

2026/2027 Hunterdon Preparatory School - Student Information Sheet

Student Information

Full legal name _____
 Nickname _____ DOB: ____/____/____
 Address _____

 Student Cell # _____

Alternate Emergency Telephone Numbers

In the event that I am unable to be reached, the following people have my permission to pick my child up from school:

Name _____
 Relationship _____
 Home phone _____ Cell _____

Name _____
 Relationship _____
 Home phone _____ Cell _____

Parent or Guardian Information

Parent/Guardian Name _____
 Address _____

 Email _____
 Home phone _____
 Cell phone _____ Work _____

Parent/Guardian Name _____
 Address _____

 Email _____
 Home phone _____
 Cell phone _____ Work _____

Are there any specific **custody** or **guardianship** issues that we should be aware of? If so, please explain here or on reverse side:

FYI: If your child DOES NOT have Health Insurance, NJ FamilyCare provides free or low cost health insurance for uninsured children and eligible individuals. For more information call 800-701-0710 or visit www.njfamilycare.org to apply online. If you would like us to release your name & address to the NJ FamilyCare program to contact you about health insurance, please sign below. *Written consent required pursuant to 20 U.S.C. 1232g(b)(1) and 34 C.F.R. 99.30(b).*

Signature: _____ Printed Name: _____ Date: _____

Medical Information

Physician Name _____ Phone _____
 Address _____

Is student taking any medication? If yes, please indicate the name of medicine, dosage and time given. Please include any over-the-counter, non-prescription medications:

Medicine _____	Dosage _____	Time(s) Administered _____	_____
Medicine _____	Dosage _____	Time(s) Administered _____	_____

Does the student have any physical or activity restrictions? _____

Does the student have allergies to:

Medication	No	Yes	Explain: _____
Food	No	Yes	Explain: _____
Insect/Bee stings	No	Yes	Explain: _____
Contact/Skin	No	Yes	Explain: _____
Seasonal	No	Yes	Explain: _____
Animals/Other	No	Yes	Explain: _____

Does the student use any assistive or treatment devices such as:

Glasses/contacts	No	Yes	Explain: _____
Hearing Aids	No	Yes	Explain: _____
Braces (type)	No	Yes	Explain: _____

If any prescription medicine is to be taken during school hours, please provide the school with a completed **"Parent's Request for Giving Medications at School"** form (*available on our website www.hunterdonprep.org*).

In the event of an emergency during school hours or school related activities, I authorize Hunterdon Preparatory School staff to access treatment services for my son/daughter and to release information about my son/daughter to facilitate treatment.

Date _____ Custodial Parent's or Guardian's Signature _____



HUNTERDON PREPARATORY SCHOOL

11 SPENCER LANE
ANNANDALE, NJ 08801
Phone: 908-832-7200 • Fax: 908-832-9772
www.hunterdonprep.org

ACTIVITIES AND TRIPS PERMISSION 2026/2027

Students attending the Hunterdon Preparatory School have the opportunity to participate in off-campus activities and trips during school hours. Students will not be permitted off-campus for any school sanctioned activity without parental/guardian permission.

Therefore, if you wish your child to participate in any off-campus, school sanctioned activity, please complete and sign below.

Student's Name: _____

I HEREBY GIVE MY SON/DAUGHTER PERMISSION TO PARTICIPATE IN ALL OFF CAMPUS
ACTIVITIES AND TRIPS

Parent or Guardian Signature

Date



EMERGENCY CONTACT INFORMATION for 2026/2027

In the event of a snow day or other emergency closing, we need to know how to best communicate with you.

Please remember that most snow day calls go out between 5:00 and 6:00 AM so keep in mind what phones you want ringing at that early hour.

- ✓ The **system cannot call phone numbers with an extension**, so please be certain that any work numbers listed are direct lines.

.....

Student Name: _____

Parent/Guardian Name: _____

Email address(s): _____

Emergency numbers (list in order of priority)

1) _____ 2) _____ 3) _____

4) _____ 5) _____ 6) _____

If at any time you wish to change the phone numbers, send an email to csmith@hunterdonprep.org or call Cathy Smith at 908.832.7200.



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Media Release Form 2026/2027

At Hunterdon Preparatory School we like to celebrate our students both within and outside of our school community. On occasion, we like to feature your child's achievements in newspaper articles, videos, school brochures and on our School's website and social media sites.

Hunterdon Preparatory School is sensitive to your child's right to privacy and, therefore, requests consent to publish your child's image.

You are under no obligation to sign this consent and may rescind your permission at any time by sending written notification to Hunterdon Preparatory School. Upon receipt of your notification, no new materials will be created or distributed.

If you AGREE to allow Hunterdon Preparatory School to publish your child's photograph and use your child's voice, written word, artwork and other student works, **check the first box below**. **However, if you DO NOT grant permission** to allow Hunterdon Preparatory School to publish your child's photograph, voice, written word, artwork and other student works, **check the second box**.

I/we HEREBY GRANT permission to Hunterdon Preparatory School to use my child's photograph and voice or other likeness, written word, artwork and other student works on the School's website and Facebook site and other social media sites and also in School publications including brochures, video programs, sound recordings, newspaper and magazine articles or other audio/visual material relative to school news and events. In giving my permission, I agree that neither my child nor I will be compensated for the use of this material.

In consideration for the opportunity to participate, I release Hunterdon Preparatory School, including its officers, employees, and trustees, from all claims resulting from the use of my child's image, voice, written word, artwork or other student works. I understand that my child's photograph, voice, likeness, written word, artwork or other student works may appear in electronic form on the Internet or other publication outside of Hunterdon Preparatory School's control, and I agree that I will not hold Hunterdon Preparatory School responsible for any harm that may arise from such unauthorized use or production. I understand that there are potential dangers associated with the posting of personally identifiable information on a website, as global access to the Internet does not allow for control of who may access such information.

I/we DO NOT GRANT permission to use my child's photograph, voice, written word, artwork or other student works on Hunterdon Preparatory School's Internet website or in any newspaper, magazine or other media source for publicity or recognition purposes.

Student's Name (print)

Date

Student's signature (if student is 18 years or older)

Parent or legal guardian signature is required if the participant is under 18 years of age.

Parent or legal guardian name (print)

Date

Parent or legal guardian signature



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Parent's Request for Giving Non-Prescription Medication 2026/2027

In the event that my child reports minor injury or discomfort during school hours, hours, I give permission for my child _____ to receive:

- | | | |
|--|----------|-----------|
| • Acetaminophen 325 mg. (Regular Strength Tylenol). | 1 tablet | 2 tablets |
| • Ibuprofen 200 mg. (Motrin, Advil)..... | 1 tablet | 2 tablets |
| • Antacid..... | 1 tablet | 2 tablets |
| • First Aid Wash/Ointment/Cream (such as throat.....
lozenges, aloe, purified water, anti-bacterials, etc.) | No | Yes |
| • Hygiene Products (deodorant, toothpaste, saline.....
solution, menstrual products, sunscreen, etc.) | No | Yes |

I understand that the school nurse or Hunterdon Preparatory School designee, with the established orders that have been developed and approved by Hunterdon Preparatory School's physician, along with this written consent of a parent/guardian, can administer the above medications.

Hunterdon Preparatory School shall incur **NO** liability as a result of any injury arising from the administration of medication, and the parent/guardian shall indemnify and hold harmless Hunterdon Preparatory School and its employees or agents against any claims arising out of the administration of this medication.

(Signature of Parent/Guardian)

(Date)

(Signature of Student)

(Date)



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Records Release Authorization 2026/2027

Student Name: _____

It is hereby agreed that the Hunterdon Preparatory School has permission to release information related to attendance, grades, progress reports, and other pertinent information regarding the student's welfare to the following agencies and/or individuals.

(Please write in the names and phone numbers of individuals at any agencies involved with your child in the spaces provided next to the agency name.)

DCP&P _____	Phone # _____
Therapist _____	Phone # _____
Psychiatrist _____	Phone # _____
Crisis Intervention _____	Phone # _____
Social Service Agency _____	Phone # _____
Physician _____	Phone # _____
Other _____	Phone # _____
Other _____	Phone # _____

The purpose or need for such disclosure is to facilitate and co-ordinate helping efforts.

This information may be received or given upon request or as deemed necessary by Hunterdon Preparatory School staff or the above agencies and individuals.

This consent is subject to revocation in writing by the student's guardian at anytime except to the extent that action has already been taken based on this agreement, and will otherwise expire when the student is removed from the rolls of the Hunterdon Preparatory School.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



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Computer Use Policy 2026/2027

The Hunterdon Preparatory School provides access to the Internet in the computer lab and in each classroom. Students will have the opportunity to access information on the Internet under the supervision of the Hunterdon Preparatory School staff and/or administration. The Hunterdon Preparatory School has established guidelines for its use.

This contract clarifies acceptable use of the computers and Internet for students and parents/guardians.

ACCEPTABLE COMPUTER AND INTERNET USE AGREEMENT

As a student of the Hunterdon Preparatory School I agree to:

1. Follow the guidelines of behavior and language presented in the Student Handbook when using Hunterdon Preparatory School's computers.
2. Be responsible for all my actions on the computer network and the Internet.
3. Protect the privacy of other students. To not read, change, delete, copy or use the computer files of another person without the person's permission.
4. Refrain from installing any program without written consent and review by the network administrator.
5. Not to access any file or insert a CD, flash drive or other removable media into any Hunterdon Preparatory School computer without review for viral infection by the network administrator.
6. Refrain from attempting to access any computer system or equipment at Hunterdon Preparatory School by trying to learn passwords or defeat security measures instituted by staff members.
7. Not upload, download, or bring inappropriate or offensive material into the school. This would include, but not be limited to, any profane, vulgar, or sexually explicit material or material that is violent in content. Materials that reflect racism, bigotry, hatred, or that are in opposition to the standards of the school philosophy are considered inappropriate.
8. Not knowingly upload, download or bring any file containing or linking to a virus, malware, ransomware or any other forms of digital attack.

CONTINUE ON REVERSE SIDE

9. Recognize the value of hardware, software, and all computer related materials; to not misuse or abuse any of these items. To refrain from behavior that might result in damage of any kind to equipment or software.
10. Understand that access to the Internet is limited to academic purposes at the request of specific teachers and under the supervision of a faculty member. To not abuse the privilege of such use and to restrict my Internet access to the assignment given.
11. Keep my password to myself and never use another's password.
12. Respect copyright laws by not downloading or attempting to download copyrighted material. To avoid plagiarism, as defined as the use of another's words or idea as one's own.
13. Refrain from behavior or activity that damages or disrupts the performance of the network.
14. Report any misuse of the network to the computer teacher or administrator.
15. Restrict Internet access to the gateway provided by HPS. The use of Internet connective devices such as cellphones, mobile broadband, hotspot devices and cellular network adapters is not permitted to access Internet sites at any time.

The misuse of the computer and the Internet at the Hunterdon Preparatory School may result on the loss of privileges of using one or both or such other disciplinary action as may be warranted.

The Hunterdon Preparatory School reserves the right to review and to monitor any material through a file server in order to make determinations on whether specific uses of the network are appropriate. The network administrator or school administrators will have access to all user accounts, and each student and his or her parent or guardian acknowledges that the Hunterdon Preparatory School staff and administration may access such accounts.

AGREEMENT:

I have read, understand, and agree to abide by the guidelines when using the Internet and the computers at Hunterdon Preparatory School. I realize that violating the above agreement may result in suspension of those privileges and/or disciplinary action.

Student name:_____ Student signature:_____

Parent/Guardian signature:_____ Date:_____