



THE
CRAIG
SCHOOL
HIGH SCHOOL

24 Changebridge Road • Montville, NJ 07045 • 973-334-1234 • www.craigschool.org

Craig High TRANSPORTATION and COMMUNICATION Forms for the School Year 2023-2024

Please fill out and sign all appropriate transportation and communication forms. They should be mailed to Craig High School or scanned/emailed to our School Administrative Assistant, Mrs. Deborah Mershimer at DMershimer@craigschool.org Send only the signed pages.

- Parent-Student Communications: Contact Info
- Electronic Information Consent Release Form
- Trip Release Form
- Transportation Information
- Non-Public School Transportation Application (B6T-2 pages)



**THE
CRAIG
SCHOOL**
HIGH SCHOOL

24 Changebridge Road • Montville, NJ 07045 • 973-334-1234 • www.craigschool.org

**Parent-Student Communications
2023 - 2024**

Student Name: _____

Grade: _____

Student E-Mail Address: _____

Student Cell Phone Number: _____

Parent Name: _____

Parent E-Mail Address: _____

Alternate E-Mail Address: _____

Home Fax Number: _____

Please fax to 973-334-1288 or e-mail to DMAas@craigschool.org prior to the first day of school.



**THE
CRAIG
SCHOOL**
HIGH SCHOOL

24 Changebridge Road • Montville, NJ 07045 • 973-334-1234 • www.craigschool.org

ELECTRONIC INFORMATION CONSENT RELEASE FORM

School- Provided Access to Electronic Information

Student Agreement & Parent/Guardian Consent and Release Form

STUDENT AGREEMENT

As a condition of using the Craig School computer networks, I have read the appropriate section in the School Handbook and agree to abide by these regulations. I understand that any inappropriate conduct will be dealt with as deemed appropriate by the administration, and this may include, but is not restricted to, immediate suspension or revocation of Internet or computer access rights, detention, suspension, recommendation for termination of placement, or legal prosecution. I am held fully responsible for all my actions. In using the school technology resources, I will:

- Respect the rights, ideas, information, and privacy of other people.
- Neither send nor intentionally receive information that is not related to educational activities or that can be hurtful or harmful to others. This includes discrimination by race, religion, ethnic origin, sex, and sexual orientation.

Student's Name (please print) _____

Student's Signature _____

_____ Date

PARENT/GUARDIAN CONSENT AND RELEASE FORM

I, _____, as the parent or legal guardian of the minor student

(print name)

signing above, grant permission for my child to access networked computer services, including electronic mail and the Internet. I have reviewed the appropriate section of the Craig School Handbook Rules and Regulations with my child I understand that this access is permitted only for educational purposes. I recognize that while the Craig School will use software designed to prohibit access to sites which are inappropriate and will assist students in learning to make appropriate choices, it cannot guarantee that such information will not be accessed by students. In this regard, I further recognize that it may be impossible for the Craig School to block access by students to all controversial or offensive materials. I agree that I will not seek to hold the Craig School responsible for any exposure of my child to any materials encountered on or acquired from the Internet. I understand that the Craig School does not assume the responsibility for the accuracy or quality of information obtained through the Internet or for any views or opinions expressed on the Internet.

I release the Craig School, its officers, employees, agents, and representatives from, and I agree to be responsible for, any and all claims, liability or damages related to or resulting from my child's use of the Craig School's computer network(s) and access to the Internet.

Signature of Parent/Guardian: _____

Date: _____



**THE
CRAIG
SCHOOL**
HIGH SCHOOL

24 Changebridge Road • Montville, NJ 07045 • 973-334-1234 • www.craigschool.org

TRIP RELEASE FORM

I hereby give permission for my son/daughter _____
to participate in all school excursions or trips which may take place during the school year. I understand that this permission includes any trip that may take place off the school grounds supervised by any of the Craig School staff. I grant permission for my son/daughter to participate in all activities while on these trips except as noted below. I further understand that if a trip involves the return of students following the regular school closing time, I will be informed in order to make the necessary transportation arrangements.

With regard to trips, parents and student should be aware that ALL school rules and regulations (as per the school literature and handbooks) will apply and that significant sanctions may be imposed should students fail to abide by any specified regulations. More importantly, because trips are off school grounds, all regulations of any municipality en route to and returning from any location will apply as well. The school is compelled to report any municipal violations and will do so.

Additionally, parents and students should understand that despite the fact that the school will take the best safety precautions with regard to the activities engaged in during these trips, the trip may involve the potential for injuries inherent in travel. I acknowledge that even with adherence to the most stringent safety procedures, injuries common to travel are a possibility.

I acknowledge that I have read and understood the above prior to signing this release.

Signature of Parent/Guardian: _____ Date: _____



THE CRAIG SCHOOL

HIGH SCHOOL

24 Changebridge Road • Montville, NJ 07045 • 973-334-1234 • www.craigschool.org

TRANSPORTATION INFORMATION

We are sure that you are aware of the importance of maintaining a current and accurate account of phone numbers should it become necessary to contact the bus companies or other forms of transportation. If any of the following information changes throughout the school year, please inform the office.

Student's Name _____ Age: _____ Grade: _____

Bus Co. Name: _____ Other (Veh. Description) _____

Bus Co. Address: _____
Street City State Zip Code

Bus Co. Phone: _____ Bus Co. Fax: _____

Bus Co. Contact Person: _____

Bus Driver's Name/Cell Phone: _____

Name of all students transported: _____

IF NO BUS IS USED:

Driver Picking Up: _____

Emergency Contact Name/Phone Number: _____

Relationship to Student: _____

2nd Contact Person/Phone Number _____

Date Completed: _____

This information must be returned prior to the first day of school

(B6T) Nonpublic School Transportation Application (N.J.A.C 6A:27-2.5)

Instructions

It is the obligation of the parent or guardian of nonpublic school students to annually obtain the Nonpublic School Transportation Application from the administrative office of the nonpublic school for each student for which transportation services are being requested. Submit a separate application for each student.

Note:

- If there is a change of home address, a new application shall be submitted to the public school district of residence.
- If there is a change in the nonpublic school of attendance, a new application shall be submitted to the public school district of residence.
- Complete this application and return it to the nonpublic school on or before March 10th preceding the school year in which transportation is being requested.
- Late applications — Any application received after March 10th will be a late application and must be accompanied by a statement of the reason for lateness. Eligible students will receive transportation or aid in lieu of transportation based on the date the application is received by the public school.
- It is the obligation of the nonpublic school administrator to annually collect the application and submit it to the public school district from which transportation is being requested prior to March 15th.
- It is the obligation of the public school administrator to notify the parent or guardian as the determination of each application by August 1st.
- A district board of education shall pay aid in lieu of transportation to the parent or guardian of an eligible student only after receiving a signed "Nonpublic School Transportation Payment" voucher (B7T) as prescribed by the Commissioner of Education.

Application Form

School Year: 2023 -2024 Resident District Board of Education:

Student Name:

Last

First

Middle

Date of Birth (mm/dd/yy):

Parent/Guardian Name:

Daytime Phone:

Email Address:

Area code + number

Home Address:

City:

Zip:

Mailing Address:

City:

Zip:

Full name of school to be attended: Craig School High School

Phone: 973-334-1234

Address of School: 24 Changebridge Rd,
Montville, NJ

Area code + number

Student's grade for the coming year: _____

Shortest one-way mileage between home and school

(shortest route along public roadways or walkways to the nearest tenth of a mile)

Date school opens (mm/dd/yy): 9/5/23

Date school closes (mm/dd/yy): 6/14/24

School hours: 8:00 AM to 3:00 PM

Name of school of attendance in prior year: _____

Address: _____

Signature: _____

Date (mm/dd/yy): _____

Public School Use Only (Do not write below this line)

Your application has been reviewed by the resident district board of education. The following determination has been made:

- Transportation will be provided
- You are eligible for payment in lieu of transportation
- Ineligible

Reason: _____

Title: _____

Signature: _____

Date (mm/dd/yy): _____