

FAMILY REGISTRATION FORM

SAINT JOSEPH SCHOOL
509 PAVONIA AVENUE
JERSEY CITY, NEW JERSEY 07306
(201) 653-0128

DATE _____

LIST THE NAME OF EACH CHILD WHO WILL BE ATTENDING SAINT JOSEPH SCHOOL IN SEPTEMBER 2014

1. STUDENT NAME _____ D.O.B. ___/___/___ GRADE _____
LAST FIRST MIDDLE MO DAY YEAR

2. STUDENT NAME _____ D.O.B. ___/___/___ GRADE _____
LAST FIRST MIDDLE MO DAY YEAR

3. STUDENT NAME _____ D.O.B. ___/___/___ GRADE _____
LAST FIRST MIDDLE MO DAY YEAR

HOME ADDRESS _____
NUMBER STREET APT NO. CITY/STATE ZIP

HOME PHONE NO. _____ MOTHER'S CELL PHONE _____

FATHER'S CELL PHONE _____

PARENT'S E-MAIL ADDRESS _____

MOTHER'S NAME _____
LAST FIRST MAIDEN

NAME OF EMPLOYER _____ WORK PHONE NO. _____

ADDRESS OF COMPANY _____
NUMBER STREET CITY/STATE ZIP

FATHER'S NAME _____
LAST FIRST MIDDLE

NAME OF EMPLOYER _____ WORK PHONE NO. _____

ADDRESS OF COMPANY _____
NUMBER STREET CITY/STATE ZIP

Who has legal custody of the student? _____

Are you an active parishioner of Saint Joseph Church? _____ Yes _____ No

Parents are: _____ Married _____ Separated _____ Divorced _____ Not Married

Student lives full time with: _____ Mother and Father _____ Grandparent _____ Mother _____ Father

_____ Guardian _____ Other _____

The Federal Government requires the school to give an ethnic breakdown of our school population for purposes of non-discrimination.

Please check one of the following:

1. _____ White 4. _____ Asian 6. _____ Multi-Racial

2. _____ Black 5. _____ Native Alaskan/American Indian 7. _____ Native Hawaiian/Pacific Islander

3. _____ Hispanic

Country family originated from _____

Language(s) spoken at home _____



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(201) 653-0128
www.stjosephjc.com

SAINT JOSEPH SCHOOL

Dear Parents,

Keeping parents informed and involved helps to assure student safety and improve student success. With today's on-the-go lifestyles, it has become more difficult for schools to reach families quickly and effectively. This is why our school has decided to implement a new system called Honeywell Instant Alert® for Schools.

Instant Alert for Schools is an essential tool for notification and communication. Within minutes of an emergency, school officials can use Instant Alert to deliver a single, clear message to the students' parents or guardians by telephone, cell phone, e-mail, pager or PDA in any combination. Instant Alert can also be used to notify you of a school closing due to inclement weather. It's an equally effective way to keep you informed of everyday activities, such as event times and locations as well as schedule changes.

Instant Alert is Internet based, allowing each family to maintain a secure, password protected online profile. Included in this letter is an instruction sheet for accessing the system and creating your profile. You can log into your profile at any time to update your contact information. Maintaining the accuracy of your profile will increase the ability of the school to keep you informed.

Your online profile will enable you to:

- Input your personal contact information
- Select which type of school information you would like to receive on each of your contact devices
- Add contact information of other caretakers of your children, such as a grandparent or neighbor
- View the alerts that have been sent to you in the past

The system is ready for you to use at <https://instantalert.honeywell.com>. We encourage all of you to take advantage of this opportunity, as we will be utilizing this system for most of our school-to-home communication.

If you need assistance with your profile, please go to <https://instantalert.honeywell.com> and click on the **Help Request** link on the lower right hand side of the page, or contact the school at 201-653-0128. Be sure to set your e-mail spam filter to receive e-mail from Honeywell.com. If you do not have access to a computer, please feel free to come to the school to use our facilities. We hope you enjoy this new service!

Sincerely,

John Richards
Principal

Honeywell Instant Alert® for Schools

Parent User Interface

Website URL: <https://instantalert.honeywell.com>

Minimum Requirements

Register and create your account

1. Go to the Honeywell Instant Alert for Schools website listed above.
2. If you are not a staff member in the school, click on 'Parent' in the New User box.
3. If you are a staff member in the school, you could instead click on 'School Staff' in the New User box.
4. Complete the student information form. Click 'Submit.'
5. Complete the corresponding screen. Click 'Submit.'
6. After receiving the Confirmation message, click 'Proceed' to get started with Instant Alert.
7. Note: Remember your Login Name and Password so you may use it to update your profile.

View and check details about yourself and your family members

1. Upon successful login, click on 'My Family.'
2. Click on a parent name to view and edit parent details.
3. Click on a student name to view details about your children enrolled in this school.

Configure alert settings for yourself

1. Click on 'Alert Setup.'
 2. Click on the check boxes to select which alert type you would like to have sent to which device. Click on 'Save' when complete.
 3. If you would like to add another contact device, select the device type and enter the device details. Select the person to whom the device belongs and click on 'Add.'
 4. You are also able to set the days and times you would like your phones to receive alerts. For example, if you want your work phone to receive alerts only during the workdays, you could set the weekday start time to 8:00am and the weekday end time to 5:00pm and then uncheck the weekend box. Or, if you did not want your cell phone to receive alerts while you were sleeping, you could set the weekday start time to 6:00am and the weekday end time to 10:00pm and the weekend start time to 8:00am and the weekend end time to 11:00pm. You have the flexibility and control to set up your phones in many different ways.
 5. For e-mail, text messaging and pagers you may send yourself a test message. Click on 'Send Test Message' to send yourself a message.
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Additional Functions

View History of Alerts

Click on 'Alert History' to view Alerts that have been sent to you. Use the calendar icons and 'Alert Type' list to filter the Alerts.

For Assistance: <https://instantalert.honeywell.com>

Click on the **Help Request** link in the lower right hand side of the page

Be sure to set your e-mail spam filter to receive e-mail from Honeywell.com.

STUDENT REGISTRATION FORM

SAINT JOSEPH SCHOOL
509 PAVONIA AVENUE
JERSEY CITY, NEW JERSEY 07306
(201) 653-0128

DATE _____ GRADE FOR SEPTEMBER _____

NAME OF STUDENT _____
LAST FIRST MIDDLE

STUDENT'S CURRENT AGE _____ DATE OF BIRTH ____/____/____ MALE _____ FEMALE _____

STUDENT'S PLACE OF BIRTH _____
CITY STATE COUNTRY

STUDENT IS _____ U.S. CITIZEN _____ OTHER SOCIAL SECURITY NO. _____

RELIGION OF STUDENT _____ (If Catholic, please fill out the Sacraments information below)

BAPTISM _____
DATE CHURCH CITY STATE/COUNTRY

RECONCILIATION _____
DATE CHURCH CITY STATE/COUNTRY

EUCCHARIST _____
DATE CHURCH CITY STATE/COUNTRY

CONFIRMATION _____
DATE CHURCH CITY STATE/COUNTRY

PREVIOUS SCHOOL ATTENDED

NAME OF SCHOOL ADDRESS CITY STATE/ZIP

GRADES ATTENDED _____

IS STUDENT IN DANGER OF REPEATING THE GRADE? _____NO _____YES

HAS STUDENT EVER BEEN EVALUATED BY THE SCHOOL? _____NO _____YES

HAS STUDENT EVERY BEEN RECOMMENDED FOR EVALUATION? _____NO _____YES

* * * * *

Saint Joseph Catholic School admits students of any race, color, national and ethnic origin to all the rights, privileges and activities generally accorded or made available to students at the school. Saint Joseph Catholic School does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions, scholarship and loan programs, athletic and other school administrated functions.

FOR OFFICE USE ONLY

_____ COPY OF BIRTH CERTIFICATE

_____ COPY OF SCHOOL RECORDS

_____ COPY OF BAPTISMAL CERTIFICATE

_____ TRANSFER PROVIDED

_____ COPY OF HEALTH RECORDS

_____ COPY OF SOCIAL SECURITY

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SAINT JOSEPH SCHOOL

RELEASE AND AUTHORIZATION TO USE STUDENT IMAGE

The school may produce or participate in video, motion picture, audio recording, web page or still photograph productions, broadcasting, and/or publication which may involve the use of students' likenesses or voices. Such productions will be used for non-commercial educational, exhibition, or promotional advertising and will not be sold to anyone for any reason. Such productions may be copies, copyrighted, edited, and distributed by the school in the manner described above.

I understand that my and/or my child's likeness or voice may be used in the manner described above, and grant the school the right to use and reuse, in any manner at all, the video, motion picture, audio recording, web page or still photograph productions, broadcasts and/or publications as described above. I waive the right of prior approval and hereby release the school, its employees, agents and designees from any and all claims for damages of any kind based on the use of said materials.

I represent that I have read the foregoing and fully and completely understand the contents hereof.

Dated: _____

Student Name: _____

Student Name: _____

Student Name: _____

Signed: _____ (Parent or Guardian)



2014-2015 SCHOOL YEAR
INDIVIDUAL STUDENT REQUEST FOR LOAN OF TEXTBOOKS

Date: _____
Public School District: Jersey City Public Schools
346 Claremont Avenue
Jersey City, NJ 07305

Nonpublic School: Saint Joseph School
Address: 509 Pavonia Avenue
Jersey City, NJ 07306

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 **Jersey City Public School District** to loan textbooks to **Saint Joseph 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: _____

SAFETY FIRST PICKUP INFORMATION
PLEASE PRINT OR TYPE ALL INFORMATION

Saint Joseph School will only allow your child to leave the school building with the persons you have authorized on this form unless otherwise instructed by you in writing. If, for some reason, you need to make other arrangements on any given day, please send in a note with the name of the person who will be responsible for picking up your child. We will also ask this person to show us a form of picture identification. This procedure will be strictly enforced for the safety of your child.

Child's Name _____ *Grade* _____

Name of persons authorized by you to pickup your child at dismissal or during the school day, if necessary.

Authorized Person _____ Phone No. _____

Relationship to Child _____

Authorized Person _____ Phone No. _____

Relationship to Child _____

Authorized Person _____ Phone No. _____

Relationship to Child _____

Should any of the above information change at anytime during the school year, please send the information or call the school office as soon as possible. We will not be held responsible for your child/children if you do not give us your full, immediate and complete cooperation in this matter. Not being able to locate you is not in the best interest of your child. The children must be our first priority.

EMERGENCY CONTACT INFORMATION
PLEASE PRINT OR TYPE ALL INFORMATION

LAST NAME OF STUDENT _____ FIRST _____ GRADE _____

FAMILY ADDRESS _____ APT NO. _____

CITY/STATE/ZIP _____ HOME PHONE NO. _____

PARENT'S E-MAIL ADDRESS _____

MOTHER'S LAST NAME _____ FIRST _____

MOTHER'S BUSINESS PHONE NO. _____ CELL PHONE/BEEPER _____

FATHER'S LAST NAME _____ FIRST _____

FATHER'S BUSINESS PHONE NO. _____ CELL PHONE/BEEPER _____

NAME OF PERSON AUTHORIZED BY YOU TO HANDLE EMERGENCY IF WE CANNOT REACH EITHER PARENT

AUTHORIZED CONTACT _____ PHONE NO. _____

RELATIONSHIP TO STUDENT _____ CELL PHONE _____

AUTHORIZED CONTACT _____ PHONE NO. _____

RELATIONSHIP TO STUDENT _____ CELL PHONE _____

NAME OF AFTER SCHOOL SITTER _____

ADDRESS OF SITTER _____

PHONE NO. _____

Should any of the above information change at anytime during the school year, please send the information to or call the school office as soon as possible. We will not be held responsible for your child/children if you do not give us your full and complete cooperation in this matter. Not being able to locate you is not in the best interest of your child.

PARENT'S SIGNATURE _____ DATE _____

Acceptable Use Agreement for Technology (Computer Use)

The use of computer services at Saint Joseph School is a privilege, not a right. Students are expected to make responsible, ethical and appropriate use of computers and information services at all times. Network and computer services include but are not limited to: use of personal and school computers and peripherals, the Internet, and or/email and all associated software. Students should realize that these services are finite and costly and that such things as time, money and hardware are wrongly restricted or appropriated when these services are abused.

Headphones are costly they should be handled in a respectful non-destructive manner.

Saint Joseph School holds specific expectations for students at each grade level regarding their use of computers before, during and after school in the computer lab, library or classroom. The following Rules of Conduct apply to information services Students:

- May not reconfigure or tamper with the network system in any way, nor attempt to access or alter files without proper authority.
- May not unlawfully copy software or information.
- May not use illegal software.
- Must cite properly all information that is acquired from electronic sources and used in their assignments.
- May not run non-instructional computer games on any school owned computer, server or network system.
- May not use non-school software, disks drives, computers or other equipment unless cleared to do so by the school technology coordinator/administrator.
- Must comply with any other additional guidelines as stipulated by the school. Failure to comply with these standards or acceptable use of Saint Joseph School technology will result, in the very least, in suspension or withdrawal of network privileges.

I, _____, have read and understand the Acceptable Use Policy for computer network at Saint Joseph school and understand that this access is designed for educational purposes. I recognize that it is impossible for Saint Joseph School to restrict controversial materials, and I will not hold the school or its agents responsible for any such materials acquired on the network.

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____

Please sign and return this form as soon as possible... Failure to do so will result in your child not having the right to use the computer network services



**APPLICATION FOR PRIVATE
SCHOOL TRANSPORTATION
OR AID IN LIEU OF
TRANSPORTATION
2014 - 2015**

Dear Parents:

If you are a resident of Jersey City and live two miles or more from Saint Joseph School, you are entitled to receive transportation reimbursement from the State of New Jersey. If you feel you qualify, please fill out the form below and return it to school as soon as possible. Families who reside in other cities must request this form from your local school district.

FAMILY NAME _____

FAMILY ADDRESS _____

NAMES OF CHILDREN (GRADES K TO 8)

1. _____ **GRADE** _____

2. _____ **GRADE** _____

3. _____ **GRADE** _____

Jersey City Public Schools
Transportation Department
346 Claremont Avenue
Jersey City, N. J. 07305

DEAR PARENT OR GUARDIAN:

The Jersey City Public Schools is happy to announce that transportation services (or Aid in Lieu of payment) will be provided to qualified Jersey City students attending non-public schools.

The New Jersey State Statutes 18A:39-1 and the State Board of Education rules, provides for the transportation of non-public school students (or Aid in Lieu of Payment) that live remote from school.

The Statutes denote the eligibility of students as those in grades K-8 who live beyond 2 miles and for grades 9-12 living beyond 2 ½ miles. Any student living 20 miles or more from the school is not eligible.

IT IS THE OBLIGATION OF THE PARENT OR GUARDIAN OF PRIVATE SCHOOL PUPILS TO:

1. ANNUALLY OBTAIN THE APPLICATION FOR THE PRIVATE SCHOOL TRANSPORTATION FROM THE ADMINISTRATIVE OFFICE OF THE PRIVATE SCHOOL FOR EACH STUDENT FOR WHOM TRANSPORTATION SERVICES ARE BEING REQUESTED. PLEASE SUBMIT A SEPARATE APPLICATION FOR EACH CHILD.
2. COMPLETE THIS APPLICATION AND RETURN IT TO THE PRIVATE SCHOOL ON OR BEFORE MARCH 10 PRECEDING THE SCHOOL YEAR IN WHICH TRANSPORTATION IS BEING REQUESTED. RETAIN A COPY. SEND A COPY TO THE PRIVATE SCHOOL. THE PRIVATE SCHOOL RETAINS A COPY AND FORWARDS COPY TO THE JERSEY CITY PUBLIC SCHOOLS.

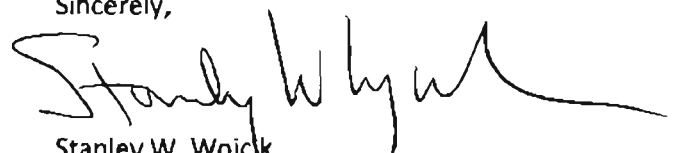
LATE APPLICATIONS-ANY APPLICATION RECEIVED AFTER MARCH 10 WILL BE CONSIDERED A LATE APPLICATION. ELIGIBLE PUPILS SHALL RECEIVE TRANSPORTATION OR AID IN LIEU OF TRANSPORTATION BASED UPON THE DATE THE APPLICATION IS RECEIVED BY THE RESIDENT DISTRICT BOARD OF EDUCATION.

THE PRIVATE SCHOOL SHALL ANNUALLY COLLECT THE APPLICATION AND SUBMIT IT TO THE PUBLIC SCHOOL FROM WHICH TRANSPORTATION IS BEING REQUESTED PRIOR TO MARCH 15.

THE PUBLIC SCHOOL SHALL NOTIFY THE PARENT OR GUARDIAN AS TO THE DETERMINATION OF EACH APPLICATION BY AUGUST 1.

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.

Sincerely,



Stanley W. Wojcik
Transportation Coordinator

