



September 2018

Dear Parent/Guardian:

Welcome to a new school year. For your convenience we have consolidated some of the necessary paperwork that is needed for you to review and/or return. In this packet are the documents that need to be reviewed and/or signed and returned to the appropriate school, for each child, on the first day.

You may also find these documents on the District website www.wayneschools.com on the main page and also under **Family Links/Back to School Forms 2018-2019**.

Listed below are the **forms necessary to print and return on the first day of school:**

1. Important Policy Information for Parents
2. Student Emergency Information
3. Photo/Name Release Agreement
4. AXIS – Student Insurance form (*if applicable*)
5. Application for Free & Reduced Lunch Packet (*if applicable*)
6. Parental Consent to Survey and PPRA Notice

Listed below are the informational documents you should **review and retain for your records:**

7. Bring Your Own Device (BYOD) Guidelines, FAQs
8. G-Suite for Education Consent
9. Annual Asbestos Notification Compliance 2018-2019
10. Annual Integrated Pest Management Notice for School Year 2018-2019
11. Community Pass Instructions
12. Sports Related Eye Injuries Notice - *Health Related*

Thank you for your cooperation and we hope your child has a pleasant school year!

WAYNE TOWNSHIP PUBLIC SCHOOLS IMPORTANT POLICY INFORMATION FOR PARENTS

September 2018

For your convenience, the policies and documents listed below are accessible by clicking on the policy name. They are also posted on the District's website: www.wayneschools.com. **(Click on Board of Education, then Board of Education Policies.)** It is very important that you are fully aware of these policies and we encourage you to read and discuss them with the students in your family.

Dear Parent/Guardian, Please review and confirm agreement with the policies below for the new school year:

Policy Name	Policy/Regulation #	Agree?	
		Yes	No
Acceptable Use of Computer Network/Computers* / BYOD Guidelines	2361		
Pupil Use of Privately-owned Technology*	2363		
G-Suite for Education Consent (Grades 2 through 12 only)			

***If you don't agree to policy #2361 and 2363 your child will not be able to utilize any district computer/tablet or use their personal device in school.**

Affirmative Action Program for School and Classroom Practices	2260
Homework	2330
Field Trips	2340
No Child Left Behind Programs	2415
Electronic Communications Between Teaching Staff Members and Students	3283/4283
Attendance	5200
Administration of Medication	5330
Management of Life-Threatening Allergies in Schools	5331
Promotion and Retention	5410
Expectations for Pupil Conduct	5500
Harassment, Intimidation & Bullying (effective 8/24/18)	5512
Use of Electronic Communication and Recording Devices	5516
Disorder and Demonstration	5520
Substance Abuse	5530
Student Discipline/Code of Conduct	5600
Suspension	5610
Assaults on District Board of Education Members or Employees	5612
Removal of Students for Assaults with Weapons Offenses	5613
Suspected Gang Activity	5615
Pupil Right of Privacy	5770
School Safety	7430
Electronic Surveillance in School Buildings and on School Grounds	7441
Reporting Potentially Missing or Abused Children	8462
Wellness Policy/Nutrient Standards for Meals and Other Foods	8505
Cooperation with Law Enforcement Agencies	9320
Recruitment by Special Interest Groups	9713

These policies are quite detailed, but they are all designed to ensure an orderly school environment in which students can pursue a quality education in an atmosphere which is physically and psychologically safe. By carefully following the letter and spirit of each policy, all members of the school community will have a productive and rewarding school experience.

I HAVE REVIEWED, AND AGREE TO ABIDE BY, THE ABOVE POLICIES AND AGREEMENTS.

Student Name _____ Student Signature _____

School: _____ Grade: _____ Teacher: _____

Parent/Guardian Signature: _____

STUDENT NAME: (Last) _____ (First) _____ (MI) _____

Birth Date: ____/____/____ Grade: _____ Teacher: _____ Bus Rte # _____

Home Address: _____

Parent 1 Full Name: _____ Parent 2 Full Name: _____

Home #: _____ Parent 1 (Cell): _____ Parent 2 (Cell): _____

PLEASE LIST ALL NUMBERS IN THE ORDER YOU WANT THEM CALLED
Include persons who can assume care of your child in case you cannot be reached

Telephone #'s: Specify P1 name - cell# &/or work#; P2 name - cell# &/or work#; Name of Relative, Friend, etc & contact #	Telephone #'s: Specify P1 name - cell# &/or work#; P2 name - cell# &/or work#; Name of Relative, Friend, etc & contact #
1.	4.
2.	5.
3.	6.

*** If divorced or separated with joint custody of above mentioned child, please provide the information of that parent who does not live with the student

Full Name of other Parent: _____ Contact phone #'s (indicate home, cell, work) _____

Address: _____ City/State/Zip: _____

Please list siblings attending other Wayne Schools : _____

EMERGENCY MEDICAL INFORMATION FOR:

_____	Student's Name	Grade/Class
_____	Address	Phone #
Doctor's Name		

➤ List any allergies or unusual problems the school should be aware of. Please explain briefly: _____

➤ Below please note any illnesses, injuries or operations this child has had since the start of the last school year: _____

Does your child have Health Insurance, including NJ FamilyCare/Medicaid, Medicare, private or other?
_____ **NO-** My child **does not** have health insurance. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature: _____ Printed Name: _____ Date: _____

Written consent required pursuant to 20 U.S.C. § 1232g(b) and 34 C.F.R. 99.30(b).

NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information, visit www.njfamilycare.org to apply online or call 1-800-701-0710.

_____ **Yes** – My child has health insurance.

STATEMENT OF CONSENT:

In case of an emergency, if I cannot be reached, I give the school officials permission to sign any necessary permission papers to allow medical treatment to be administered to my child for his/her health and well-being for the current school year.

Signature of Parent / Guardian

Date

***** If there are any changes to the information provided NOTIFY the School Nurse IMMEDIATELY *****

Wayne

Township Public Schools

Photo/Name Release Agreement

As the Legal Parent(s) and/or Guardian(s) of: _____

I DO grant the following permission for the above student:

who is enrolled in the Wayne Public School District, permission is granted to the Wayne Township Public School District and its Board members, employees, agents, servants and representatives to use this student's name and/or photographic likeness, alone or in a group, in any Wayne Township Public School District publication or to release said photographic likeness to any newspapers or magazines for publicity and/or recognition purposes.

Additionally, I extend this permission to use this student's photo/image and personally identifiable information, alone or in a group on the official website of the Wayne Township Public School District or a website available through the official website or during a televised school event or public Board meeting. The official website is owned and maintained by the District as a service to the parents, students and residents of Wayne and can be accessed and viewed at www.wayneschools.com. Personally identifiable information may include the student's name, grade, photos or images.

I release the Wayne Township Public School District, its Board members, employees, agents, servants, representatives and all organizations and individuals related to the Wayne Township Board of Education's Internet Network from any and all liabilities or damages that result from the use of this student's name and/or photographic likeness on the official website of the Wayne Township Public School District or a website available through the official website or on a social media platform available through the official website, use in any Wayne Township Public School District publication or release of this student's name and/or photographic likeness to any newspapers or magazines for publicity and/or recognition purposes.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Principal of the student's school and such rescission will take effect upon receipt by the school.

I DO NOT grant permission to use the above student's photo/image and personally identifiable information as further outlined above.

Name of Parent/Guardian (print) _____

Signature of Parent/Guardian _____

Student's School/Grade/Teacher _____

Date _____

WAYNE TOWNSHIP BOARD OF EDUCATION

MANDATORY STUDENT ACCIDENT INSURANCE INFORMATION

Your child's school district has purchased group student accident insurance coverage for all students and athletes.

This coverage works in conjunction with your primary health plan to assist in covering the cost of care for your child in the event of an accident or injury.

The plan is underwritten by **US Fire Insurance Co. Accident and Health** and is administered by **Monarch Management Corporation**. This plan will pay in excess* to your primary insurance coverage. Here is a brief description of the policy limits:

Deductible: \$250** **Coinsurance:** 80% of the UCR*** **Maximum per Injury:** \$25,000

Please visit www.mmc-ins.com for additional plan information.

VOLUNTARY STUDENT ACCIDENT INSURANCE INFORMATION

Your child's school district has also made it possible for you to have access to additional accident coverages through US Fire Insurance Co. Accident and Health and Monarch Management. The Premier and Economy Plans will pay primary**** to all other existing policies. These plans are voluntary and can be easily purchased via www.mmc-ins.com with a one-time payment giving you added coverage through July 31, 2019. Affordable pricing giving additional coverage such as:

~ up to \$25,000 of additional accident medical coverage

~ up to \$10,000 of accident dental coverage

~ School Time only or 24 HR coverage Options

~ Student Life Insurance

Please visit www.mmc-ins.com for additional plan information and enrollment options..

VOLUNTARY ENROLLMENT INFORMATION

To enroll your child in one of these Voluntary Student / Athletic Accident Insurance plan options, please visit:

1. Go online to: www.mmc-ins.com
2. Click ENROLL NOW
3. Select Wayne Township Board Of Education from the drop down menu and follow through the enrollment questions.

MasterCard and Visa are accepted. Contact Monarch Management Corporation at 1-800-662-2778 with any questions.

CLAIM FILING INSTRUCTIONS

In the event of accident or injury, notify the school nurse or athletic trainer immediately to begin the claim filing process. You can also obtain a copy of the claim form via www.mmc-ins.com.

Claim filing instructions are in the upper left hand corner of the form and must be submitted within 90 days after the covered accident.

**This means that the medical expenses which are not covered by your own personal or group insurance may be eligible for coverage under this policy.*

***The Deductible is the amount that is your responsibility which must be met before payment will be considered.*

****UCR is the Usual and Customary Rate which is the approved amount as determined by the insurance carrier.*

*****Primary coverage means that this plan will review and process claims before any other plan consideration.*

The above is a brief description of rates and benefits available under this plan. This is not a contract, policy, or outline of coverage. All benefits are subject to maximum amounts, limits, exclusions and other policy provisions.

Visit Monarch Management Corporation at www.mmc-ins.com for more information or you can call us at 1-800-662-2778.

NEW JERSEY VOLUNTARY STUDENT ACCIDENT - PREMIER AND ECONOMY PLANS

AT SCHOOL COVERAGE Premier \$ 30 Economy \$ 20

Voluntary Grades PK-12

- (a) while on the School premises: during the hours and on the days School is in regular session, and during the hours and on the days when School is not in session while the Insured Person is participating in or attending any Sponsored and Supervised School Activity, except interscholastic high school football for students in the 10th grade or above (Senior High School) and Freshman Football (grade 9) if they practice or play with Senior High School; and
- (b) while away from the School premises: other than traveling, if participating in a Sponsored and Supervised School Activity, except interscholastic high school football for students in the 10th grade or above (Senior High School) and Freshman Football (grade 9) if they practice or play with Senior High School; and
- (c) while traveling directly to or from the Insured Person's residence and School: for regular School sessions, or for any Sponsored and Supervised School Activity in School designated vehicle, except interscholastic high school football for students in the 10th grade or above (Senior High School) and Freshman Football (grade 9) if they practice or play with Senior High School.

24 HOUR COVERAGE Premier \$ 98 Economy \$ 64)

Voluntary Grades PK-12

Coverage is in force for each person for whom the 24-Hour Coverage premium has been paid as set forth in the Policy on a twenty-four (24) hour per day basis, except for interscholastic high school football for students in the 10th grade or above (Senior High School) and Freshman Football (grade 9) if they practice or play with Senior High School.

EXCESS FOOTBALL COVERAGE 10-12 Premier \$ 235 Economy \$ 187
EXCESS FRESHMAN FOOTBALL (grade 9) Premier \$ 118 Economy \$ 75

Grades 10-12 and Freshman Football (grade 9) if they practice or play with Grades 10-12 (Maximum \$25,000)

- (a) while practicing for or competing in football which is a Supervised and Sponsored Sports Activity under the supervision of the Subscriber; and
- (b) while traveling directly to or from such practice or competition in School designated vehicle.

EXTENDED DENTAL COVERAGE Premier \$ 9 Economy \$ 9

Supplemental Coverage for accidental dental injuries to Sound, Natural Teeth is extended to students with School, 24 Hour or Football Coverage. Dental Coverage cannot be purchased without other coverage. Coverage is limited to the Insured Person's policy effective dates and accident only coverage option selected. Dental benefits from a covered accident are as follows: a) Usual and Customary charges for examinations, x-rays, endodontics and oral surgery to a maximum of \$10,000, b) Dental expenses toward cost of bridge, denture or replacement in kind of previous dental repairs with a maximum limit of \$250, c) Extended Dental Coverage does not cover orthodontics (braces) for any reason, or damage to or loss of orthodontics.

MEDICAL PAYMENTS

The policy provides benefits for loss due to a Covered Injury up to the Total Maximum for all Accident Medical Benefits for each Covered Accident. Medical treatment must be provided by a qualified, licensed physician and must begin within 90 days from the date of the Covered Accident. Benefits will be payable for Covered Medical Expenses incurred within 730 days from the date of the Covered Accident (for Football within 365 days) up to the maximum Benefit Amount per service as shown on the Schedule of Benefits of the Policy.

Schedule of Benefits for Voluntary Student Accident Plans

COVERED EXPENSES	PREMIER PLAN	ECONOMY PLAN
	Maximum \$500,000 Football Maximum \$25,000	Maximum \$25,000
In-Patient Hospital Services	Semi-private daily room rate up to \$500/day;	the semi-private daily room rate
Hospital Miscellaneous Expenses	100% of U & C Charges up to \$3,000 per Covered Injury	100% of U&C Charges up to \$250 per day subject to a Maximum of \$4,000 per Hospital Stay
Nurse Services	U & C	100% of U&C Charges up to \$400 per Covered Injury
Orthopedic Appliances Outpatient	Paid under Medical Equipment	100% of U&C up to \$300 per Covered Injury
Emergency Room Treatment	100% of U&C Charges up to \$350 per Covered Injury	100% of U&C Charges up to \$75 per Covered Injury
Physician Services Surgery	100% of U&C up to \$5,000 per Covered Injury	75 % Usual and Customary Charges up to \$3,500 Maximum
Assistant Surgeon	30% of Surgeon's allowance	25% of Surgeon's allowance
Use of Phy's Surgical Facilities	100% of U&C Charges up to \$2,000 per Covered Injury	100% of U&C Charges up to \$750 per Covered Injury
Anesthesia and its Administration	30% of Surgeon's allowance	25% of Surgeon's allowance
In-Hospital Visits	100% of U&C Charges up to \$55 first visit, \$35 thereafter	100% of U&C Charges up to \$20 per visit (limited to one visit per day)
Office Visits	100% of U&C Charges up to \$55 first visit, \$35 thereafter	100% of U&C Charges up to \$20 per visit (limited to one visit per day)
Second Opinion or Consultation	100% of U&C Charges up to \$125 per Covered Injury	
Out Patient X-Ray	100% of U&C Charges up to \$400 per Covered Injury	100% of U&C Charges up to \$100 per Covered Injury
Out Patient CT Scan, MRI	100% of U&C Charges up to \$500 per Covered Injury	100% of U&C Charges up to \$250 per Covered Injury
Out Patient Laboratory Tests	100% of Usual and Customary Charges up to \$175 per Covered Injury	100% of Usual and Customary Charges up to \$25 per Covered Injury
Out Patient Physiotherapy	100% of U&C Charges up to \$50 per day, up to Maximum of \$250	100% of U&C Charges up to \$20 per day up to a maximum of \$40 (limited to one visit per day)
Ambulance Services	100% of U&C Charges up to \$800 per Covered Injury (first trip to Hospital only)	100% of U&C Charges up to \$100 Maximum (first trip to the Hospital only)
Medical Equipment (Post surgical only)	100% of U&C Charges up to \$500 per Covered Injury	100% of U&C Charges up to \$150 per Covered Injury
Dental Services	100% of U&C Charges up to \$500 per tooth	100% of U&C Charges up to \$150 per tooth
Motor Vehicle Injury	No Benefits	Up to \$5,000 per Covered Injury
Extended Dental Benefits	100% of U&C Charges for examinations, x-rays, endodontics and oral surgery to a maximum of \$10,000 and Dental expenses toward the cost of a bridge, denture or replacement in kind of previous dental repairs to a maximum of \$250	100% of U&C Charges for examinations, x-rays, endodontics and oral surgery to a maximum of \$10,000 and Dental expenses toward the cost of a bridge, denture or replacement in kind of previous dental repairs to a maximum of \$250
Prescription Drugs (Out Patient)	100% of U&C Charges up to \$200 per Covered Injury	100% of U&C Charges
Eyeglasses, Contact Lenses Hearing Aids	100% of U&C Charges up to \$200 per Covered Injury	100% of U&C Charges

Coverage ends on the earliest of when the person is no longer eligible or the Policy Termination Date

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ENROLL ONLINE FOR QUICKER SERVICE www.mmc-ins.com or COMPLETE AND MAIL

⇒ Student's First Name _____ M Last Name _____ Birth Date ____/____/____

⇒ Address _____ City _____ ST _____ Zip _____ Phone _____

⇒ Name of School District (Required) _____ Name of School _____ Grade _____

Coverage Options	At School	24-Hour	Football (Grades 10-12)	Football (Grade 9)	Extended Dental
Premier Plan	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$98.00	<input type="checkbox"/> \$235.00	<input type="checkbox"/> \$118.00	<input type="checkbox"/> \$9.00
Economy Plan	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$64.00	<input type="checkbox"/> \$187.00	<input type="checkbox"/> \$ 75.00	<input type="checkbox"/> \$9.00

Complete for MASTERCARD VISA Name on Card, Last _____ First _____

Card Number _____ Expiration Date Mo _____ Year _____ 

Cardholder Signature _____ Date _____

Voluntary Student Accident Insurance Plans Common Exclusions

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits section or Covered Conditions section of the Policy:

1. Intentionally self-inflicted injury, suicide, or auto-eroticism or any attempt while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;
4. Declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;
5. Release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
6. A Covered Loss that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
7. Flight in, boarding or alighting from, an Aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly scheduled commercial airline;
8. Travel in any Aircraft owned, leased or controlled by the Subscriber, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Subscriber if the Aircraft may be used as the Subscriber wishes for more than 10 straight days, or more than 15 days in any year;
9. Bungee-cord jumping, parachuting, skydiving, parasailing, hang-gilding;
10. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, including exposure, whether or not accidental, to viral, bacterial or chemical agents whether the loss results directly or non directly from the treatment except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
11. Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of injuries sustained in a Covered Injury;
12. A cardiovascular, event or stroke resulting, directly and independently of all other causes, from exertion, as verified by a Physician, while the Insured Person participates in a Covered Activity;
13. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage
14. The Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether he is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officers report, or similar items will be considered proof of the Insured Person's intoxication;
15. Operating any type of vehicle or conveyance while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Insured Person has been provided a written warning against operating a vehicle or conveyance while taking it. Under the influence of alcohol, for purposes of this exclusion, means Intoxicated, as defined by the motor vehicle laws of the state in which the Covered Loss occurred.
16. Travel in or on any on-road and off-road motorized vehicle except a golf cart or other vehicle the Company specifically agrees to cover, that does not require licensing as a motor vehicle;
17. Participation in any motorized race or contest of speed;
18. An accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
19. Injuries compensable under Workers' Compensation law or any similar law
20. Participation in any sports activity not specifically authorized, sponsored and supervised by the School, whether or not it takes place on School premises or during normal School hours, during a Covered Activity, including but not limited to snowboarding, skateboarding, motorcycle racing, racing rocket-powered, jet propelled or nuclear-powered vehicles;
21. Aggravation, during a Covered Activity, of an injury the Insured Person suffered before participating in that Covered Activity, unless the Company receives a written medical release from the Insured Person's Physician;
22. Participation in any team sport or any other athletic activity, except participation in a Covered Activity.

In addition, benefits will not be paid for services or treatment rendered by any person who is:

1. employed or retained by the Subscriber;
2. living in the Insured Person's household;
3. an Immediate Family Member including Eligible Domestic Partner of either the Insured Person or the Insured Person's spouse; or
4. the insured Person.

Excluded Expenses, the following will not be considered Covered Expenses unless coverage is specifically provided.

1. Blood, blood plasma, or blood storage, except expenses by a Hospital for processing or administration of blood.
2. Cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Loss.
3. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.
4. Examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, orthopedic braces, or orthotic devices.
5. Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay.
6. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.
7. Rest cures or custodial care.
8. Repair or replacement of existing dentures, partial dentures, braces or bridgework.
9. Personal services such as television and telephone or transportation.
10. Orthopedic appliances used mainly to protect an injury so that the Covered Person can take part in interscholastic and club sports.
11. Expenses payable by any automobile insurance policy without regard to fault.
12. Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the Covered Activity.
13. Treatment of HIV/AIDS, meaning Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome or AIDS Related Complex (ARC) regardless of the means by which it was acquired.
14. Repair or replacement of existing artificial limbs, eyes and larynx.
15. Charges for any article of clothing intended for use more than once

Accidental Death & Dismemberment Benefits (Within 180 Days)

Loss of Life	\$ 2,000
Loss of Two or More Hands or Feet	\$10,000
Loss of Sight of Both Eyes	\$10,000
Loss of One Hand or Foot and Sight in One Eye	\$10,000
Loss of One Hand and Foot	\$10,000
Loss of Sight in One Eye	\$ 5,000
Loss of One Hand or Foot	\$ 5,000
Loss Thumb and Index Finger of Either Hand	\$ 500
Exposure and Disappearance	Included

How to File a Claim

1. The claim form should be fully completed and submitted within 90 days from the date of accident. Be sure to answer and complete the section regarding "OTHER INSURANCE STATEMENT".
2. Please advise all doctors/hospitals regarding this coverage so they may forward us their itemized bills. However, if you have already been to the doctor/hospital and did not know about this coverage, then please send all of the itemized bills to the address shown below.
3. The bills should include the name of the doctor/hospital, their complete mailing address, telephone number, the date you were seen by the doctor/hospital, what the doctor saw you for (diagnosis) and the specific itemized charges (description of treatment and amount) incurred (including the CPT/procedure code). If this information is not on the bill, we will have to contact the doctor/hospital which will delay the review of your claim. "Balance Due" or "Balance Forward" statements do not contain sufficient information to complete your claim.
4. Only one claim form per accident needs to be submitted. Once completed, make a photocopy for your records, and mail to: **WebTPA: P.O. Box 669; Grapevine, TX 76099-0669; or call 1-877-563-7492 for assistance.**

Student Insurance ID Card
Underwritten by **AXIS Insurance Company**

Student Name: _____

Accident Only Policy Selected: Premier Plan Economy Plan

Coverage Level Selected:

At School Football 10-12 Dental

24-Hour Football 9

Customer Service: 1-877-563-7492

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Enrollment Options

Option 1: Enroll online at mmc-ins.com

Option 2: Complete and detach the enrollment form and follow instructions below:

- ♦ Make Checks or money order payable to Monarch Management Corp. Do Not Send Cash. Credit card payment is also accepted.
- ♦ Clearly print name of child on the check or money order.
- ♦ Send the enrollment form and payment to:
Monarch Management Corporation
3201 Cherry Ridge Drive; Suite D405;
San Antonio, TX 78230
- ♦ Your cancelled check, money order stub or credit card statement is your proof of purchase.
- ♦ Keep this for your reference, you will receive no policy.
- ♦ If you have questions about this coverage, please call Monarch Management Corp., 1-800-662-2778.

Underwritten by **US Fire Insurance**

Offered by:



Monarch Management Corporation

Enroll online at www.mmc-ins.com

Wayne

Township Public Schools

Suzanne Koransky, R.N., M.A.
 Supervisor of Health Services
 50 Nellis Drive, Wayne, NJ 07470
skoransky@wayneschools.com
 Phone: (973) 317-2198
 Fax: (973) 396-8365

Dear Parent/Guardian:

Children need healthy meals to learn. The **Wayne Township Public Schools** offers healthy meals every school day at the prices listed below. **Your children may qualify for free meals or for reduced price meals.**

	FULL PRICE			REDUCED PRICE		
	Elementary	Middle	High	Elementary	Middle	High
National School Lunch	\$2.65	\$2.85	N/A	\$0.40	\$0.40	N/A
School Breakfast	\$1.60	\$1.65	N/A	\$0.30	\$0.30	N/A
After School Snack	N/A	N/A	N/A	N/A	N/A	N/A
Special Milk Program	N/A	N/A	N/A	Not Applicable	Not Applicable	Not Applicable
Split Session Milk Program	\$0.30	Not Applicable				
N/A - Not Applicable						

This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. For a convenient way to fill out the meal application, go to www.wayneschools.com.

Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **NJ SNAP** or **NJ TANF/WorkFirst-NJ** are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL INCOME CHART For school Year 2018-2019			
Household Size	Yearly	Monthly	Weekly
1	22,459	1,872	432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
For each additional person, add:	+7,992	+666	+154

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail your school, homeless liaison or migrant coordinator.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to one of your children's schools.
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS? No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact your school immediately.
5. CAN I APPLY ONLINE? If available, you are encouraged to complete an online application instead of a paper application. The online application has the same requirements and will ask you for the same information as the paper application. Contact your school if you have any questions about the online application.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to:

Hearing Officer Name: Jinnee DeMarco Address: 50 Nellis Drive, Wayne NJ 07470
 Phone Number: (973)633-3000 Ext: 3006

11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application.
16. MY FAMILY NEEDS HELP. ARE THERE ANY PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for NJ SNAP or other assistance benefits, contact your local assistance office, call 1-800-687-9512 or go to <https://oneapp.dhs.state.nj.us/default.aspx>. You can also contact NJ FamilyCare or Medicaid at 1-800-701-0710 or www.njfamilycare.org for information regarding health insurance for your family. For the WIC Program, call 1-800-328-3838 or go to www.nj.gov/health/fhs/wic.

If you have other questions or need help,
call (973)317-2198 Ext:

Sincerely,

Signature:



Name: Suzanne Koransky, RN MA

Title: Supervisor of Health Services



Township Public Schools

Suzanne Koransky, R.N., M.A.
Supervisor of Health Services
50 Nellis Drive, Wayne, NJ 07470
skoransky@wayneschools.com
Phone: (973) 317-2198
Fax: (973) 396-8365

ADDENDUM

IMPORTANT – PLEASE BE REMINDED THAT **ONLY ONE** FREE & REDUCED PRICE SCHOOL MEALS **APPLICATION FORM** NEEDS TO BE SUBMITTED PER HOUSEHOLD.

BREAKFAST – IS AVAILABLE TO **ALL** STUDENTS. PLEASE REFER TO THE “FOOD SERVICES” TAB (located under the “Family Links” tab) at **www.wayneschools.com** FOR MORE INFORMATION.

HIGH SCHOOL STUDENTS – ALTHOUGH OUR HIGH SCHOOLS DO NOT PARTICIPATE IN THE FEDERALLY FUNDED CHILD NUTRITION PROGRAMS, LUNCH IS AVAILABLE TO HIGH SCHOOL STUDENTS AT AN AVERAGE COST OF \$ 3.25 FOR FULL PRICED LUNCH AND, IF ELIGIBLE, \$ 0.40 FOR REDUCED PRICE, OR FREE LUNCH. PLEASE KNOW THAT ALL HIGH SCHOOL MENU ITEMS ARE SOLD ALA CARTE (SEPARATELY).

THANK YOU.

INSTRUCTIONS Sources of Income

Sources of Income for Children

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security <ul style="list-style-type: none"> - Disability Payments - Survivor's Benefits 	<ul style="list-style-type: none"> - A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> - Salary, wages, cash bonuses - Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> - Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits 	<ul style="list-style-type: none"> - Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail civil rights complaints only to: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442; or
email: program.intake@usda.gov

This institution is an equal opportunity provider.

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income	How often?					Household Size	Categorical Eligibility <input type="checkbox"/>	Eligibility:		
	Weekly	Bi-Weekly	2x/Month	Monthly	Annual			Free	Reduced	Denied
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Determining Official's Signature	Date		Confirming Official's Signature		Date		Verifying Official's Signature		Date	
<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in the district. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact your school.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12			
<p>Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.</p> <p>Who should I list here? When filling out this section, please include ALL members in your household who are:</p> <ul style="list-style-type: none"> • Children age 18 or under AND are supported with the household's income; • In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth; • Students attending the school system, <u>regardless of age.</u> 			
<p>A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.</p>	<p>B) Is the child a student in this school district? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend the school district here. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.</p>	<p>C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. <u>Foster children who live with you may count as members of your household and should be listed on your application.</u> If you are applying for both foster and non-foster children, go to step 3.</p>	<p>D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and <u>complete all steps of the application.</u></p>
STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP, TANF, OR FDPIR?			
<p>If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:</p> <ul style="list-style-type: none"> • The Supplemental Nutrition Assistance Program (SNAP) or NJ SNAP. • Temporary Assistance for Needy Families (TANF) or NJ TANF/WorkFirst NJ. • The Food Distribution Program on Indian Reservations (FDPIR). 			
<p>A) If no one in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Leave STEP 2 blank and go to STEP 3. 	<p>B) If anyone in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> • Write a case number for SNAP, TANF, or FDPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact your local county welfare agency: http://www.nj.gov/humanservices/dfd/programs/njsnap/cwa/index.html • Go to STEP 4. 		
STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS			
<p>How do I report my income?</p> <ul style="list-style-type: none"> • Use the charts titled "<u>Sources of Income for Adults</u>" and "<u>Sources of Income for Children</u>," printed on the back side of the application form to determine if your household has income to report. • Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents. <ul style="list-style-type: none"> ○ Gross income is the total income received before taxes. ○ Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been 			

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.

- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children. Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - Infants, Children and students already listed in STEP 1.

<p>B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." <u>Do not list any household members you listed in STEP 1.</u> If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.</p>	<p>C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.</p> <p>What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.</p>	<p>D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. <u>Do not report the cash value of any public assistance benefits NOT listed on the chart.</u> If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.</p>
<p>E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.</p>	<p>F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.</p>	<p>G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."</p>

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

<p>A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.</p>	<p>B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p>	<p>C) Mail completed form: to your school district.</p>	<p>D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.</p>
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**SHARING INFORMATION WITH MEDICAID or
NJ FAMILYCARE**

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Medicaid or NJ FamilyCare. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and NJ FamilyCare that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and NJ FamilyCare only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or NJ FamilyCare, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

- No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with Medicaid or the State Children's Health Insurance Program (NJ FamilyCare)

If you checked no, fill out the form below to ensure that your information is NOT shared for the child(ren) listed below:

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

Return this form to your child's school, ONLY if you do NOT wish your information to be shared with Medicaid or NJ FamilyCare.

Parental Consent to Survey and PPRA Notice

Please complete a separate form for each child enrolled at Wayne Township Public Schools

The Protection of Pupil Rights Amendment (PPRA), 20 U.S.C. § 1232h, requires Wayne Township Public Schools to notify you and allow you to opt your child out of participating in certain school activities. These activities include a student survey, analysis, or evaluation that concerns one or more of the following eight areas (“protected information surveys”):

1. Political affiliations or beliefs of the student or student’s parent;
2. Mental or psychological problems of the student or student’s family;
3. Sex behavior or attitudes;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with whom respondents have close family relationships;
6. Legally recognized privileged relationships or analogous relationships, such as with lawyers, doctors, or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents;
8. Income, other than as required by law to determine program eligibility;
9. Social security number.

This requirement also applies to the collective, disclosure or use of student information for marketing purposes (“marketing surveys”), and certain physical exams and screenings. For surveys and activities scheduled after the school year starts, the Wayne Township Public Schools will provide parents, within a reasonable period of time prior to the administration of the surveys and activities, notification of the surveys and activities and be provided an opportunity to opt their child out, as well as an opportunity to review the surveys.

If you wish to review any survey instrument or instructional material used in connection with any protected information or marketing survey, please submit a request to the main office. A school official will notify you of the time and place where you may review these materials. You have the right to review a survey and/or instructional materials before the survey is administered to a student.

Although we generally only survey students regarding these issues occasionally, the survey results allow us to target areas of concern. Services and programs designed to address these areas of concern allow us to meet the needs of students and their families based on the survey results. Names are never collected as part of the survey process, so all information remains anonymous. Please indicate below whether or not you give permission to survey your son/daughter in school and have your child return this completed form to his/her homeroom teacher on the first day of school.

- DO include my child when conducting surveys in school**
- DO NOT include my child when conducting surveys in school**

Student’s Name

School/Grade

Teacher

Parent/Guardian Name (please print)

Signature of Parent/ Guardian

Date of Signature

****Note: This Consent to Survey and PPRA Notice is intended to notify you of your right to opt out of any “protected information surveys” as listed on the notice. If and when the District determines that a student survey is warranted, you will receive another notice specifically describing that survey and giving you an additional opportunity to opt out of this survey if you so wish. Please contact Paula Clark, Esq., District Compliance at 973-317-2131 or by email at paulaclark@wayneschools.com if you have any additional questions.***

Bring Your Own Device (BYOD) Guidelines, FAQs, and Student/Parent Agreement

Students and Parents/Guardians acknowledge that:

- Students and parents/guardians participating in B.Y.O.D. must adhere to District Policy 2363 Pupil Use of Privately-owned Technology and Acceptable Use Policy (Policy 2361)
- Each teacher has the discretion to allow and regulate the use of personal devices in the classroom and on specific projects.
- WTPS is authorized to collect and examine any device that is suspected of causing technology problems or was the source of an attack or virus infection.
- Students and parents should be aware that devices are subject to search by school administrators if the device is suspected of a violation of the student code of conduct. If the device is locked or password protected, the student will be required to unlock the device at the request of a school administrator,

Students are prohibited from:

- Bringing a device on premises that infects the network with a virus, Trojan, or program designed to damage, alter, destroy, or provide access to unauthorized data or information.
- Processing or accessing information on school property related to "hacking." Altering or by passing network security policies.
- Establishing a wireless ad-hoc or peer-to-peer network using his/her electronic device or any other wireless device while on school grounds. This includes, but is not limited to, using a privately owned electronic device such as a cabled or wireless hotspot.
- No privately owned electronic device should ever be connected by cable to the WTPS network. Network access is provided via Wi-Fi / wireless connection only.
- Students may not use devices to record, transmit, or post photographic images or video of a person or persons during school hours or during school activities, unless otherwise allowed by a teacher.
- Devices may only be used to access computer files on internet sites which are relevant to the classroom curriculum.

Lost, Stolen, or Damaged Devices:

Each user is responsible for his/her own device and should use it responsibly and appropriately. WTPS takes no responsibility for stolen, lost, or damaged devices, including lost or corrupted data on those devices. While school employees will help students identify how to keep personal devices secure, students will have the final responsibility for securing their personal devices. Please check with your homeowner's policy regarding coverage of personal electronic devices, as many insurance policies can cover loss or damage.

Consequences for B.Y.O.D. Violations:

- 1) Students shall be disciplined in accordance with the Pupil Code of Conduct for violations of Board Policies 2363, 2361 and/or the guidelines for participating in B.Y.O.D.
- 2) Parents/guardians are liable for any monetary damages associated with violations of Board Policies 2363, 2361 and/or guidelines for participating in B.Y.O.D. causing damage and/or destruction to the Board's property.

****Acknowledgement for receipt and review of this Agreement is located on the Important Policy Information for Parents Form.**

Network Considerations:

All users will use the "WTPS_BYOD" wireless network to access the internet. WTPS does not guarantee connectivity or the quality of the connection with personal devices. WTPS Technology department is not responsible for maintaining or troubleshooting student tech devices.

QUESTIONS FREQUENTLY ASKED BY STUDENTS

I have my laptop with me in class. How do I get on the Internet now?

Answer: Most laptops or other personal devices (smart phones) will detect a wireless connection when you are near one (wireless must be turned on). Most of the time your technology tool will ask you if you would like to join the network. When prompted, choose WTPS_BYOD from the list.

My laptop is not prompting me to choose a wireless network. Is there another way to connect?

Answer: In the settings menu of your device, there is usually an icon for a network. Go to this icon and choose the WTPS_BYOD from the list or prompt your computer to look for a wireless network. Always consult your device's owner's manual for exact directions for accessing a wireless network.

I just can't get my laptop to connect to the network. Can I get some help from someone?

Answer: Students who cannot access the WTPS_BYOD wireless network, or who may have technical issues with their technology tool, need to take care of this issue by working with their user's manual that came with the device (not during class time).

I brought my iPad to school to use in the classroom, but my teacher said I couldn't use it in her classroom. Can I still use it?

Answer: The teacher in the classroom has the final say on procedures in the classroom. If he or she asks you not to use your device, then you should follow those directions. Access is only available, not guaranteed for each classroom situation.

I need to save my work in my "H" drive shared folder. Why can't I access this resource?

Answer: You are on the WTPS_BYOD Network. It is not the same as the network you would normally access from a district computer. You will not see your shared folder, so you will need to save your work on your device or on Google Drive.

I need to print the spreadsheet I just created. Why is there no printer listed when I try this?

Answer: Like the shared folders, printers are on the WTPS network and will not be available when you login to the BYOD network. Some printing solutions include: saving it to your Google Drive account and printing from home or another district computer.

My laptop was stolen when I brought it to school. Who should I contact about this?

Answer: Bringing your own technology device to school can be useful; however some risks are involved as well. It is always a good idea to record the device's serial number in case of theft. WTPS is not responsible for the theft of a device, nor are we responsible for any damage done to the device while at school.

Why am I filtered on my own computer? Shouldn't I be able to see what I want to on my own tool?

Answer: Student filtering is required by federal law of all public schools. The Children's Internet

Protection Act (CIPA) requires all network access to be filtered, regardless of the tool you use to access it while in a public school. Your laptop or phone is the device. The network you are using while at school belongs to WTPS and will be filtered.

Am I still held accountable for the Acceptable Use Policy ("AUP") I signed at the beginning of the school year even though this is my own personal computer?

Answer: Yes. The Acceptable Use Policy for WTPS remains in effect even when you are using your own laptop, smart phone, iPad etc.

Am I able to connect my laptop to an open network port and gain access to the internet?

Answer: No. WTPS is only providing access to personal devices through the wireless network.

Will there be a penalty to my grade if I do not have my own device?

Answer: No. Devices are never required and therefore, a grade cannot be taken.

QUESTIONS FREQUENTLY ASKED BY PARENTS/GUARDIANS

My child is bringing his/her iPad to school for instructional purposes. Will he/she have access to things he/she normally does with district equipment?

Answer: Your child will have access to any of the web based software currently in use (Databases, library search tools etc.). Software may run differently on different devices for varying reasons. You should consult your owner's manual for software limitations. (Ex., iPads cannot run software requiring Flash Player.)

As a parent, am I required to add additional software (virus protection, filter, tracking device, etc.) to my child's technology tool?

Answer: No. Currently we are not requiring any additional software for school use. Virus protection is always advised, but not required. While on the WTPS_BYOD network, students will be monitored through the district's filter (Barracuda), so there is no need for additional filtering software.

I have read the terms of service and I do not wish to have my daughter accessing the Internet using her own laptop. I would like to allow her to use her computer for productivity, but not the Internet. Is this possible?

Answer: Yes. Your daughter may choose not to accept the terms of use; however, the rules outlined in the Acceptable Use Policy still apply for technology use of any kind (Internet or other). Also, it is not the responsibility of district staff to ensure she has not accessed the Web on her own technology device.

If my daughter's laptop is stolen or damaged, what recourse can I take?

Answer: The district is not responsible for any damage or theft of student owned equipment. Installing tracking software like Absolute Software can help locate the equipment if it is stolen, and keeping track of the device's serial number, model and type will be helpful as well. Theft or vandalism of any kind should be reported immediately.

What are the classroom rules for using student owned devices including phones?

Answer: Teachers make the final decision for any tools used in the classroom; student owned equipment would be no different. It will be up to the individual teachers to communicate their expectations to parents and students.

Wayne

Township Public Schools

G-Suite for Education Consent

To parents and guardians:

At Wayne Township Public Schools, we use G Suite for Education, and we are seeking your permission to provide and manage a G Suite for Education account for your child. G Suite for Education is a set of education productivity tools from Google including Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. At Wayne Township Public Schools, students will use their G Suite accounts to complete assignments, communicate with their teachers, sign into their Chromebooks, and learn 21st Century digital citizenship skills.

The notice below provides answers to common questions about what Google can and can't do with your child's personal information, including:

- What personal information does Google collect?
- How does Google use this information?
- Will Google disclose my child's personal information?
- Does Google use student personal information for users in K-12 schools to target advertising?
- Can my child share information with others using the G Suite for Education account?

Please read it carefully, let us know of any questions, and then sign below to indicate that you've read the notice and give your consent. If you don't provide your consent, we will not create a G Suite for Education account for your child.

I give permission for Wayne Township Public Schools to create/maintain a G Suite for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the notice below.

**** ACKNOWLEDGMENT FOR THE PAGES BELOW IS LOCATED ON THE IMPORTANT POLICY INFORMATION FOR PARENTS FORM.**



Township Public Schools

G Suite for Education Notice to Parents and Guardians

This notice describes the personal information we provide to Google for these accounts and how Google collects, uses, and discloses personal information from students in connection with these accounts.

Using their G Suite for Education accounts, students may access and use the following "Core Services" offered by Google (described at https://gsuite.google.com/terms/user_features.html):

- Gmail (including Inbox by Gmail)
- Calendar
- Classroom
- Contacts
- Drive
- Docs
- Forms
- Groups
- Keep
- Sheets
- Sites
- Slides
- Talk/Hangouts
- Vault

In addition, we also allow students to access certain other Google services with their G Suite for Education accounts. Specifically, your child may have access to the following "**Additional Services**":

YouTube and Google Maps for students in grades 6-12

Google provides information about the information it collects, as well as how it uses and discloses the information it collects from G Suite for Education accounts in its G Suite for Education Privacy Notice. You can read that notice online at https://gsuite.google.com/terms/education_privacy.html You should review this information in its entirety, but below are answers to some common questions:

What personal information does Google collect?

When creating a student account, Wayne Township Public Schools may provide Google with certain personal information about the student, including, for example, a name, email address, and password. Google may also collect personal information directly from students, such as telephone number for account recovery or a profile photo added to the G Suite for Education account.



Township Public Schools

When a student uses Google services, Google also collects information based on the use of those services. This includes:

- device information, such as the hardware model, operating system version, unique device identifiers, and mobile network information including phone number;
- log information, including details of how a user used Google services, device event information, and the user's Internet protocol (IP) address;
- location information, as determined by various technologies including IP address, GPS, and other sensors;
- unique application numbers, such as application version number; and
- cookies or similar technologies which are used to collect and store information about a browser or device, such as preferred language and other settings.

How does Google use this information?

In G Suite for Education **Core Services**, Google uses student personal information to provide, maintain, and protect the services. Google does not serve ads in the Core Services or use personal information collected in the Core Services for advertising purposes.

In Google Additional Services, Google uses the information collected from all Additional Services to provide, maintain, protect and improve them, to develop new ones, and to protect Google and its users. Google may also use this information to offer tailored content, such as more relevant search results. Google may combine personal information from one service with information, including personal information, from other Google services.

Does Google use student personal information for users in K-12 schools to target advertising?

No. For G Suite for Education users in primary and secondary (K-12) schools, Google does not use any user personal information (or any information associated with an G Suite for Education Account) to target ads, whether in Core Services or in other Additional Services accessed while using a G Suite for Education account.

Can my child share information with others using the G Suite for Education account?

We may allow students to access Google services such as Google Docs and Sites, which include features where users can share information with others or publicly. When users share information publicly, it may be indexable by search engines, including Google.

Will Google disclose my child's personal information?

Wayne

Township Public Schools

Google will not share personal information with companies, organizations and individuals outside of Google unless one of the following circumstances applies:

- **With parental or guardian consent.** Google will share personal information with companies, organizations or individuals outside of Google when it has parents' consent (for users below the age of consent), which may be obtained through G Suite for Education schools.
- **With Wayne Township Public Schools.** G Suite for Education accounts, because they are school-managed accounts, give administrators access to information stored in them.
- **For external processing.** Google may provide personal information to affiliates or other trusted businesses or persons to process it for Google, based on Google's instructions and in compliance with the G Suite for Education privacy notice and any other appropriate confidentiality and security measures.
- **For legal reasons.** Google will share personal information with companies, organizations or individuals outside of Google if it has a good-faith belief that access, use, preservation or disclosure of the information is reasonably necessary to:
 - meet any applicable law, regulation, legal process or enforceable governmental request.
 - enforce applicable Terms of Service, including investigation of potential violations.
 - detect, prevent, or otherwise address fraud; security or technical issues.
 - protect against harm to the rights, property or safety of Google, Google users or the public as required or permitted by law.

Google also shares non-personal information -- such as trends about the use of its services -- publicly and with its partners.

What choices do I have as a parent or guardian?

First, you can consent to the collection and use of your child's information by Google. If you don't provide your consent, we will not create a G Suite for Education account for your child, and Google will not collect or use your child's information as described in this notice.

If you consent to your child's use of G Suite for Education, you can access or request deletion of your child's G Suite for Education account by contacting their child's principal. If you wish to stop any further collection or use of your child's information, you can request that we use the service controls available to limit your child's access to features or services, or delete your child's account entirely. You and your child can also visit <https://myaccount.google.com> while signed in to the G Suite for Education account to view and manage the personal information and settings of the account.

What if I have more questions or would like to read further?

If you have questions about our use of Google's G Suite for Education accounts or the choices available to you, please contact the Director of Technology, Dr. Joe Borchard. If you want to learn more about how Google collects, uses, and discloses personal information to provide services to us, please review the [G Suite for Education Privacy Center](https://www.google.com/edu/trust/) (at <https://www.google.com/edu/trust/>), the [G](#)

Wayne

Township Public Schools

[Suite for Education Privacy Notice](https://gsuite.google.com/terms/education_privacy.html) (at https://gsuite.google.com/terms/education_privacy.html), and the [Google Privacy Policy](https://www.google.com/intl/en/policies/privacy/) (at <https://www.google.com/intl/en/policies/privacy/>).

The Core G Suite for Education services are provided to us under [Google's Apps for Education agreement](https://www.google.com/apps/intl/en/terms/education_terms.html) (at https://www.google.com/apps/intl/en/terms/education_terms.html)



Township Public Schools
50 Nellis Drive, Wayne, New Jersey 07470

Administrative Offices
www.wayneschools.com
Phone: (973) 633-3000
Fax: (973) 628-8058

Wayne Township Public Schools Annual Asbestos Notification Compliance – 2018 - 2019

To Parents, Guardians, Staff, Students and Members of the General Public:

The Wayne Township Public School District has completed its required inspections of the district facilities in accordance with the Asbestos Hazard Emergency Response Act (AHERA) 40 CFR Part 763.84 and 40 CFR 763.93. As part of this inspection process, we as a district are required to notify parents, faculty, and staff annually of any pertinent changes in the district relating to asbestos containing materials. The inspection reports are on file at each individual school and a complete district-wide set is available at the Department of Building Services, 50 Nellis Drive, Wayne, NJ.

To assure that all buildings are safe and in compliance with the requirements of AHERA, the district has retained the services of RAMM Environmental Services, Inc., Fair Lawn, New Jersey. This company is certified by the State Department of Health to inspect each building for ACBM and develop a plan for the management of these materials. The AHERA Management Plan for each building documents the location and condition of asbestos and presents a plan of action for removal and/or maintenance of these materials.

All asbestos containing materials within the district are part of an ongoing Operations & Maintenance Program to keep the materials properly maintained. This year, asbestos containing floor tile were properly removed and disposed of by licensed asbestos contractors at our: Wayne Hills HS: room 140; Wayne Valley HS: rooms 103, 210, 211, 212, 214, Randall Carter ES: rooms 8, 12, 24 & nurse's office; Lafayette ES: rooms 20 & 21; Pines Lake ES: rooms 9 & 11; Schuyler Colfax MS: required a Sub-Chapter 8 removal and filing for permit included notification to the Department of Community Affairs. The damages were due to a winter freeze of a heating line causing extensive damage to rooms 131, 132 & 133 on Jan. 2nd.

The district also ensures that air testing and inspections are performed after removal to ensure the safety of our staff and children as well as keeping in full compliance with the law. Complete reports for removal projects have been placed in our AHERA files and are incorporated into our Asbestos Management Plans during the next re-inspection cycle.

In July 2018 the Asbestos AHERA Six-Month Surveillance Inspection Report was completed for all buildings containing ACBM. Every six months all identified ACBM are re-inspected by RAMM Environmental Services, Inc. for possible deterioration. If any deterioration is found, the area is repaired and cleaned by trained and certified personnel. The AHERA Six-Month Surveillance and Inspection Reports are on file.

Asbestos abatement and maintenance is conducted within the guidelines of Asbestos Containing Materials in Schools: Final Rule and Notice (40 CFR Part 763). Specific details about asbestos removal activities will be announced 10 days prior to the start of any such project filing for a permit through the the Dept. of Labor and Health. Tests will be taken of the air quality during and after each removal project.

Respectfully,
John Maso, Director of Facilities Management

WAYNE TOWNSHIP PUBLIC SCHOOLS

Annual Integrated Pest Management Notice For School Year 2018-2019



Dear Parent, Guardian, or Staff Member:

This notice is being distributed to comply with the New Jersey School Integrated Pest Management Act. The Wayne Public School District has adopted an Integrated Pest Management (IPM) Policy and has implemented an IPM Plan to comply with this law. IPM uses site assessments, monitoring, and pest prevention in combination with a variety of pest management tactics for pest prevention and control. Instead of routine chemical applications, IPM employs physical, horticultural, mechanical, and biological controls with selective use of pesticides only when needed. IPM is a holistic, preventive approach to managing pests that is explained further in each school's IPM Policy.

All schools in New Jersey are required to have an Integrated Pest Management Coordinator (IPM Coordinator) to oversee all activities related to IPM and pesticide use at the school.

The IPM Coordinator for the Wayne Township Public School District is:

Name of IPM Coordinator: Mr. Luigi Tulipani

Business Phone Number: (973) 317-2195

Business Address: Wayne Board of Education, Dept of Building Services, 50 Nellis Drive, Wayne, NJ 07470

The IPM Coordinator maintains the pesticide product label, and the Safety Data Sheet (SDS) (when one is available), of each pesticide product that may be used on school property. The label and the SDS are available for review by a parent, guardian, staff member, or student attending the school. Also, the IPM Coordinator is available to parents, guardians, and staff members for information and to discuss IPM activities and pesticide use at the school.

As part of a school pest management plan, the Wayne Township Public School District may use pesticides to control pests. The United States Environmental Protection Agency (EPA) and the New Jersey Department of Environmental Protection (DEP) register pesticides to determine the use of a pesticide in accordance with instructions printed on the label does not pose an unreasonable risk to human health and the environment. Nevertheless, the EPA and the DEP cannot guarantee that registered pesticides do not pose any risk to human health, thus unnecessary exposure to pesticides should be avoided. The EPA has issued the statement that where possible, persons who are potentially sensitive, such as pregnant women, infants and children, should avoid unnecessary pesticide exposure.

The following IPM documents are available through the IPM Coordinator:

- **A copy of the school or school district's IPM policy.**
- **The date, time and place of any meeting, if one is to be held, for the purpose of adopting or modifying the school integrated pest management policy or plan.**
- **A list of pesticides that are in use or have been used in the past 12 months on school property.**

COMMUNITY PASS INSTRUCTIONS

The Wayne Township School District has approved the use of the Community Pass online payment system as the District's primary form of payment for all student trips, fees, dues, etc. **NO cash or checks should be submitted to the school.**

Your child is not automatically signed up for ANY activities.

You MUST register your child for EVERY school activity throughout the school year on Community Pass.

Only Tuition balances will appear under VIEW/PAY BALANCES

You may make a payment one of three ways.

1) Community Pass Website

2) Mail a check to the Wayne Board of Education

If you are not able to make payments via **credit** or **debit** card (*Visa, MasterCard or Discover*) through the Community Pass system, payments can be made in mailed. Send your check to Wayne Board of Education Business Office, 50 Nellis Drive, Wayne, NJ 07470. Please include all the following information for payment: 1) family name and address, 2) student name, 3) grade, 4) school, 5) trip date and cost, 6) sizes and quantities (if applicable), etc. and send to the Business Office, Wayne Board of Education Business office at **50 Nellis Drive, Wayne, NJ 07470**. Make checks payable to Wayne Board of Education.

3) Bring a check or cash (**EXACT CHANGE**) to the Wayne Board of Education.

Payments will also be accepted in person at the Wayne Board of Education office with cash (**EXACT CHANGE**) or check made payable to Wayne Board of Education. Please note **cash must be the exact amount due**. Change is not available at the Business Office. FOR PAYMENTS AT THE BUSINESS OFFICE, please arrive with all the following information: 1) family name and address, 2) student name, 3) grade, 4) school, 5) trip date and cost, 6) sizes and quantities (if applicable), etc.

Directions for use of the Community Pass system

1. Go to www.wayneschools.com
2. Go to **Family Links** (top navigation) and click on **Community Pass (Activities & Payments)**
OR click on the \$ in the icon menu on the right of the page.
3. Log in with your username and password
 - A. If you are **NEW** to the Wayne School District – Click **Create Your Account Now** and follow the prompts.
 - B. If you believe you may already have an account, please contact payments@wayneschools.com for help in retrieving your login information. **Please do not create another account.**



If you do not have/do not remember your password and cannot reset it, email payments@wayneschools.com and **provide your last name and mailing address. Your account will be reset and you will receive an email with your login and password.

To Register and Pay for a Program

1. After logging into Community Pass, click the rectangle on the left for a list of Registration Options
2. Choose the **activity**
3. **Confirm** your information - edit if needed - continue
4. **Verify** Email address - edit if needed - continue
5. **Choose student** to be registered - continue
6. **Confirm SCHOOL** and **GRADE** are correctly displayed - edit if needed – continue
7. **Click the box next to the activity** that you are registering for - continue
8. **Click credit card** - continue
9. **Enter credit card information**, also confirm address, etc.
10. Click **complete transaction**

Contact payments@wayneschools.com with any questions.

SPORTS-RELATED

EYE INJURIES:

AN EDUCATIONAL FACT SHEET FOR PARENTS



Participating in sports and recreational activities is an important part of a healthy, physically active lifestyle for children. Unfortunately, injuries can, and do, occur. Children are at particular risk for sustaining a sports-related eye injury and most of these injuries can be prevented. Every year, more than 30,000 children sustain serious sports-related eye injuries. Every 13 minutes, an emergency room in the United States treats a sports-related eye injury.¹ According to the National Eye Institute, the sports with the highest rate of eye injuries are: baseball/softball, ice hockey, racquet sports, and basketball, followed by fencing, lacrosse, paintball and boxing.

Thankfully, there are steps that parents can take to ensure their children's safety on the field, the court, or wherever they play or participate in sports and recreational activities.

Prevention of Sports-Related Eye Injuries

Approximately 90% of sports-related eye injuries can be prevented with simple precautions, such as using protective eyewear.² **Each sport has a certain type of recommended protective eyewear, as determined by the American Society for Testing and Materials (ASTM). Protective eyewear should sit comfortably on the face. Poorly fitted equipment may be uncomfortable, and may not offer the best eye protection. Protective eyewear for sports includes, among other things, safety goggles and eye guards, and it should be made of polycarbonate lenses, a strong, shatterproof plastic. Polycarbonate lenses are much stronger than regular lenses.**³

Health care providers (HCP), including family physicians, ophthalmologists, optometrists, and others, play a critical role in advising students, parents and guardians about the proper use of protective eyewear. To find out what kind of eye protection is recommended, and permitted for your child's sport, visit the National Eye Institute at <http://www.nei.nih.gov/sports/findingprotection.asp>. Prevent Blindness America also offers tips for choosing and buying protective eyewear at <http://www.preventblindness.org/tips-buying-sports-eye-protectors>, and <http://www.preventblindness.org/recommended-sports-eye-protectors>.

It is recommended that all children participating in school sports or recreational sports wear protective eyewear. Parents and coaches need to make sure young athletes protect their eyes, and properly gear up for the game. Protective eyewear should be part of any uniform to help reduce the occurrence of sports-related eye injuries. Since many youth teams do not require eye protection, parents may need to ensure that their children wear safety glasses or goggles whenever they play sports. Parents can set a good example by wearing protective eyewear when they play sports.

¹ National Eye Institute, National Eye Health Education Program, Sports-Related Eye Injuries: What You Need to Know and Tips for Prevention, www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf, December 26, 2013.

² Rodriguez, Jorge O., D.O., and Lavina, Adrian M., M.D., Prevention and Treatment of Common Eye Injuries in Sports, <http://www.aafp.org/afp/2003/0401/p1481.html>, September 4, 2014; National Eye Health Education Program, Sports-Related Eye Injuries: What You Need to Know and Tips for Prevention, www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf, December 26, 2013.

³ Bedinghaus, Troy, O.D., Sports Eye Injuries, http://vision.about.com/od/emergencyeyecare/a/Sports_Injuries.htm, December 27, 2013.

Most Common Types of Eye Injuries



The most common types of eye injuries that can result from sports injuries are blunt injuries, corneal abrasions and penetrating injuries.

◆ **Blunt injuries:** Blunt injuries occur when the eye is suddenly compressed by impact from an object. Blunt injuries, often caused by tennis balls, racquets, fists or elbows, sometimes cause a black eye or hyphema (bleeding in front of the eye). More serious blunt injuries often break bones near the eye, and may sometimes seriously damage important eye structures and/or lead to vision loss.

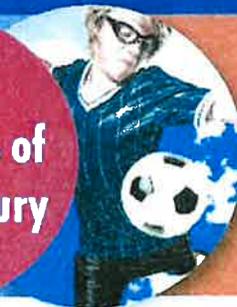
◆ **Corneal abrasions:** Corneal abrasions are painful scrapes on the outside of the eye, or the cornea. Most corneal abrasions eventually heal on their

own, but a doctor can best assess the extent of the abrasion, and may prescribe medication to help control the pain. The most common cause of a sports-related corneal abrasion is being poked in the eye by a finger.

◆ **Penetrating injuries:** Penetrating injuries are caused by a foreign object piercing the eye. Penetrating injuries are very serious, and often result in severe damage to the eye. These injuries often occur when eyeglasses break while they are being worn. Penetrating injuries must be treated quickly in order to preserve vision.¹

- Pain when looking up and/or down, or difficulty seeing;
- Tenderness;
- Sunken eye;
- Double vision;
- Severe eyelid and facial swelling;
- Difficulty tracking;

Signs or Symptoms of an Eye Injury



- The eye has an unusual pupil size or shape;
- Blood in the clear part of the eye;
- Numbness of the upper cheek and gum; and/or
- Severe redness around the white part of the eye.

What to do if a Sports-Related Eye Injury Occurs



If a child sustains an eye injury, it is recommended that he/she receive immediate treatment from a licensed HCP (e.g., eye doctor) to reduce the risk of serious damage, including blindness. It is also recommended that the child, along with his/her parent or guardian, seek guidance from the HCP regarding the appropriate amount of time to wait before returning to sports competition or practice after sustaining an eye injury. The school nurse and the child's teachers should also be notified when a child sustains an eye injury. A parent or guardian should also provide the school nurse with a physician's note detailing the nature of the eye injury, any diagnosis, medical orders for

the return to school, as well as any prescription(s) and/or treatment(s) necessary to promote healing, and the safe resumption of normal activities, including sports and recreational activities.

Return to Play and Sports

According to the American Family Physician Journal, there are several guidelines that should be followed when students return to play after sustaining an eye injury. For example, students who have sustained significant ocular injury should receive a full examination and clearance by an ophthalmologist or optometrist. In addition, students should not return to play until the period of time recommended by their HCP has elapsed. For more minor eye injuries, the athletic trainer may determine that

it is safe for a student to resume play based on the nature of the injury, and how the student feels. No matter what degree of eye injury is sustained, it is recommended that students wear protective eyewear when returning to play and immediately report any concerns with their vision to their coach and/or the athletic trainer.



Additional information on eye safety can be found at <http://isee.nei.nih.gov> and <http://www.nei.nih.gov/sports>.

¹Bedinghaus, Troy, O.D., Sports Eye Injuries, http://vision.about.com/od/emergencyeyecare/a/Sports_Injuries.htm, December 27, 2013.