



MENDHAM TOWNSHIP ELEMENTARY SCHOOL  
18 West Main ST.  
BROOKSIDE, NJ 07926  
973-543-7107/FAX: 973-543-4631  
[www.mendhamtp.org](http://www.mendhamtp.org)

**REGISTRATION/TRANSPORTATION FORM K-4/2020-2021**

Please include your child's birth certificate for our files

One per student

STUDENT'S NAME \_\_\_\_\_

LAST FIRST MI

GRADE ENTERING \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

DOMINANT LANGUAGE SPOKEN IN THE HOME \_\_\_\_\_

FULL NAME OF MOTHER OR GUARDIAN \_\_\_\_\_

FULL NAME OF FATHER OR GUARDIAN \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NEAREST INTERSECTION \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

MOTHER'S CELL/WORK # \_\_\_\_\_

FATHER'S CELL/WORK# \_\_\_\_\_

IF PARENT OR GUARDIAN LIVES IN A SEPARATE DWELLING/Request for separate important document  
copies/and or mailing YES \_\_\_\_\_ NO \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS AND PHONE: \_\_\_\_\_

PREVIOUS SCHOOL \_\_\_\_\_

PREVIOUS SCHOOL ADDRESS \_\_\_\_\_

PREVIOUS SCHOOL PHONE NUMBER/FAX NUMBER \_\_\_\_\_

I AUTHORIZE THE RELEASE OF ALL RECORDS FROM \_\_\_\_\_

NAME OF SCHOOL

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_

**OFFICE USE ONLY;**

LOCAL ID. # \_\_\_\_\_

NJ SMART ID # \_\_\_\_\_

Copy/Fax to Transportation: \_\_\_\_\_ Date: \_\_\_\_\_

## QUESTIONNAIRE FOR KINDERGARTEN PARENTS ONLY

Dear Parents,

Please take a few minutes to answer to questions below. This will help us to get to know your child better. Please refrain from any teacher requests.

Child' Name \_\_\_\_\_ Child's Birthday \_\_\_\_\_  
Month Day Year

What do you want your child's materials to be labeled in school? \_\_\_\_\_

1. Please list the names and ages of your child's brothers/sisters.

\_\_\_\_\_  
\_\_\_\_\_

2. Has your child had preschool or play-group experience? (Please give name of school and number of years attended.)

\_\_\_\_\_ (school) \_\_\_\_\_ (years)

3. Does your child have any difficulties with speech? \_\_\_\_\_

4. Does your child have any health problems? \_\_\_\_\_

5. Does your child have any food allergies? \_\_\_\_\_

6. What time does your child go to bed? \_\_\_\_\_

7. Can your child tie their own shoes? \_\_\_\_\_ button clothes? \_\_\_\_\_ dress self? \_\_\_\_\_

Recognize letters? \_\_\_\_\_ know numbers to ten? \_\_\_\_\_

8. How does your child feel about entering kindergarten? \_\_\_\_\_

9. Would you be interested in helping in the classroom? \_\_\_\_\_

10. Please list the names of a few friends attending our kindergarten program \_\_\_\_\_

11. If your child is a twin, triplet, etc., would you like them to be in the same class or in separate classes? \_\_\_\_\_

12. Is there any other information you feel is important? \_\_\_\_\_

This will be an exciting year! We look forward to getting to know you and your child.

Thank you!

The Kindergarten Teachers



**HOMEOWNER/RENTER  
CERTIFICATE OF RESIDENCY**

PLEASE ANSWER ALL QUESTIONS

I CERTIFY THAT THE INFORMATION PROVIDED BELOW IS CORRECT.

Parent/Guardian Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Student Name(s) and Grade(s) \_\_\_\_\_

1. Do you reside at the above address? \_\_\_\_\_
2. Do you own or rent a home in Mendham Township? \_\_\_\_\_
3. Date moved in \_\_\_\_\_
4. Former Address \_\_\_\_\_

5. Appropriate Documents – Please submit two (2) of the following:
- |                          |          |                   |
|--------------------------|----------|-------------------|
| Mortgage Statement       | Tax Bill | Gas/Electric Bill |
| Certificate of Occupancy | Lease    | Telephone Bill    |
| Homeowner's Insurance    | Deed     | Contract          |

6. I fully understand that I will be held responsible for the full payment of tuition in the following amounts, if the residency requirements have been found to be falsely reported:
- |              |                                    |
|--------------|------------------------------------|
| Kindergarten | \$18,339.00 (\$1833.90 per month)  |
| Grades 1-4   | \$20,004.00 (\$2,000.04 per month) |
| Grades 5-8   | \$22,457.00 (\$2,245.70 per month) |

Tuition costs are based on 2020-2021 estimated tuition calculation. These rates are subject to adjustment billings and are based on state certified tuition rates which are available 18 months after the end of the school year.

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

Sworn and subscribed before me  
This \_\_\_\_ day of \_\_\_\_\_ 2020/2021

NOTARY PUBLIC OF NEW JERSEY

\_\_\_\_\_  
Signature of staff member reviewing proof of residency

\_\_\_\_\_  
Date

**MENDHAM TOWNSHIP SCHOOLS  
PHYSICAL EXAMINATION/IMMUNIZATION RECORD**

Child's name (last) \_\_\_\_\_ (first) \_\_\_\_\_ B.D. \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Date Of Examination \_\_\_\_\_

**CHECK IF THERE IS A PROBLEM/ABNORMALITY**

Nose \_\_\_\_\_ Spine \_\_\_\_\_ Lungs \_\_\_\_\_ Vision \_\_\_\_\_ Glasses \_\_\_\_\_  
 Throat \_\_\_\_\_ Chest \_\_\_\_\_ Gums/teeth \_\_\_\_\_ near \_\_\_\_\_ yes \_\_\_\_\_  
 Abdomen \_\_\_\_\_ Genitals \_\_\_\_\_ Glands \_\_\_\_\_ far \_\_\_\_\_ no \_\_\_\_\_ Feet \_\_\_\_\_ Skin \_\_\_\_\_  
 Nutrition \_\_\_\_\_ Hearing \_\_\_\_\_  
 Blood pressure \_\_\_\_\_ Heart \_\_\_\_\_ right \_\_\_\_\_  
 Healthy child? Yes \_\_\_\_\_ No \_\_\_\_\_ left \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 Required Daily Medications \_\_\_\_\_  
 Special Problems/Physical Restrictions \_\_\_\_\_  
**Student may participate fully in all school programs including Physical Ed.** \_\_\_\_\_

**IMMUNIZATIONS                      DATES                      IMMUNIZATIONS                      DATES**

*DPT 1	_____	POLIO—(OPV) OR(IPV)	
*DPT 2	_____	(TYPE)	
*DPT 3	_____	*1 _____	_____
*DPT/DTaP 4	_____	*2 _____	_____
*DTP/DTaP 5	_____	*3 _____	_____
(on or after 4 <sup>th</sup> birthday)		*4 _____	_____
		(On or after 4 <sup>th</sup> birthday)	
MMR# 1	_____	* HIB _____	2 _____ 3 _____
*(on or after first birthday)			
MMR# 2		4 _____	5 _____
*(on or after fourth birthday)	_____		
		*Varicella #1 _____	#2 _____
Tuberculin Test:			
(Type) Mantoux _____	Tine _____	* HBV	
(result) _____		#1 _____	#2 _____ #3 _____
Meningococcal _____		Pneumococcal _____	
Hepatitis A _____			

\* \_\_\_\_\_  
**Physicians signature**

**\*Required by NJ State Law to enter  
Kindergarten**

*See school nurse for medical or religious exemptions*

NAME: \_\_\_\_\_ (To be filled out by parent)

**CHILD'S HEALTH HISTORY**

**PRENATAL AND BIRTH HISTORY**

Problems during pregnancy \_\_\_\_\_ Full term? \_\_\_\_\_

Length of labor \_\_\_\_\_ Type of delivery: normal, forceps, caesarean

Condition at birth: normal \_\_\_\_\_ jaundiced \_\_\_\_\_, cyanotic \_\_\_\_\_

Birth weight \_\_\_\_\_

**DEVELOPMENTAL HISTORY:** Please record any developmental problems (i.e. delayed speech, poor coordination)

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY:** Please check and include dates if possible.

Communicable diseases: Chicken pox \_\_\_\_\_ Scarlet fever \_\_\_\_\_

Measles \_\_\_\_\_ Mumps \_\_\_\_\_

Other Illnesses: Strep infections \_\_\_\_\_, Tonsillitis \_\_\_\_\_, Lyme Disease \_\_\_\_\_

Frequent colds \_\_\_\_\_, ear infections \_\_\_\_\_, other \_\_\_\_\_

Surgical procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injuries: (i.e. fractures concussions) \_\_\_\_\_

Physical limitations: \_\_\_\_\_

Allergies: \_\_\_\_\_

Deficiencies: Vision \_\_\_\_\_, Hearing \_\_\_\_\_, Speech \_\_\_\_\_

Eyes examined by an eye specialist? \_\_\_\_\_ If so, when \_\_\_\_\_

Wearing glasses? \_\_\_\_\_

Date of most recent dental check-up \_\_\_\_\_ Dentist Name \_\_\_\_\_

**HEALTH HABITS:** Please check any that cause parental concern:

Elimination \_\_\_\_\_, Bedwetting \_\_\_\_\_ Diet \_\_\_\_\_ Appetite \_\_\_\_\_

Fears \_\_\_\_\_ Peer relations \_\_\_\_\_

Sibling rivalry \_\_\_\_\_ Temper tantrums \_\_\_\_\_

Sleep \_\_\_\_\_ Other \_\_\_\_\_

Indicate # of hours sleep averaged per night \_\_\_\_\_

**MEDICATIONS:** Does your child take daily medications? \_\_\_\_\_

If so, please list: \_\_\_\_\_

*I give the school nurse permission to share pertinent health information with other essential staff members when it is necessary to assist in meeting the health and educational needs of my child.*

Signature of Parent or Guardian: \_\_\_\_\_



**MENDHAM TOWNSHIP SCHOOL DISTRICT EMERGENCY CARD  
2020-2021**



**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Homeroom** \_\_\_\_\_

**Home/Mailing Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**With whom does the student reside?** \_\_\_\_\_

**Duplicate Document Copies Requested if a Parent/Guardian lives in separate dwelling** YES \_\_\_\_\_ NO \_\_\_\_\_

**Address:** \_\_\_\_\_

<b>Mother's Name</b>		<b>Father's Name</b>	
<b>Cell #</b>		<b>Cell #</b>	
<b>Work #</b>		<b>Work#</b>	
<b>*Email address</b>		<b>*Email address</b>	

**\*NOTE: BOTHE-MAIL ADDRESSES WILL BE UTILZED FOR OUR E-BLAST INFORMATION TO PARENTS & OUR FRIDAY FOLDER COMMUNICATION. IF YOU DO NOT WISH TO HAVE BOTH ADDRESSES FOR OUR E-MAIL BLAST, PLEASE INDICATE IN THE COMMENT SECTION BELOW:**

**COMMENTS:** \_\_\_\_\_

**May we share the above information with the H.S.A. for publication in their directory?**  Yes  No

**Would you like to receive news from the Mendham Township Education Foundation?**  Yes  No

**Please list your three primary emergency contacts in the order you wish them to be called:**

<b>NAME</b>	<b>RELATION TO STUDENT</b>	<b>PHONE</b>

**HEALTH INFORMATION**

List any health concerns or allergies your child has:

As parent/guardian of the above named student, I hereby authorize the release of pertinent medical information (ie; conditions, allergies, and treatment regimes) to be exchanged among appropriate professional staff involved in the care of my child. This consent is intended to allow the staff to better serve my child.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If unwilling to document, but have concerns to share with the school nurse, please call.

**1. Is your child covered by Health Insurance?**  Yes, name of insurance company \_\_\_\_\_

No \_\_\_\_\_ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online. You may release my name and address to NJ FamilyCare Program to contact me about health insurance.

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PERMISSION TO ADMINISTER MEDICATION (including Tylenol/Advil)**

List **all medications** that your child is currently taking:

If your child needs **Tylenol** \_\_\_\_\_ **Advil** \_\_\_\_\_ do we have your permission to administer?  Yes  No

**Physician** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Dentist** \_\_\_\_\_ **Telephone** \_\_\_\_\_

In case of emergency, I authorize officials of Mendham Township School District to contact directly the persons named on this form and I authorize the named physicians to render such treatment as deemed necessary. In the event that physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I understand that the school officials will first attempt to notify me at the above numbers.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## NJ SMART DATA

**STUDENT NAME:** \_\_\_\_\_ **DATE** \_\_\_\_\_

All information should correspond to child's birth certificate or other legal documentation

DATA ELEMENT	EXPLANATION
Last Name	
First Name	
Middle Name	
Generation Suffix – if any	
Gender	
Date of Birth	
City of Birth	
State of Birth	
Country of Birth	
City of Residence	
Ethnicity * Please circle either Yes or No “Yes” = Hispanic or Latino “No” = Not Hispanic or Latino	“Yes”  “No”
Race * Please circle either Yes or No Note: More than one race category may be reported	
American Indian or Alaskan Native	“Yes”  “No”
Asian	“Yes”  “No”
Black	“Yes”  “No”
Pacific	“Yes”  “No”
White	“Yes”  “No”
Health Insurance	“Yes”  “No”
Health Insurance Provider – name	
Date of last medical exam	
Date of last lead test	
Lead level (Range of values: 2 – 100.00)	
Date of first polio immunization	

\* The categories reflect the revised Standards for the Classification of Federal Data on Race and Ethnicity by the US Office of Management and Budget – Statistical Policy Directive No. 15 (1997)



## CONSENT FOR PUBLICITY FORM

2020-2021 School Year

Dear Parent/Guardian:

Each school year, with the permission of parents and guardians, the school district celebrates the accomplishments of students and staff by publishing the names, photographs, videos and schoolwork of students. This is done using the district and individual school websites and by permitting students to be interviewed and photographed (by both still and video photographers) by representatives of various media, including newspapers, magazines and other written publications, websites, blogs, local and national TV stations, and motion picture productions.

Concerning website postings, the State of New Jersey requires us to provide you with the following information:

*As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child. Pursuant to law, the district will not release any personally identifiable information without prior written consent from you as parent or guardian.*

The purpose of this form is for you to grant or deny the district permission to use your child's name, image (whether in a photograph or video) or school work for the above purposes. If a child is on a team or in a club, it is very likely that his/her photo or name will be in the media since school events are often covered by the press. **Please fill out the form below and return it to your child's homeroom teacher.**

**I WILL PERMIT** my child to be interviewed, to have his/her name, photo and/or school work, in print, on video, on TV, in motion pictures, or on district and/or school websites for publicity purposes.

**I WILL NOT PERMIT** my child to be interviewed, to have his/her name, photo and/or school work, in print, on video, on TV, in motion pictures, or on district and/or school websites for publicity purposes.

Student Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Homeroom: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_





## Mendham Township Elementary School Acceptable Use Policy- 2020-2021 School Year

Mendham Township Elementary School would like to utilize our computer lab, our networked environment and Internet capabilities as effective learning tools in order to achieve our academic goals in a safe and controlled environment. This policy has been reviewed in your child's computer class. We are asking all parents to discuss the following rules with their children. Please return this signed agreement to your child's classroom teacher.

I will get permission from an adult...

before I start to use any computer equipment

before I print anything

before I view or conduct any google or other internet search

I will tell an adult immediately if...

I see someone using a computer incorrectly

I have a problem with a computer

I see something on the computer that I think is wrong or makes me feel uncomfortable.

I will only use the computer to print or copy something if I have permission from the person who wrote it. I will never give out my last name, address or phone number to anyone on the Internet. I promise to follow these computer rules. I understand that if I break the computer rules, I will lose computer privileges for a period of time. I have discussed these rules with my parents.

Family name (please print clearly) \_\_\_\_\_

Teacher: \_\_\_\_\_

Student's Name \_\_\_\_\_


Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

2020-2021 grade level \_\_\_\_\_




*The better safer way to get kids home from school. No Notes. No Phones calls. No Problem.*



**PickUp Patrol is Coming to Your School!**  
Tired of writing notes and calling the school when plans change? Now you can send in dismissal messages by computer or smart phone.


**How It Works**  
Choose a DATE, your CHILD and Plan Option  
Hit SUBMIT  
That's it!



**PLAN CHANGE** - A change from your child's regular everyday plans. Ex - Sam is getting picked up today instead of taking the bus.

**REPEATING PLAN CHANGE** - Sam is staying after for band every Friday for the next 3 weeks.

**Helpful Tips**

- Make plan changes at your convenience and submit them days, weeks or months in advance.
- To log in, look for a PickUp Patrol link on the school website or go to <https://app.pickuppatrol.net>. Bookmark the site for easy access
- **IMPORTANT** - for plans to process correctly select each calendar date that the change occurs (Don't just click 1 date and add the rest in the notes section).
- If a plan repeats over and over, use the repeat tool to speed things up. **How to:** Make a plan change, but before submitting it, click this button: then select each date that the  change affects and submit.

We utilize the Pick Up Patrol Program for all student after school pick-ups and after school programs

**\*\*PLEASE CHECK OUT THE PICK UP PATROL WEB-SITE FOR FURTHER INFORMATION:**

<https://www.pickuppatrol.net/Default>



**MENDHAM TOWNSHIP BOARD OF EDUCATION**  
**18 West Main Street, P. O. Box 510, Brookside, NJ 07926**

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*Dr. Salvatore Constantino*  
*Superintendent of Schools*  
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Dear Parents/Guardians,

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 can be accessed 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. **Remember to update your profile if any of your contact information has changed.**

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 Julia Coyne at the Middle school (973-543-2505) or Barbara Wallack at the Elementary School (973-543-7107). 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,

School Business Administrator

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# Honeywell Instant Alert® for Schools

## Parent User Interface

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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, use the user name and password given to you by the school.
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. For e-mail, text messaging and pagers you may send yourself a test message. Click on 'Send Test Message' to send yourself a message.

#### 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.

##### Identify key contacts for your children

1. Click on 'Other Contacts.'
2. Click on 'Add New Contact' and complete the form.
3. Click on the 'Pick Up Rights' check box if you wish to allow this person the right to pick up your child from school. This person's name will appear on a report for the school.
4. Click on 'Save' when complete.
5. If you would like this person to receive Alerts from the school, return to the 'Alert Setup' page to configure this person's alert settings.

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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.

# *Mendham Township Elementary School*

18 West Main Street, Brookside, N.J. 07926

## ***Attendance Procedures & Potentially Missing Children (5113)***

**The Mendham Township Elementary School remains committed to ensuring the safety of each and every one of our students. The following outline represents the procedures that parents, students, teachers, and office staff should utilize in order to expediently detect and report “potentially missing children”:**

1. **Parents:** If for any reason a student is going to be absent from school, it is critical to contact the Elementary School office at anytime of day or night before 9:15 AM on the day of the absence.
2. **Office / School Staff:** Flag Salute/daily announcements commence at 9:00 AM.
3. **Teachers:** Prior to daily announcements, homeroom teachers utilize a “structured roll call procedure” to take attendance. Enter an ‘X’ (absent) next to every absentee student. Once a student’s status is officially entered onto the attendance sheet during roll call, it should not be changed – the office staff will rectify discrepancies via the student tardy sign-in sheet.
4. **Teachers:** Tardy students must have a pass signed by the office staff. If the student does not have a pass the office should be contacted to confirm the late arrival.
5. **Teachers / Office Staff:** All attendance sheets are due back ASAP but no later than 9:15 AM.
6. **Office Staff:** Account for all absences. If a student is absent and the parent or guardian has not notified the office, all emergency contact numbers must be utilized to locate the student. If the student cannot be located by 9:30 AM, contact the Mendham Township Police Department and request a “locator check” (no later than 10 AM).
7. **Teachers / Office Staff:** Office will provide Daily Attendance Report to all instructional staff no later than 9:45 AM.
8. **Teachers:** Take attendance at beginning of every period – notify office of discrepancies.
9. **Office Staff:** Immediately upon securing update from MTPD, inform Superintendent via email copied to principal. Detail event in Administrators Plus and include “welfare check report” in Superintendent’s monthly report.



## MENDHAM TOWNSHIP ELEMENTARY SCHOOL

### OFFICE OF THE PRINCIPAL

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#### **PICK UP/DROP OFF PROCEDURE**

Dear Parents,

As we begin a new school year, I would like to notify those of you who are new to the district and remind our ‘veteran’ parents of the arriving and departing procedure in order to ensure the safety of our children. To make this process safe, orderly and efficient, I respectfully request that you carefully follow the established procedure detailed below. It is imperative that the traffic flow in each instance of morning arrival and afternoon departure is precisely adhered to.

All morning arrivals and afternoon departures by car will take place at the rear of the building. You should be aware *that supervision is unavailable prior to 8:45 a.m.* Therefore, it is essential that you drop off your child at or after this time. Once on the property, please proceed along the drive and bear to the right, both as you approach the circle and upon reaching the side parking lot. The line will proceed around the perimeter of the side lot, along the soccer field, and approach the entrance to the new gym.

In order to ensure that the car line moves along smoothly we kindly request, upon arriving and departing, that you remain in your vehicle throughout the process. The staff member on duty will assist your child with entering your vehicle. To support us with expediting this procedure we would greatly appreciate you placing a placard clearly identifying your last name on the passenger side window when picking up so that your child (ren) can be called quickly from the gymnasium.

With your assistance, I’m sure we will make this procedure as safe and efficient as possible. I thank you in advance for your anticipated cooperation and look forward to working with you as the year progresses.

## **MENDHAM EXTENDED DAY PROGRAM**

January 2020

Dear Parents,

My name is Andrea Castiglione and I have operated the before and after school program at the Mendham Township Elementary School for the last eighteen years. We are an independent group who utilizes the Elementary School for our program. We are accepting a limited number of children for the August 2020 school year. We also have a before school program that begins at 7:45 am and we dismiss the children to their classrooms at 8:45 a.m. for the start of their school day. If you need our services, or want more information, please contact me as soon as possible since we are a first come, first serve group and have limited spaces available for the new school year.

Thank you,

Andrea Castiglione

(973) 543-9190

[acastiglione@mendhamtp.org](mailto:acastiglione@mendhamtp.org)

