

The Titusville Academy
Mr. Pablo J. Samuel, Principal
2010-2011



August 16, 2010

Dear «Primary_Contact_First» «Primary_Contact_Last»:

On behalf of the staff, I would like to welcome «First_name» to The Titusville Academy for the 2010-2011 academic year. «First_name»'s homeroom teacher is «Homeroom_Teacher». Please note that the start time on all days is **8:00 am** and the dismissal time on all full days is **2:20 pm**. The dismissal time **for all shortened days is 12:20 pm**. School begins on Thursday, September 2, 2010, which is a shortened day. Also, Friday, September 3, 2010 will be a shortened day and TTA will be closed on Monday, September 6th for Labor Day.

*** Please note that every Wednesday we will have a 12:20 pm dismissal.***

«First_name» will be picked up by the local school bus or by the contracted bus company vehicle. Please contact the «District» about pick-up time (the first couple of days it may vary). We have no control over bus transportation so this might also be a good time to contact «Case_Manager_First» «Case_Mgr_Last», who is «First_name»'s Case Manager from «District»'s Child Study Team. **Please do not call TTA if the bus fails to pick up your child or if you have any difficulty with transportation. Please contact «District», «Case Manager First» «Case Mgr Last» or your child's bus company to correct the problem.**

All khaki slacks must be purchased from either Bits N' Pieces, or must be Dockers or Dickies brand. Also, all female students are required to wear a sweater or a sleeveless sweater vest over their dress shirt at all times. «First_name» should be dressed in full uniform on the first day of school, and you MUST have your tie on! School uniform tops, slacks and gym uniforms must be purchased from Bits N' Pieces. Belts and shoes may be purchased elsewhere. To order, please visit Bits N' Pieces:

Bits N' Pieces
104 E. State Street
Trenton, NJ 08608
609-392-6500

I have enclosed a Bits N' Pieces order form with this packet that should be returned to Bits N' Pieces as soon as possible to ensure uniforms are ready for the first day of school. Parents please take a look at your child's uniform to be sure that it is clean and wearable. Children grow over the summer months, so please be sure your child's uniform still fits and is presentable. We as a staff will be cracking down even harder about uniform attire, **so please help out by making sure your child is dressed before they leave the house and get on the bus!** Any student who arrives to school not fully dressed in the morning will receive an automatic 5 point deduction on their behavior management sheet. Students with missing buttons on their shirts, including collar buttons, will receive an automatic 5 point deduction and will be placed in sewing detention to fix their missing buttons. Please be sure to write your child's name in their gym uniform. If your child needs a new book bag, we will be accepting orders on the first day of school.

86 River Drive Titusville, NJ 08560
PH: 609-737-7733 FAX: 609-737-7947 E-mail: titusinfo@titusac.org

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Please complete the attached order form for backpacks, and return with your payment on the first day of school. Checks must be made payable to "The Titusville Academy".

Attached, please find the Student Information Packet. Each form listed below must be signed and returned by the first day of school! **If this packet is not returned on the FIRST DAY OF SCHOOL, your student's bus will be stopped and will not be restarted until this packet is returned to the main office!**

«**First_name**» should bring the completed, attached papers listed below to school on the first day:

1. Bits N' Pieces order form
2. Back Pack Order Form
3. Current Student Information
4. Parent/Guardian – Student Contract
5. School Norms
6. Uniform Code
7. After School Detention Policy
8. Weapons Awareness Contract
9. Emergency Medical Treatment Release
10. Non-Availability of Insurance Form
11. Athletic Participation
12. Trip Permission Form
13. Photograph Permission Form
14. Program Funds Form
15. Drug Abuse Policy
16. Student Guidelines for Responsible Computing
17. Consent to Use of Material on Web Site
18. Parent Notice Regarding Physical
19. Pre-participation Physical Evaluation
20. Emergency E-Mail Notification
21. Privacy Release
22. Authorization for Administration of Medication in School
23. New Immunization Regulations
24. Self Administration of Medication Request Form
25. Notification of Scoliosis Screening
26. N.J. Annual Athletic Pre-Participation Physical Exam Form
(parts A & B)

Please post the school calendar, school norms and dress code at a convenient location at home.

Sincerely yours,

Pablo J. Samuel

Mr. Pablo J. Samuel
Principal

Enc.

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2010-2011



CURRENT STUDENT INFORMATION

(Complete all sections. Correct or change information as needed.)

STUDENT INFORMATION

Student Name	Date of Birth	Chronological Age as of September, 2010	S. S. Number
«First_name» «Last_name»	«DOB»	«CA0910»	«SS»

Student Address	Relation to Guardian	Case Manager	Sending District
«Street» «City» «State» «Zip»	Natural Child Adopted Child Foster Child Grandchild Step-Child Other_____	«Case_Manager_First» «Case_Mgr_Last»	«District»

Entering Grade for 2010-2011 School Year	Original Enter Date	Date of IEP	County
«Gr»	«Enter»	«IEP_Begin»	«County»

PARENT/LEGAL GUARDIAN #1 INFORMATION

Parent/Legal Guardian #1 <i>(with whom student currently resides)</i>	Relationship To Student	Place Parent/Guardian #1 can be reached during school hours
		Home ___ Work ___ Cell/Beeper ___

Home Phone	Work Phone	Cell Phone	Beeper #

E-mail Address	Fax Number

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PARENT/LEGAL GUARDIAN #2 INFORMATION

Parent/Legal Guardian #2

(with whom student currently resides)

**Relationship
to student**

**Place Parent/Guardian #2 can be
reached during school hours**

		Home ___ Work ___ Cell/Beeper___
--	--	----------------------------------

Occupation

Work Phone

Cell Phone

Beeper #

--	--	--	--

E-mail Address

Fax #

--	--

PARENT/LEGAL GUARDIAN #3 INFORMATION

(Does not reside with student)

**Parent/Guardian #3 with
whom the student DOES NOT
reside**

**Relationship
to student**

Address

**Place Parent/Guardian
#3 can be reached
during school hours**

			Home___ Work ___ Cell___ Beeper___
--	--	--	---------------------------------------

Home Phone

Work Phone

Cell Phone

Beeper #

--	--	--	--

If parents are deceased, specify which parent and year of death below.

Mother:	Father:
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EMERGENCY INFORMATION

Please list two people below who may be reached in an emergency if legal Parent/Guardian is unavailable.

Name	Relationship to Student	Address	Daytime Phone
			(H) (W) (Cell)

Name	Relationship to Student	Address	Daytime Phone
			(H) (W) (Cell)

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«Last_name», «First_name»

MEDICAL INFORMATION

If my child should require immediate medical attention because of illness or an accident, and I am unable to be reached by phone, I hereby authorize the school to summon medical help at my expense. It is my understanding that if the doctor is unavailable, you will use your own judgment in the matter.

Student Physician	Street Address	City, State, Zip	Phone

Student Dentist	Street Address	City, State, Zip	Phone

Private Counselor	Street address	City, State, Zip	Phone

Medical Insurance/ Hospitalization Plan	Policy Number	Special Medical Conditions of Student	
		Seizures? Y N	Allergies? Y N

List drug, food or other allergies here -

REQUIRED MEDICATION

Please list all medications and dosages, whether or not the child will take them at school. Please notify the school nurse immediately if your child should receive any new immunizations or of any changes in medications during the school year.

Medication	Dosage	Time	Doctor

Medication	Dosage	Time	Doctor

Medication	Dosage	Time	Doctor

Any medication that your child is to receive in school must be brought to the school and handed to the school nurse in the original container, labeled according to standards. All medications prescribed by a physician will be counted by the nurse, in front of an administrator, the count logged, and it will be kept in a locked facility.

***Please note that all medication should be sent in with a **signed note from BOTH the doctor and the parent/guardian** giving permission for the school nurse to dispense, and must also include **the amount of pills that they are sending in.**

Parent/ Guardian Signature

Date

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«Last_name», «First_name»

PERMISSION TO DISPENSE OVER THE COUNTER MEDICATIONS

Please check the following over the counter medications that the school nurse has permission to dispense to «First_name» throughout the school year.

	<u>Yes</u>	<u>No</u>
Tylenol	<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen	<input type="checkbox"/>	<input type="checkbox"/>
Tums	<input type="checkbox"/>	<input type="checkbox"/>
Cough Drops	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian Signature

Date

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PARENT/GUARDIAN - STUDENT CONTRACT

(Please sign and return)

This is an informal contract in which both parties, «**Primary_Contact_First**» «**Primary_Contact_Last**» and The Titusville Academy agree to make every effort possible to meet the academic, social, and emotional needs of «**First_name**» «**Last_name**».

I, «**Primary_Contact_First**» «**Primary_Contact_Last**», will cooperate with school officials in any fashion to ensure that my son/daughter attends school regularly.

I wish to be notified at home or work when «**First_name**» displays consistent negative academic and/or behavior difficulties. Upon being notified, I will do my best to remedy the problem.

I will also make myself available for parent-teacher conferences when the school principal deems them necessary.

I understand that failure to comply with the aforementioned agreement may jeopardize «**First_name**»'s continued placement at The Titusville Academy.

«**Primary_Contact_First**» «**Primary_Contact_Last**», Parent/Guardian / Date

«**First_name**» «**Last_name**», Student / Date

«**Case_Manager_First**» «**Case_Mgr_Last**», Case Worker / Date

Pablo J. Samuel 1/10/11
Pablo J. Samuel, Principal Date

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SCHOOL NORMS
(Please sign and return.)

Dear «**First_name**»,

You are a very important individual and we are glad that we will have the opportunity to provide you with your education. We are very concerned about your welfare and are willing to take the steps necessary to make TTA a happy and productive place for you to progress. In order for us to accomplish this task, it is necessary for you to abide by certain norms. We feel that they are reasonable and are not unrealistic expectations of your performance. Please read these norms and sign your name below, indicating that you agree to follow them. If you disagree, or have difficulty with any of the norms below, then this may not be an appropriate placement for you at this time.

School Norms

1. Be respectful of others and their property.
2. Confront negative behaviors.
3. Support confrontation.
4. Respect speaker power.
5. Use self control.
6. Follow directions (oral/written).
7. Cooperate with and be tolerant of others.
8. Stay on Task.
9. Refrain from disruptive conduct.
10. Refrain from vulgarity or profanity.
11. Be on time and prepared for class.

Offenses Resulting in Immediate Consequence

1. Threatening or attacking others.
2. Destruction or defacing of others' property.
3. Forgery, gambling or use of tobacco.
4. Use, sale, distribution, possession or being under the influence of drugs or alcohol.
5. Extortion, shakedown, stealing or theft.
6. Carrying dangerous or offensive weapons.

_____ Yes, I will comply with these norms.

_____ No, I need to speak with a staff member.

«**First_name**» «**Last_name**», Student / Date

«**Primary_Contact_First**» «**Primary_Contact_Last**», Parent/Guardian / Date

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UNIFORM CODE /SCHOOL COPY- «First name» «Last name»

(Please sign and return.)

All students at The Titusville Academy are required to wear the assigned uniform.
Below is a list of the required uniform items.

Male Students

- I.D. Badge
- Oxford Shirt – blue or white
- Tie – choice of matching tie
- Twill Pants – navy or khaki
- Belt – brown/black
- Shoes – brown or black dress shoe (personal choice)
- Options: Pullover sweater, Sleeveless vest, Twill walking shorts – navy or khaki

Female Students

- I.D. Badge
- Oxford Shirt – blue or white
- Golf Shirt – navy or white
- Culottes – plaid, navy or khaki and/or twill pants – navy or khaki
- Tights or knee-hi socks
- Shoes – brown or black dress shoe (personal choice)
- Sleeveless vest or pullover sweater
- Options: Twill walking shorts – navy or khaki

Dress-Down Fridays

Students will have the option of wearing a navy or white golf shirt (preferably navy) or the TTA turtle neck shirt.

Uniform Code –

1. Seasonal uniform options (shorts and short sleeve shirts with tie) may only be worn until Sept 30th or after May 1st.
2. All males must wear the approved dress shirt, tie, slacks and shoes.
3. All females must wear the approved dress shirt, slacks or skirt, tights and shoes.
4. All clothing must be of appropriate size and length:
 - a. **Clothing may be no more or less than 1 size beyond body measurement size.**
 - b. Slacks must be of ankle length and should not fall below the heel of the shoe.
 - c. Skirts must be within 2 inches of the knee when sitting.
5. **Uniforms must be kept clean, ironed and intact.**

Proper Hygiene and Grooming Are Required. All students should be in full uniform when they arrive at school. No sandals, clogs, open toe or backless shoes may be worn. If white socks are worn, they must cover and go over the entire ankle. No sport socks. Hair must be maintained in a clean, neat fashion to be determined by TTA administration. Eyebrow, tongue, and nose piercing are not permitted. Excessive jewelry is not permitted.

I, «**First_name**» «**Last_name**», have read and agree to abide by The Titusville Academy Uniform Code.
Signed,

«**First_name**» «**Last_name**», Student / Date

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AFTER SCHOOL DETENTION POLICY
(Please Sign and return)

The Titusville Academy's in school detention policy will coincide with the new after school detention policy. The rationale for employing such a procedure is to deter those students for whom the current in school detention procedures are ineffective.

The detention policy will operate in the following manner: The academic school week will commence every Monday and end on the following Friday afternoon. Any student who does not follow the in school detention procedures will be detained for 1.5 hours after school for detention. Parents/guardians will be notified via telephone the day of the after school detention. In the event that we cannot reach you to notify you of the detention we will keep your son/daughter the next school day for detention.

In addition students will receive an after school detention if they willfully engage in offensive and/or derogatory statements or criticism of staff or their peers.

Note: Parents/guardians are responsible for transportation home. If transportation cannot be provided by the parent/guardian the school will provide transportation.

Parents/guardians, your child is entitled to an appropriate education in which he/she can progress. Please remind your child that receiving an education is a right and privilege. He/she should take full advantage of this opportunity. In order for this opportunity to be shared, it is necessary for all students to obey the established rules and regulations of our school. Therefore, I am asking for your cooperation in supporting this policy.

Below, please sign and date, indicate your agreement of this policy and have your child return this form to school immediately.

_____ I agree with this policy and will support The Titusville Academy in its attempt to maintain a high standard of discipline. I further give The Titusville Academy permission to transport my son/daughter home if the need arises.

_____ I do not support this policy because _____

Student: «First_name» «Last_Name»

«Primary_Contact_First» «Primary_Contact_Last», Parent/Guardian

Date

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Weapons Awareness Contract

The Board of Trustees, Administration and Professional Staff of The Titusville Academy stand united in their expression of intolerance for the presence of weapons in our school. We believe that our schools must be safe and free from the danger that the presence of a weapon creates.

Students who are found guilty of possessing a weapon in school, on school grounds, or on school buses will be subject to expulsion from the school. To expel means to be removed from the school permanently. In addition, criminal charges will be filed with the Hopewell Valley Township Police Department.

A weapon is defined as any instrument of offenses or defenses, which is capable of inflicting injury or death to someone.

Examples of items, which would be considered weapons, include, but are not limited to the following:

GUNS (loaded or unloaded): revolvers, BB guns, pellet guns, stun guns, air guns, shotguns, rifles. Also defined as any device or instrument in the nature of a weapon from which may be fired or ejected any solid ball, slug, pellet, missile or bullet. Any gas vapor or other noxious thing by means of a cartridge or shell or by the actions of an explosion or the lighting of flammable or explosive substances. This includes mace, pepper spray or like substance.

KNIVES: pocket, hunting, switchblades, gravity, daggers, stilettos, dirks, Swiss army, or any objects created similar to the above.

OTHERS: pipes, tire irons, billies, blackjack, brass knuckles, and clubs. Slingshots, leather bands studded with metal, lighters, or other flame producing devices.

I HAVE READ THE STATEMENTS ABOVE AND ACKNOWLEDGE AWARENESS OF THE DEFINITION OF A WEAPON. I UNDERSTAND THE PENALTY FOR POSSESSION OF SUCH AN INSTRUMENT ON THE SCHOOL BUS, ON SCHOOL GROUNDS OR IN SHCOOLS OF THE TITUSVILLE ACADEMY.

«First_name» «Last_name» , Student Signature

Date

«Primary_Contact_First» «Primary_Contact_Last», Parent/Guardian Signature

Date

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NON-AVAILABILITY OF INSURANCE

(Please sign and return.)

Please be advised that you, «**Primary_Contact_First**» «**Primary_Contact_Last**», the parent, should inquire with «**District**» regarding the availability of insurance programs for your child, «**First_name**» «**Last_name**». Insurance programs are not available through The Titusville Academy.

I have been advised of the non-availability of insurance.

«**Primary_Contact_First**» «**Primary_Contact_Last**», Parent / Date

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ATHLETIC PARTICIPATION

(Please sign and return)

ATHLETES AND PARENTS - PLEASE READ CAREFULLY

Participation in sports contains an element of risk, but the possibility of injury can be substantially reduced through the cooperation of the athlete with the coaches. The coaching staff is qualified and professional. Fundamentals related to the particular sport are continually and repeatedly emphasized on and off the field or court. The athlete is expected to observe the rules of safety in order to minimize the chances for harm to him or herself and to teammates.

If a student fails a class during any given marking period, he/she will not be permitted to participate on any sport team until interim grades are distributed for the following marking period and they have shown significant improvement.

TO BE COMPLETED BY THE ATHLETE, «First_name» «Last_name»:

I, «First_name» «Last_name», apply for permission to try-out for the _____ team. If I make the squad, I agree to abide by all of the rules as established by the coaching staff.

«First_name» «Last_name» Signature / Date

TO BE COMPLETED BY PARENT, «Primary_Contact_First» «Primary_Contact_Last»:

I hereby give permission for «First_name» «Last_name» to participate in _____ and, as a participant, to travel under the coach's direction and authority, from time of departure until time of return.

Below are listed and described any surgical procedures, significant illnesses, either past or ongoing, fractures or sprains incurred within the last two years.

«Primary_Contact_First» «Primary_Contact_Last» Signature

Mother's work number

Father's work number

Family Doctor

Phone

Address

**The Titusville Academy
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TRIP PERMISSION FORM

(Please sign and return.)

Dear «Primary_Contact_First» «Primary_Contact_Last»:

During the school year, the teachers may be taking your child, «First_name» «Last_name» on a variety of field trips.

Please sign the statement below.

I give permission for my child, «First_name» «Last_name», to participate in field trips with The Titusville Academy staff.

«Primary_Contact_First» «Primary_Contact_Last», Parent / Date

The Titusville Academy
Mr. Pablo J. Samuel, Principal
2010-2011

PHOTOGRAPH & FULL NAME RELEASE PERMISSION

(Please sign and return.)

The Titusville Academy takes photographs and uses our student's full name for school activities throughout the school year.

We are very proud and excited to be able to promote our unique program and services. We hope that you will be excited as well. These photographs and their full name may be displayed throughout our building and be viewed by visitors, parents, CST members and Directors of Special Services.

Additionally, we are asking your permission to use these photographs and their full name in promotional releases to local/School newspapers, professional journals, brochures, press releases and web designs. We would like to include as many of our current students as possible. In order for your child, «**First_name**» «**Last_name**» to participate, we need your written permission. We ask that you please sign the statement below, giving permission for «**First_name**» to participate and to be photographed. Please return this permission form with your other forms on the first day of school.

I give my permission for my child, «**First_name**» «**Last_name**», to participate and to be photographed and utilize their full name for possible use in TTA's promotional materials.

«**Primary_Contact_First**» «**Primary_Contact_Last**», Parent / Date

The Titusville Academy
Mr. Pablo J. Samuel, Principal
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SCHOOL IDENTIFICATION BADGE
PERMISSION TO LEAVE THE BUILDING

(Please sign and return.)

The Titusville Academy takes photographs of our students for purposes of their school identification badges, which must be worn throughout the school day as required in our school dress code.

To preserve student confidentiality, we will recommend that students leave their badges at school. However, these identification badges may also serve as identification in the community, so that «First_name» may receive student discounts, obtain library cards, etc.

In order for «First_name» to bring the identification badge off school property, we must first have your permission to do so. We ask that you please sign the statement below.

I give my permission for my child, «**First_name**» «**Last_name**», to be photographed for the required identification badge, which may be removed from school property.

«**Primary_Contact_First**» «**Primary_Contact_Last**», Parent / Date

The Titusville Academy
Mr. Pablo J. Samuel, Principal
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PROGRAM FUNDS
(Please complete and return.)

Dear «Primary_Contact_First» «Primary_Contact_Last»:

Our school may be eligible to receive varying program funds from the federal government. The amount of funds we receive is dependent upon eligibility for school lunch programs. Please review the chart below and indicate whether your child, «First_name» «Last_name» meets the criteria.

Find the family size and the annual gross income level listed beside it on the chart printed below. If your family meets the criteria in this chart, then you are eligible.

FAMILY SIZE	INCOME per WEEK	INCOME per MONTH	INCOME per YEAR
1	\$ 386	\$ 1,670	\$ 20,036
2	\$ 519	\$ 2,247	\$ 26,955
3	\$ 652	\$ 2,823	\$ 33,874
4	\$ 785	\$ 3,400	\$ 40,793
5	\$ 918	\$ 3,976	\$ 47,712
6	\$ 1,051	\$ 4,553	\$ 54,631
7	\$ 1,184	\$ 5,130	\$ 61,550
8	\$ 1,317	\$ 5,706	\$ 68,469
For each additional person, add:	\$ 134	\$ 577	\$ 6,919

Student Name : «First_name» «Last_name»

_____ YES, «First_name» meets the criteria.

_____ No, «First_name» does not meet the criteria.

The Titusville Academy
Mr. Pablo J. Samuel, Principal
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UNIFORM CODE /STUDENT COPY- «First name» «Last name»

All students at The Titusville Academy are required to wear the assigned uniform.
Below is a list of the required uniform items.

Male Students

- **I.D. Badge**
- **Oxford Shirt – blue or white**
- **Tie – choice of matching tie**
- **Twill Pants – navy or khaki**
- **Belt – brown/black**
- **Shoes – brown or black dress shoe (personal choice)**
- **Options: Pullover sweater, Sleeveless vest, Twill walking shorts – navy or khaki**

Female Students

- **I.D. Badge**
- **Oxford Shirt – blue or white**
- **Golf Shirt – navy or white**
- **Culottes – plaid, navy or khaki and/or twill pants – navy or khaki**
- **Tights or knee-hi socks**
- **Shoes – brown or black dress shoe (personal choice)**
- **Options: Pullover sweater, Sleeveless vest, Twill walking shorts – navy or khaki**

Dress-Down Fridays

Students will have the option of wearing a navy or white golf shirt (preferably navy) or the TTA turtle neck shirt.

Uniform Code – All students are required to wear the designated school uniform and follow the guidelines below:

1. Seasonal uniform options (shorts and short sleeve shirts with tie), may only be worn until Sept 30th or after May 1st.
2. All males must wear the approved dress shirt, tie, slacks and shoes.
3. All females must wear the approved dress shirt, slacks or skirt, tights and shoes.
4. All clothing must be of appropriate size and length:
 - a. Clothing may be no more or less than 1 size beyond body measurement size.
 - b. Slacks must be of ankle length and should not fall below the heel of the shoe.
 - c. Skirts must be within 2 inches of the knee when sitting.
5. Uniforms must be kept clean, ironed and intact.

Proper Hygiene and Grooming Are Required. All students should be in full uniform when they arrive at school. No sandals, clogs, open toe or backless shoes may be worn. If white socks are worn, they must cover and go over the entire ankle. No sport socks. Hair must be maintained in a clean, neat fashion to be determined by TTA administration. Eyebrow, tongue, and nose piercing are not permitted. Excessive jewelry is not permitted.

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DRUG and ALCOHOL POLICY

Statement

The Comprehensive Drug Reform Act of 1987 provides for drug-free school zones, which include private schools. The law states that anyone in possession of or using illicit drug in said zone faces mandatory sentences. TTA recognizes its responsibility regarding students who may respond unwisely or unpredictably to the temptations of the "drug scene". We must set firm limits for the protection for the students and for the reputation of the school. At the same time, we also have a responsibility to support and counsel those troubled students who have peripheral or incidental involvement in drugs, drug abuse or possession of drug paraphernalia as defined and described in NJSA 2C36-2 (hereinafter referred to as "paraphernalia"). Ultimately, it will be the frequency of the offense and the degree to which a student involves other students that will cause us to make a decision to dismiss. We will have to recommend another program in a case where we have a chronic offender. The following are procedures to be followed:

1. No unauthorized substances, including medicines, tobacco, alcohol, inhalants, paraphernalia, or any other material that can be dangerous to life and health, are to be brought to school.
2. Staff will take steps to remove such substances or paraphernalia when a student is suspected of, or actually is seen with suspicious materials. Legally, we are required to report possession of controlled substances and paraphernalia.
3. First offenders may be suspended when possession is verified, effects manifested, or distribution observed, for up to one week, pending meeting with the parents and/or other individuals concerned with the welfare and supervision of the student.
4. Second offenders may be dismissed from TTA especially where substances or paraphernalia have been distributed to other students.
5. Students who have a history of drug and/or alcohol involvement will be subjected to screens as determined by TTA.
6. Staff will exercise discretion and judgment in dealing with a student involved in drug problems, especially in situations where the student has reported the problem and has asked for help or support. Penalty should be strictly applied where there appears to be a deliberate effort to involve other students or to distribute dangerous substances to others.
7. Parents will be informed of both suspected or actual drug abuse, or possession of paraphernalia. In the case of a suspected problem, the unusual behavior will be described as specifically as possible to the parents and they will be requested to investigate. Staff will avoid naming substances or diagnosing on their own. All such reports or information will be cleared with the Director prior to contacting parents.
8. Both suspected or actual situations will be written up as unusual incidents, signed and dated.

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Substance Abuse Policy for Students Suspected of Drug and/or Alcohol Abuse

In an effort to improve our Substance Abuse Program and Drug-Free School policy, we have hired a full-time Substance Awareness Coordinator (SAC) to be an added resource for students, staff and family members. In support of these efforts, students who are suspected of drug or alcohol use could be drug screened on a random basis, using urinalysis testing and/o a Breathalyzer exam. This testing will be done on the premises and forwarded anonymously to an independent lab for confirmation. All tests will be confidential according to state law. To distinguish between recreational users and those students more in need of treatment, the following levels of consequence have been introduced into TTA's Drug Policy:

1. First positive urine will be followed by a family meeting with the school's SAC and the Principal. The student will be required to attend no less than twelve appropriate 12-Step meetings within a twelve day period. A meeting book is to be signed and dated by the speaker at each meeting to record attendance.
2. A second positive screen will require a follow up family meeting. The student again will be asked to attend appropriate 12-Step meetings and produce a signed meeting book for no less than 90 meetings in 90 days.
3. Should a third positive test be confirmed, the student will be referred out for treatment. In the case of marijuana use, the nanogram levels reported by the lab will be taken into consideration.

Refusal by the student to comply will result in a suspension. The student may return to school within 48 hours with a doctor's note stating that a negative urine screen has been obtained.

We here at Titusville Academy, wish to thank you for your cooperation in this effort to help and encourage our students to live a drug-free lifestyle. These measures are to ensure the safety and well being of our students, as well as to provide the most efficient learning environment possible. Feel free to contact the school at (609) 737-7733 with any questions you may have regarding this policy.

Procedure for Substance Abuse Notification

1. Professional staff members are obligated to report any student who appears to be under the influence of alcoholic beverages of other drugs while on school property or at a school function. Staff member should report to the school function. Staff member should report to the school nurse, substance abuse coordinator or Principal.
2. Student will be separated from the rest of the school population and remain in the nurse's office or main office.
3. Guardian and Principal will be notified immediately. Examination of student will be arranged immediately. The student will be accompanied staff member (Principal, nurse, counselor or substance awareness coordinator) to the emergency room of the Mercer Medical Center, Trenton, New Jersey.
4. Student will return to school with doctor's authorization. Results of testing will determine suspension from school.
5. Upon return to school, student will meet with the Principal.
6. Refusal or failure by a parent or guardian to comply with the provisions will result in report to DYFS.

**The Titusville Academy
Mr. Pablo J. Samuel, Principal
2010-2011**

SUBSTANCE ABUSE POLICY AGREEMENT

(Please sign and return.)

Dear «Primary_Contact_First» «Primary_Contact_Last»,

Attached to this Student Information Packet is your copy of the Substance Abuse Policy. Below is a consent form stating that you have read the policy and understand the consequences that will be used to enforce this policy during the school year. This form must be signed and returned by «First_name»'s first day of school. If you have any questions concerning the policy, feel free to contact me at 609-737-7733 ext. 100.

I would like to thank you in advance for your support and cooperation, and look forward to this new school year.

Sincerely,

Pablo J. Samuel

Pablo J. Samuel
Principal

I, «Primary_Contact_First» «Primary_Contact_Last», the parent/guardian of «First_name» «Last_name», have read and understand The Titusville Academy Substance Abuse Policy as outlined in this packet.

«Primary_Contact_First» «Primary_Contact_Last», Parent / Date

The Titusville Academy
Mr. Pablo J. Samuel, Principal
2010-2011

THE TITUSVILLE ACADEMY

Guidelines for Responsible Computing

Introduction

The computing system at The Titusville Academy supports the instructional, research, and administrative activities of the school. Examples of this computing system include, but are not limited to the local area network, electronic mail, and access to the Internet and other on-line services. Users of these services and equipment have access to a vast amount of resources. Consequently, it is appropriate for all users to behave in a responsible, ethical and legal manner. In general, appropriate use means respecting the rights of other computer users, the integrity of the physical system and all pertinent license and contractual agreements. Individual classrooms may have additional guidelines regarding computing equipment in those classrooms. Interested parties should contact the Director, the Principal, and/or the school technology specialist for more information concerning computing guidelines in a specific classroom.

Access to the school's computing system is a privilege granted to the school's students and employees. The Titusville Academy vests the responsibility for ensuring the integrity of performance of its computing system in the school administration, principal and LAN administrator. While respecting the rights of all users, when the integrity of the system is threatened, the school administration, principal and LAN administrator are authorized to take those actions necessary to maintain the system.

The guidelines apply to all users of the computing system owned or managed by The Titusville Academy, including, but not limited to faculty, staff, students, guests of the administration, and external individuals or organizations.

Account Security, Passwords, and Integrity

In general, the person to whom an account is allocated is the only person allowed to use that account. No password or disk space sharing is permitted. Additionally, it is the user's job to be sure he or she does not create a security hole in the system. For instance, users must select passwords which are not guessable or "breakable", and should not write the password down anywhere. Breakable passwords are ones found in any common dictionary, parts of the user's name, etc. The best passwords tend to be multiple words utilizing both numbers and characters.

The Titusville Academy provides reasonable security against intrusion and damage to files stored on school computers. The Titusville Academy provides a server for archiving and retrieving files specified by users, and for recovering files after accidental loss of data.

However, neither The Titusville Academy nor its computing staff can be held accountable for unauthorized access by other users, nor can they guarantee protection against power or media failure, fire, flood, or other disasters.

The Titusville Academy
Mr. Pablo J. Samuel, Principal
2010-2011

Although the school backs up classroom file servers and makes reasonable attempts to protect those file servers from intrusion, it does not provide the same level of protection or offer restoration of files stored on the local drives of computer workstations. Therefore, **it is especially important that users save their files to the file server(s) and use all available means to protect their data.**

Privacy

The Titusville Academy participates in a range of computing networks, and many members of The Titusville Academy community regularly use these networked computers in their work. Statements in public files in this medium are protected by the same laws, policies, and guidelines, and are subject to the same limitations, as communications in other media. The same holds true for electronic personal files and communications (e.g. email). However, users should exercise caution when committing confidential information to electronic media, because the confidentiality of such material cannot be guaranteed. For example, routine maintenance or system administration of a computer or network(s) may result in the contents of files and communications being inadvertently seen. **Always assume that your files are readable by anyone on the network.** The technology administrator does its best to ensure that this is not the case, but you should always assume otherwise when dealing with security.

The network and system administrator is expected to treat the contents of electronic files as private and confidential and to respect the privacy of all users. The network administrator is forbidden to log onto a user account or to access a user's file without cause.

Encounter of Controversial Material

Users may encounter material which is controversial and which users (parents, students, teachers, staff, and administration) may consider inappropriate or offensive. This is much more easily monitored and tracked on The Titusville Academy computing resources. The Titusville Academy does use an Internet filtering software package which reduces dramatically the potential to be confronted with offensive material on the Internet. However, on a global network such as the Internet, it is impossible to control effectively the content of data and an industrious user may discover controversial material. **It is the user's responsibility not to initiate access to such material.**

Appropriate Computer Behavior

Those who avail themselves of the school's computing system are required to behave in the use of the technology in a manner consistent with The Titusville Academy's discipline policies as well as the Guidelines for Responsible Computing.

The school subscribes to the statement on software and intellectual rights distributed by EDUCOM, the non-profit consortium of colleges and universities committed to the use and management of information technology in higher education, and the Information Technology Association of America (ITAA), a computer software and services industry association which states:

The Titusville Academy
Mr. Pablo J. Samuel, Principal
2010-2011

Respect for intellectual labor and creativity is vital to academic discourse and enterprise. This principle applies to work of all authors and publishers in all media. It encompasses respect for the right to acknowledgement, right to privacy, and right to determine the form, manner, and terms of publication and distribution.

Because electronic information is volatile and easily reproduced, respect for the work and personal expression of others is especially critical in computer environments. Violations of authorial integrity, including plagiarism, invasion of privacy, unauthorized access, and trade secret and copyright violations, may be grounds for sanctions against members of the academic community.

The following list does not cover every situation which pertains to proper, or improper use of computer resources, but it does suggest some of the responsibilities which you accept if you choose to use a computer resource or the network access which The Titusville Academy provides.

1. If you have any computer account, you are responsible for the use made of that account. You should set a password which will protect your account from unauthorized use, and which will not be guessed easily. If you discover that someone has made unauthorized use of your account, you should change the password and report the intrusion to a network or systems administrator. You should change your password on a regular basis, to assure continued security of your account. You are to use a computer account that belongs to you.
2. Student use of telecommunications and electronic information resources will be permitted upon submission of permission forms and agreement forms by students and by their parent(s)/guardian(s).
3. You must not intentionally seek information about, browse, obtain copies of, or modify files, passwords, or tapes belonging to other people, whether in The Titusville Academy or elsewhere, unless specifically authorized to do so by those individuals. You must not attempt to decrypt or translate encrypted material to which you are not entitled. Attempts to do any of these things will be considered serious transgressions.
4. If you encounter or observe a gap in system or network security, you must report the gap to the network administrator and/or the principal. You must refrain from exploiting any such gaps in security.
5. You must refrain from any unauthorized action which deliberately interferes with the operating system or accounting functions of either individual workstations or of network servers.
6. You must be sensitive to the public nature of shared workstations, and take care not to display on screens in such locations images, sounds, or messages which could create an atmosphere of discomfort or harassment for others. Use of impolite or abusive language will not be tolerated. You must also refrain from transmitting to others, in any location, inappropriate images, sounds or messages which might violate The Titusville Academy's policies on harassment.

The Titusville Academy
Mr. Pablo J. Samuel, Principal
2010-2011

7. You must avoid the following activities: typing up shared computing workstations for excessive game playing or other trivial applications; sending frivolous or excessive mail or messages locally or over the network; or printing excessive copies of documents, files, images, or data. You must refrain from using unwarranted or excessive amounts of storage; printing documents or files numerous times because you have not checked thoroughly for all errors and corrections; or deliberately running grossly inefficient programs when you know that efficient ones are available. You must be sensitive to special needs for software and services available in only one location and cede your place to those whose work requires the special items.
8. You must not prevent others from using shared workstations by running unattended processes or placing signs on devices to reserve them without authorization. Your absence from a public workstation should be very brief. A device unattended for more than ten minutes may be assumed to be available for use, and any process running on that device terminated. You must not lock a workstation or computer which is in a public location within the building.
9. You must not create and send or forward, electronic chain letters.
10. In general, The Titusville Academy-owned hardware, software, manuals, and supplies must remain at the network administrator's office. Any exception to the rule requires proper authorization.
11. Use of The Titusville Academy computing resources for personal financial gain or for political purposes is not permitted.
12. Student use of on-line resources such as the Internet, on-line Bulletin Boards, on-line Chat Rooms, on-line E-Mail services and local bulletin boards will be by teacher/administrative approval. Staff supervision will accompany any on-line usage by students.
13. Copying of commercial software in violation of copyright laws will not be tolerated! In addition, no installation of computer programs, commercial or otherwise, will be configured on school computers without the approval and specific authorization of the Director, Principal, and/or the systems administrator.
14. No vandalism!! Vandalism is defined as any malicious attempt to harm, modify, and destroy data of another user as well as the hardware equipment and software of the school.

Violations of the Guidelines for Responsible Computing

Violations of The Titusville Academy Guidelines for Responsible Computing are to be treated like any other legal or ethical violation as outlined in the Student Handbook, relevant contractual agreements, and applicable student and staff handbooks. Violators may also be subject to prosecution under applicable Federal and New Jersey statutes. Any violation of the policy may result in a cancellation of network computing privileges and/or disciplinary action. The Director/Principal may deny access at any time as required. The administration or staff of The Titusville Academy may request that the network administrator deny, revoke, or suspend specific student privileges. Any student identified as a security risk or having a history of problems with other computer systems may be denied access to The Titusville Academy wide area network and Internet resources.

The Titusville Academy
Mr. Pablo J. Samuel, Principal
2010-2011

Acknowledgement

This document contains excerpts and paraphrased sections from similar documents prepared by Hopewell Valley Regional School District, Montclair State University, Brown University, Los Angeles Unified School District, and Kings County Office of Education. We gratefully acknowledge their contributions.

The Titusville Academy
Mr. Pablo J. Samuel, Principal
2010-2011

STUDENT GUIDELINES FOR RESPONSIBLE COMPUTING
AND
LOG-IN REQUEST SIGNATURE FORM

Student: «**First_name**» «**Last_name**»

Address: «**Street**» «**City**», «**State**» «**Zip**»

Home Phone: «**Home_Phone**»

Parent/Guardian: «**Primary_Contact_First**» «**Primary_Contact_Last**»

Daytime Phone:

Parent/Guardian:

Daytime Phone:

I, «**First_name**» «**Last_name**», have read and understand The Titusville Academy's Guidelines for Responsible Computing. I assume responsibility for my actions and will accept the consequences of those actions.

Signed,

«**First_name**» «**Last_name**», Student / Date

I, «**Primary_Contact_First**» «**Primary_Contact_Last**», parent/guardian of «**First_name**» «**Last_name**», have read and understand The Titusville Academy's Guidelines for Responsible Computing. We have reviewed these guidelines and «**First_name**» has agreed to act responsibly. I also understand the consequences of any actions that violate the guidelines.

Signed,

«**Primary_Contact_First**» «**Primary_Contact_Last**», Parent/Guardian / Date

«**First_name**»'s account will be created within 24 hours. Please see Mr. Dooley if you have any questions.

OFFICE USE ONLY

Completed Log-in ID:«**ID_No**»

By: _____ Date/Time: _____

Password: «**ID_No**»

The Titusville Academy
Mr. Pablo J. Samuel, Principal
2010-2011

CONSENT TO USE OF MATERIALS ON WEB SITE

The undersigned parent(s) or guardian(s) hereby consent to The Titusville Academy's use, reproduction, display and performance of any creative works made or authored by the below named student as part of his or her school activities (including, without limitation, pictures, sketches, essays, short stories, and poems), together with the student's first name and last initial and his/her grade for identification purposes, for inclusion and display in the school's web site. As a safety precaution, if a picture of a student or class is displayed on the school web site, there will be no reference to student names, initials or other personal information relating to the student. We understand that the school has no control over who will access the school's web site and what, if anything, will be done with the materials by those who access the web site. We also understand that, if at any time, we wish to revoke this consent we may do so by giving the school written notice. Upon receipt of such revocation, the school will remove all of the student's materials from the school's web site, if any, as soon as reasonably possible under the circumstances.

(please check one)

_____ YES, my child's work may be displayed on the school web site.

_____ NO, do not display my child's work on the web site.

Student's Name

Parent/Guardian Signature

Date

The Titusville Academy
Mr. Pablo J. Samuel, Principal
2010-2011



PARENT NOTICE REGARDING PHYSICAL

Physical examinations are required for all pupils and any student who is planning on participating in inter-league sports or who have not had a physical examination within 6 months. If the pupil has had a physical examination within the past year, the school medical inspector may accept a report of such an examination from the family physician on a form furnished by the Board of Education.

Otherwise, the physical examination will be conducted by the school medical inspector in the presence of the school nurse. To facilitate physical examinations, necessary clothing will be removed to permit an examination of your child. Parents are permitted to be present at the time of this examination.

If you choose to have your own physician do the physical, the school medical inspector may accept the report of such an examination from the family physician on a form furnished by the Board of Education.

Please feel free to confer with your school nurse should you have any questions regarding this requirement or the procedures for a physical examination.

PLEASE COMPLETE AND RETURN THE LOWER PORTION OF THIS FORM TO THE SCHOOL NURSE.
THANK YOU.

PUPIL'S NAME:

_____ I hereby grant permission for my child to have a physical examination conducted by the school medical inspector in the presence of the school nurse. I *will not* be present.

_____ I hereby grant permission for my child to have a physical examination conducted by the school medical inspector in the presence of the school nurse. I *will be* present. Please notify me of the date and time.

_____ I prefer to have my family physician conduct the physical examination. Please send me the required form.

_____ My child has had a physical examination within the past year. Please send me the required form. I will have my family physician complete this form and return it to you.

NAME OF PHYSICIAN _____

ADDRESS _____

PARENTS SIGNATURE _____

DATE _____

The Titusville Academy
Mr. Pablo J. Samuel, Principal
2010-2011

EMERGENCY E-MAIL NOTIFICATION

In an effort to reach parents and community members with important information of an emergency nature, The Titusville Academy has created an **EMERGENCY E-MAIL NOTIFICATION** mail list.

If you would like to be notified by e-mail when The Titusville Academy has weather cancellations or delays or other emergency information, please utilize the form below.

Please be sure to write your email clearly and in full below and notify us of changes to your e-mail notification information. The Titusville Academy will keep this list private and it will not be utilized for any other purposes. Please be aware that this is a secondary level of emergency notification and should not be considered the primary or only means of emergency notice on the part of the school.

Please allow 24 hours for your contact information to be active on the emergency e-mail notification mail list!

Thank you for your participation.

EMERGENCY E-MAIL NOTIFICATION FORM

Please include me in your 2010-2011 emergency e-mail notification mail list for The Titusville Academy. My contact information is below:

FIRST NAME: _____

LAST NAME: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE (WORK): _____ **EXT:** _____

TELEPHONE (HOME): _____

FIRST E-MAIL ADDRESS: _____

If you can send an e-mail to your text pager or you have a second e-mail address that you would like to add to the emergency e-mail notification mail list, please feel free to do so.

SECOND E-MAIL/PAGER ADDRESS: _____

If you have any comments or questions, please write them below:

The Titusville Academy
Mr. Pablo J. Samuel, Principal
2010-2011

Dear Parents/Guardians:

Please sign and return the attached release to the nurse at The Titusville Academy.

Due to current privacy legislation, medical information given to the nurse or other school personnel may not be shared with any other school personnel, even when required for emergency services, without your written permission. This restriction includes information that you have shared with The Titusville Academy administration, in writing, on the telephone or in a personal conversation.

Some examples of this restriction might be: (a) even though you've disclosed your child's activity-related asthma to the nurse, the nurse may not share that information with your child's physical education or classroom teacher without your permission; (b) you've informed your child's classroom teacher about your child's allergy to nuts, however, without your written permission the teacher may not share this information with appropriate staff or the nurse.

We encourage all parents to sign this release regardless of your child's current medical condition as important information could arise throughout the school year.

Be assured that this information will be shared on a need to know basis and will not be subject to general distribution.

The medical information provided to The Titusville Academy pertaining to my child may be shared with school personnel and emergency services personnel when applicable.

Please Print Student Name: _____

Parent/Guardian Signature: _____

Date: _____

**The Titusville Academy
Mr. Pablo J. Samuel, Principal
2010-2011**

ATTENTION

New Immunization Regulations Beginning September 1, 2008

Dear Parent/Guardian:

There are two new immunizations required for every child born on or after January 1, 1997: Tdap and Meningococcal Vaccinations.

Tdap (Tetanus, Diphtheria, Acellular Pertussis) Vaccine:

Any child born after January 1, 1997 is required to receive one dose of Tdap. This is to be received no earlier than the child's 10th birthday.

Meningococcal Vaccine:

- 1) Every child born on or after January 1, 1997 is required to receive one dose of meningococcal-containing vaccine.
- 2) Also any child from another state or country transferring into a NJ school is required to have a dose of meningococcal-containing vaccine before attending.

These vaccinations are required by The State of New Jersey. For the students that these requirements apply to, please forward updates from your healthcare provider as soon as possible due to the fact that students will not be permitted to attend school until these requirements have been met.

Thank you for your anticipated cooperation in this matter.

Sincerely,

The Titusville Nurses Office

The Titusville Academy
Mr. Pablo J. Samuel, Principal
2010-2011

SELF-ADMINISTRATION OF MEDICATION REQUEST FORM

Pupil's Name: «First name» «Last Name» Grade: _____ Date of Birth: _____ Age: _____

Self Administration of Medication is permitted in accordance with state statute only for the treatment of asthma or other potentially life-threatening illness and must comply with Board of Education Regulations. All medication requests are effective for one school year only and expire as of July 1st of each year.

.....

SECTION ONE *(To be completed by Private Physician/Nurse Practitioner per NJ law)*

I certify that it is essential to the health of above named pupil that the following medication be self-administered during school hours as directed. The pupil is physically fit to attend school and is free of contagious disease. The pupil is proficient in self-administering the prescribed medication and has been taught how and when to properly use it.

I hereby request that the above named pupil be allowed to self-administer the following medication as prescribed by me:

Name of Medication: _____ Form of medication: _____

Dosage: _____ Frequency _____ Medication to be taken: PRN _____ Daily

Time Medication to be Self-Administered at School: _____

Special Instructions: _____

Diagnosis: _____ Purpose of Medication: _____

Side Effects: _____

Date to Begin: _____ Date to Conclude: _____

Medication should be: _____ stored in school health office
_____ in possession of Titusville staff member on class trip(s)

Physician's Name (Printed/Typed) Address

Physician's Signature (Stamp not accepted) Phone Number

.....
SECTION TWO *(To be completed by parent/guardian)*

I give my child permission to self-administer this medication for asthma or other potentially life-threatening illness. My child is capable of taking this medication alone, and has been taught how and when to properly use it. The School District the Board of Education and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of this medication by my child. I will indemnify and hold harmless the District and its employees or agents against any claims arising out of the self-administration of medication by my child. I will supply the medication in its original container and I will notify the school nurse if this medication is no longer required or self-administration is no longer directed by the physician.

► Signature of Parent/Guardian _____ Date _____ Telephone _____

.....
SECTION THREE *(To be completed by staff)*

Signature of School Nurse _____ Date Received _____

Signature of School Physician _____ Date _____

The Titusville Academy
Mr. Pablo J. Samuel, Principal
2010-2011

NOTIFICATION OF SCOLIOSIS SCREENING

Dear Parent/Legal Guardian:

A scoliosis screening is a biennial requirement for the State of New Jersey. Therefore, scoliosis screenings will be conducted for all students who are 10 years or older and have not had a physical exam during the current school year.

Scoliosis is a condition of the spine in which the spine may curve to the left or to the right. The purpose of the screening is to recognize scoliosis in its earliest stages.

The examination consists of a visual screening of the pupil's spine by the school nurse or school physician. If further evaluation is recommended, students with signs of possible spinal curvature will be asked to see their own physician for a follow-up consultation.

THIS SCREENING IS MANDATED BY THE STATE OF NEW JERSEY, BUT A PUPIL MAY BE EXEMPT FROM THE EXAMINATION IF REQUESTED BY THE PARENT/LEGAL GUARDIAN.

Thank you for your anticipated cooperation.

The Titusville Academy School Nurses Office

IF YOU **DO NOT** WISH FOR YOUR CHILD TO PARTICIPATE IN THE SCREENINGS, please return this bottom section to the Health Office by September 30th. ***Failure to return this portion of the form will be considered as no objection to the scoliosis screening.***

Student's Name «First_name» «Last_Name» Grade _____

Please be advised that I **DO NOT** wish the above named student to participate in the scoliosis screenings.

▶Parent's Signature _____ Date: _____