESTED PRIOR TO MARCH 15TH.
3. IT IS THE OBLIGATION OF THE PUBLIC SCHOOL ADMINISTRATOR TO NOTIFY THE PARENT OR GUARDIAN AS TO THE DETERMINATION OF EACH APPLICATION BY AUGUST 1ST.

A DISTRICT BOARD OF EDUCATION SHALL PAY AID IN LIEU OF TRANSPORTATION TO THE PARENT OR GUARDIAN OF AN ELIGIBLE STUDENT ONLY AFTER RECEIVING A SIGNED "REQUEST FOR PAYMENT OF TRANSPORTATION AID" VOUCHER AS PRESCRIBED BY THE COMMISSIONER OF EDUCATION.

St. Joseph Regional School

Dear Parents/Guardians,

The following immunizations are required **prior** to starting kindergarten. Please submit proper documentation of all immunizations prior to the start of school in September. Only copies of the official immunization record from your child's chart will be accepted.

- *DTP 4 doses with one given on or after 4th birthday OR any 5 doses**
- *POLIO 3 doses, with one dose given on or after 4th birthday OR any 4 doses**
- *MMR 2 doses...1st dose given on/after 1st birthday**
- *HBV 3 doses**
- *CHICKENPOX VACCINE....one dose on/after the 1st birthday or documentation of having had the disease**

As required by the New Jersey State Code, students **SHALL NOT** be admitted without documentation of the minimum requirements for immunizations.

Thank you for your cooperation in this matter.

School Nurse

St. Joseph Regional School

Dear Parents/Guardians of incoming 6th graders,

Please be advised that once your child turns 11, he or she is required to receive two immunizations. They are:

***Tdap...tetanus, diphtheria and pertussis
booster**

***Meningococcal vaccine...meningitis**

For those children turning 11 prior to the beginning of their 6th grade year, proof of these vaccinations must be presented to the Health Office by the start of school in September. **As required by the New Jersey State Code, students shall not be admitted without documentation of the minimum requirements for immunizations.**

For those children who turn 11 shortly before or after the beginning of the school year, they will have 30 days to receive their immunizations and send in written documentation to the Health Office.

Thank you for your cooperation in this matter.

School Nurse

SAINT JOSEPH REGIONAL SCHOOL
11 HARBOR LANE
SOMERS POINT, NJ 08244

Dear Parents/Guardians,

If you are planning to take your child to his/her physician this summer for a physical exam, please have this physical examination form filled out and return it to the health office in September. This information will be for the upcoming school year.

This information will help keep our records up to date at certain stages of your child's growth and development. If any vaccinations were given please include that information with the dates they were given.

This exam is not required but the form will become part of your child's health record and will provide information in regards to participating in sports, allergies and any medical concerns we need to be aware of for the coming school year.

If your child is in 5th thru 8th grade and plans to participate in a sport at SJRS please refer to the school nurse's webpage on www.sjrs.org. Instructions and forms required to participate are available there. Any questions please call the nurse's office at 927-2888 x12.

Thank you,

■ Pre-participation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

EXAMINATION		
Height	Weight	Male <input type="checkbox"/> Female <input type="checkbox"/>
BP / (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/>
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____

**ST. JOSEPH REGIONAL SCHOOL
TUITION AGREEMENT FOR THE 2017-2018 ACADEMIC YEAR
KINDERGARTEN - GRADE EIGHT**

FAMILY NAME _____ **PARISH** _____

<input type="checkbox"/> CATHOLIC: <i>Please provide proof of registration if not a member of St. Joseph Parish.</i> _____ \$5000. - 1 Child _____ \$8500. - 2 Children _____ \$11,500. - 3 Children _____ \$ _____ - please specify number of additional children@ \$3000./ea.	<input type="checkbox"/> NON-CATHOLIC: _____ \$5600 - 1 Child _____ \$11,200 - 2 Children _____ \$ _____ - please specify number of additional children@ \$5600./ea.
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

I will pay my Registration Fee with: CASH CHECK CREDIT CARD
 Name on Card: _____; VISA MC AMEX DISCOVER
 Card # _____; Exp. _____

**TUITION PLANS
ALL PAYMENTS MADE THROUGH FACTS MANAGEMENT SYSTEM**

- Plan A - **Annual:** Full payment on or before **August 1, 2017**
 - Plan B - **Semi-Annual:** Half payment on or before **August 1, 2017**;
balance on or before **Jan. 15, 2018**
 - Plan C - **Quarterly** on or before **August 1, 2017**; on or before **October 1, 2017**,
on or before **Jan. 15, 2018** and on or before **March 15, 2018**
 - Plan D - **Monthly** (10 payments, beginning **August 1, 2017** and ending **May 1, 2018**)
 - Plan E - **Monthly** (12 payments, beginning **July 1, 2017** and ending **June 1, 2018**)
- Choose **Monthly Payment Date:** _____ (Options are: 5th, 10th, 15th, 16th, 20th, 25th or last day of the month)

TUITION AGREEMENT

TUITION AGREEMENT – PARENTAL ACKNOWLEDGEMENT

*By signing below, I hereby acknowledge and understand my obligation to pay all tuition due and owing to St. Joseph Regional School ("School") according to the plan selected above. I further acknowledge and understand that this is a legally binding Agreement between me and the School. I understand and agree that if I fail to make any payment required by this Agreement within (30) days after the due date, the School may declare that I am in default under this Agreement and seek any and all legal remedies available, up to and including the submission of my account to a collection agency and/or the expulsion of my child(ren) from the School. With the execution of this Agreement, and for good and valuable consideration, I have submitted a non-refundable registration fee of \$100 per child intending to be bound by the terms and conditions set forth above. I have also completed the **FACTS Management form for tuition payments.***

All Families are encouraged to purchase gifts cards through our Scrip Program, which raises funds for our Development Fund. Families can earn 50% of the profit from the purchase of gift cards toward their tuition bill.

Parent/Guardian
 Signature: _____ Date: _____

**SAINT JOSEPH REGIONAL SCHOOL
11 HARBOR LANE
SOMERS POINT, NJ 08244
609-927-2228 FAX# 609 927-7834**

REQUEST FOR PUPIL RECORDS

TO: _____

RE: _____
NAME OF STUDENT

GRADE

The above named student has enrolled in our school. Please forward all available health and academic records to our school at your earliest convenience. This request also includes all grades for each grading period for the current school year. Please indicate your school's grading scale. These records will insure proper placement and continuity of record keeping.

In addition, please indicate if the student is involved in any of the following:

___ Gifted and Talented Program

___ Basic Skills: ___ Reading ___ Writing/Communication ___ Mathematics

___ Child Study Team Evaluation and Classification

___ Speech Therapy

**AUTHORIZATION FOR RELEASE OF ALL SCHOOL RECORDS INCLUDING
CONFIDENTIAL SPECIAL EDUCATION RECORDS:**

I hereby authorize the release of all records as indicated above to SAINT JOSEPH REGIONAL SCHOOL, SOMERS POINT, NEW JERSEY.

Parent/Guardian name (please print)

relationship to student

Signature

Date

INDIVIDUAL STUDENT REQUEST FOR LOAN OF TEXTBOOKS

Date: _____

Public School District: SOMERS POINT SCHOOL DISTRICT
Address: 121 W. New York Avenue
Somers Point, New Jersey 08244

Nonpublic School: ST. JOSEPH REGIONAL SCHOOL
Address: 11 Harbor Lane

Name of Student: _____
Grade: _____
Name of Parent: _____

Under the provisions of N.J.S.A. 18A: 58-37.1 et seq., I hereby request the Somers Point School District (Public School District) to loan textbooks to the St. Joseph Regional School (Nonpublic School) in which my child is enrolled. I certify that my above named child and I are residents of the State of New Jersey. I understand that the board of education of the public school district in which the nonpublic school is located with state funding is responsible for providing the loan of textbooks to nonpublic school students pursuant to law and regulations.

Signature of Parent/Guardian: _____

Date: _____

SAINT JOSEPH REGIONAL SCHOOL
11 HARBOR LANE
SOMERS POINT, NEW JERSEY 08244

LICENSE, RELEASE AND HOLD HARMLESS AGREEMENT

I, _____, who resides at _____

am the parent/legal guardian of _____,

CHECK ONE

____ I hereby agree:

1. to allow my child/children to be photographed or interviewed for the Star Herald and any school or parish publications, including but not limited to, press releases, bulletins, newsletters, brochures, videos, computer images, web pages;

2. to waive, release, and forever discharge any and all claims that I may have with respect to the use of the said photograph by The Diocese of Camden, New Jersey, Saint Joseph Regional School, Somers Point, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators, and volunteers; and

3. to indemnify, hold harmless, protect and defend The Diocese of Camden, New Jersey, Saint Joseph Regional School, Somers Point, New Jersey, administrators, and volunteers, from any and all claims, losses, liabilities, damages, suits, fines, penalties, costs and expenses, including reasonable attorneys' fees, brought or incurred by or on behalf of any person whomsoever or entity whatsoever, arising out of or in any way connected with the said use of the aforementioned photograph by any person or entity.

OR

____ I do not agree to allow any interview or photograph of my child/children to be published in the Star Herald or any school or parish publications, including but not limited to, press releases, bulletins, newsletters, brochures, videos, computer images, web pages.

IN WITNESS WHERETO the parties have signed this Agreement on this ____ day of _____, 2017.

SIGNATURE OF PARENT/GUARDIAN

PRINT NAME OF PARENT/GUARDIAN

ACCEPTABLE USE POLICY and CONTRACT for STUDENTS

The technology available at St. Joseph Regional School is for the use of the students and faculty for educational purposes. In order for students to use the technology services of this school, **students and their parents** must understand and accept the following Acceptable Use Policy.

Internet access is offered to further educational goals by facilitating a resource for sharing and promoting innovative worldwide learning opportunities for students and staff. Material viewed, created and/or stored on the technology is NOT guaranteed to be private and may be viewed by the school at any time to insure that the usage is appropriate, has a legitimate educational purpose and is in conformance with this Policy.

The use of our school's technology, including Internet use, is a privilege, not a right. **Any student in violation of this Policy or found searching a site that is deemed offensive will receive disciplinary action.** Depending on the offense, the consequences may include loss of technology use privilege, disciplinary action up to and including suspension or expulsion, and /or criminal complaint.

Unacceptable use of the technology includes but is not limited to:

- Doing anything with respect to hardware, software, or programming which results in damage or inconvenience to others.
- **Violating the privacy** of any student, employee or other individual.
- Revealing phone numbers, addresses, or other personal information.
- **Transmitting, receiving or sharing** profane, obscene, pornographic, or other objectionable materials.
- Transmitting material **threatening** to another person, whether or not such threatening action is delivered.
- Using the technology to **bully** another individual or group.
- Copying proprietary information, including software, in violation of law.
- **Plagiarizing**, which is taking someone else's words, ideas, or findings and presenting them as your own without properly giving credit to the sources.
- Using the network for **personal reasons** unrelated to schoolwork, assignments, or legitimate educational purposes.
- Using the network for **financial gain**, a business activity or any illegal activity.
- Creating, transmitting or introducing computer **viruses**.
- Deliberately trying to degrade or **disrupt system** performance. (Such acts may also be viewed as criminal activity under applicable local, state and federal law.
- Transmitting product **advertisement or political lobbying**.
- Violating any local, state or federal rule or regulation.
- **Exploring or transmitting information that conflicts with Catholic moral values.**
- Granting access to unauthorized persons, either by intentional action or unintentional action (i.e. failure to log off)

GUIDELINES FOR INTERNET AND ELECTRONIC COMMUNICATIONS

Computer use, **including the use of non-school equipment and use outside of the school**, can have harmful effects on students and the school community. Any person who makes inappropriate use of the Internet, cell phones, or other means of electronic communications that is harmful to the good order and discipline of the school, its religious mission or its educational objectives, is subject to disciplinary action.

Acceptable protocol includes the following:

- If a student must correspond with school personnel by e-mail, only school matters or matters appropriate to be discussed in school should be communicated.
- Students should remember to write as if others are certain to read what is written. E-mail communication can easily be shared with others for whom the communication was not intended.

Unacceptable activities include but are not limited to the following:

- **Bullying or harassing** another student, parent, teacher, administrator, school employee or other member of the school community.
- **Posting statements, pictures or other materials that are false, derogatory, defamatory, degrading, malicious, disrespectful, or threatening** to another person or group of people.
- Using the school seal (logo) or motto without written permission of the principal.
- Creating a website, webpage, account, blog or the like designed to look like it was created by or belongs to another student, teacher, administrator, school employee or other member of the school community without the express written consent of that individual.
- Creating a website or webpage designed to look like an official school posting.

MY PARENT, AND I, _____ HAVE READ AND/OR HEARD THE ABOVE ACCEPTABLE USE POLICY READ TO ME. I FULLY UNDERSTAND THE CONTENTS OF BOTH PAGES AND WILL ABIDE BY THE POLICIES FOR TECHNOLOGY USE IN SCHOOL AND ELECTRONIC COMMUNICATIONS. I UNDERSTAND THE CONSEQUENCES CONNECTED WITH VIOLATIONS OF THIS POLICY.

Student Signature

Date

Parent Signature

Homeroom/Grade

**SAINT JOSEPH REGIONAL SCHOOL
11 HARBOR LANE
SOMERS POINT, NEW JERSEY 08244
609 927-2228**

Dear Parents/Guardians,

St. Joseph Regional School utilizes a school-to-parent communications system called Blackboard Connect which helps us with keeping parents informed regarding meetings and activities reminders, program/sports changes and cancellations, school closings or other dismissal issues including bus-related problems. Blackboard Connect enables SJRS to send a recorded message to all parents at the same time.

This system **does not** replace our current school communication [web-site www.sjrs.org](http://www.sjrs.org). The Blackboard Connect system is intended to provide better and more timely information, when needed.

The information that you provide on the attached Emergency Calling Form is the information that is used for this system.

All families are able to provide six telephone numbers that will be called. Your home telephone number should be on line 1. Please note that for an emergency, such as a late school bus or an early emergency school closing, all numbers provided will be called, as the call is computer generated and all numbers are dialed at the same time. In the case of an early emergency school closing, regular school buses will be operating. If your child/children normally take the school bus, then they will be dismissed on the school bus. You are being notified so that you are aware your child will be dismissed at an earlier time and arrangements can be made. If any of the numbers that you have furnished go to friends and/or relatives, please advise them that they may receive a phone call that is designed to provide information.

If you are working, you must make the necessary arrangements for your child, and your child must be aware of these arrangements. In an early emergency school closing, the school phone lines must be kept open; therefore, we request that you do not call school once you have received a message that the students are being dismissed early.

Families will be put into groups so that the system will generate calls only to those impacted such as families with children in Grade 2 only, or on a certain bus or on the basketball team.

For general information and school closings that are announced prior to the beginning of the school day, call will only go to student homes.

BLACKBOARD CONNECT IS NOT PERMITTED TO SELL THIS INFORMATION TO ADVERTISERS OR ANY OTHER ORGANIZATION OR COMPANY.

I hope this system will enhance our ability to communicate with our school families.

Sincerely,

Ted Pugliese
Principal

EMERGENCY CALLING FORM
PLEASE PRINT

FAMILY NAME _____

E-MAIL _____ **BUS #(STUDENTS K-8)** _____

HOME TELEPHONE # _____

STUDENT'S NAME _____ **GRADE** _____

STUDENT'S NAME _____ **GRADE** _____

STUDENT'S NAME _____ **GRADE** _____

STUDENT'S NAME _____ **GRADE** _____

STUDENT'S NAME _____ **GRADE** _____

NUMBERS TO BE CALLED:

NAME & RELATIONSHIP

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

SAINT JOSEPH REGIONAL SCHOOL

11 HARBOR LANE

SOMERS POINT, NJ 08244

609-927-2228

All Uniforms can be purchased at:

Flynn & O'Hara School Uniforms

www.flynnohara.com

1-800-441-4122

***FLYNN & O'HARA WILL HAVE A TRUNK SALE IN THE SCHOOL GYM ON
THURSDAY, JULY 27, 2017 FROM 2-7PM***

Lands' End, Inc.

www.landsend.com/school

Preferred School #9000-7537-5

1-800-469-2222

Our school web-site is www.sjrs.org.

Dress code for Grades Pre-K through 8 are on the school web-site.