



## IMPORTANT HEALTH NOTICE REQUIRED TESTING

Rutherford Public Schools  
Rutherford, NJ 07070

**Immunization Records** – To be presented upon registration to school.

### **Tuberculin Testing (Mantoux Test)**

The State Department's rules concerning testing for evidence of tuberculosis in public schools are as follows:

- The Mantoux Test for tuberculosis is used exclusively for all school employees, unless documented within the past six months.
- Students entering a New Jersey school from a high tuberculosis incidence country must be tested. (Listed in TB Guidelines).

**Hepatitis B Vaccine** - All students entering kindergarten – grade 12 are required to have begun the Hepatitis B series (3 doses) in order to enter school and complete it within six months.

**Rubella and Mumps Vaccine** – 1 dose.

**Measles Vaccine** – 2 doses after 1<sup>st</sup> birthday.

**Meningococcal** – All pupils entering grade 6 on or after 9-1-08 and born on or after 1-1-97.

**Diphtheria/Pertussis/Tetanus Vaccine** – Age 1-6 years: 4 doses, with one dose given on or after the 4<sup>th</sup> birthday, OR any five doses. Age 7-9 years: 3 doses of Td or any previously administered combination of DTP, DTAP, and DT to equal 3 doses.

**Tdap** – All pupils entering grade 6 on or after 9-1-08 and born on or after 1-1-97 must have one booster dose of Tdap. This dose must be given after five years from the last DPT/DTAP or Td dose.

**Polio Vaccine** – Age 1-6 years: 3 doses, with one dose given on or after the 4<sup>th</sup> birthday, OR any 4 doses. Age 7 or OLDER: any 3 doses.

**Varicella Vaccine (Chicken Pox Vaccine)** - 1 dose after 1<sup>st</sup> birthday or proof of disease. Required for children entering school born on or after 1-1-98.

**Screenings** – The school nurse will perform the following screenings on your child.

- Vision (biannually grades K – 10)
- Hearing
- Height and Weight (annually)
- Blood Pressure (annually)
- Scoliosis (biannually ages 10 to 18)

If you do not wish these screenings to be done on your child, contact your child's school nurse as soon as school starts in September.

**Pre-Entrance Physical** -All new students entering school are required to have a physical within 30 days done by your private healthcare provider.

\*\* Any medical problems or medications that your child is required to take should be discussed with the school nurse when your child enters school. Forms for administering emergency medication can be secured from the school nurse.

Kim Fecanin, R.N.  
Certified School Nurse  
Union School

Maria Considine, R.N., M.S.  
Certified School Nurse  
Lincoln School

Julie Frattarola, R.N, M.A.  
Certified School Nurse  
Pierrepont School

Judith De Pasquale, R.N., MS  
Certified School Nurse  
High School

Rita Fallon, BSN, CSN, RN  
Certified School Nurse  
Kindergarten Center

Lynn McShane, R.N., M.S.  
Certified School Nurse  
Washington School

**RUTHERFORD HIGH SCHOOL**

HEALTH INFORMATION SHEET  
AND DISCLOSURE FORM

In order to update the health records for this school year, we are requesting that the parent/guardian fill out this form for your child.

Student's Name \_\_\_\_\_  
Last First Middle  
Student's Grade \_\_\_\_\_  
(as of Sept.)

**MEDICAL HISTORY:** (To be completed only if information previously provided has changed. If no change, check here) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Please list any diseases, conditions, or physical restrictions that your child may have that should be noted by the School Nurse. Also include any immunizations, injuries, or operations that have occurred during the past year or medical concerns and/or medications your child may be taking.

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

**CONSENT DECLARATION** (CIRCLE ONE)    I CONSENT    I DO NOT CONSENT

To the disclosure of information of a medical nature regarding my child to his/her teachers, guidance counselors and/or High School Nurse. I understand that this declaration will remain in effect for the four years my child attends Rutherford High School. I further understand that I may withdraw my consent declaration at any time by so requesting in writing.

\_\_\_\_\_  
Signature Date

**Parental Objection to Release of Student Information to  
Military Recruiters,  
College/University Recruiters  
or Prospective Employers**

2015-2016

Dear Parent/Guardian:

Under the federal "No Child Left Behind" Act, public high schools must give the names, addresses and telephone numbers of students to military recruiters, college/university recruiters and prospective employers if the recruiters request the information (P.L. 107-110, Section 9528; 10 USC 503). However, students or their parents have the right to instruct the school in writing that this information is not to be released.

If you do not consent to the release of this information to 1) military recruiters, 2) colleges/university recruiters and/or 3) prospective employers, please check the appropriate box or boxes below. To be certain your wishes are respected, return this form to Rutherford High School by September 12, 2014, although signed forms returned will be effective after receipt.

- DO NOT** release student contact information to College/University Recruiters.
- DO NOT** release student contact information to **prospective employers**.
- DO NOT** release student contact information to **Military Recruiters**.

Print student's Name

Rutherford High School

Print parent/guardian name

Signature of Student or Parent\*\*\*

Date of Signature

\*\*\* Students have the right to request that their contact information not be released to recruiters. Parents can override a child's decision by notifying the school in writing, only if the student is under age 18. We encourage parents and students to discuss this information.



# Rutherford High School PTSA

[rutherfordhighschool@gmail.com](mailto:rutherfordhighschool@gmail.com)

**The first PTSA meeting will be held  
on Tuesday, September 22, 2015  
at 7:30PM in the RHS Library.**

Dear Parents, Faculty/Staff and Students:

Please consider becoming a member of RHS PTSA – the dues are \$8.00 for the year. Parents, faculty/staff *and students* are encouraged to become active members of the PTSA. **In order to be eligible for the PTSA scholarships awarded each year to graduating seniors, a family member must be a PTSA member by March 1.** Kindly fill in the information below and return the bottom of this page along with a check made payable to RHS PTSA, 56 Elliott Place, Rutherford, NJ 07070. **PLEASE MAKE SURE YOU HAVE SUFFICIENT FUNDS TO COVER YOUR CHECK. WE WILL PASS ON THE BANK SERVICE FEE CHARGED FOR RETURNED CHECKS.**

To receive emails, please send an email to [rutherfordhighschool@gmail.com](mailto:rutherfordhighschool@gmail.com). By doing this we can contact you with information regarding PTSA events.

And mark your calendars for the **NINTH ANNUAL COMEDY NIGHT/BEEF STEAK DINNER on Friday, October 9, 2015, at the Rutherford Elks Lodge.** This is our major fundraiser and we hope to continue the success we have had for the past eight years. All proceeds from this fundraiser are used to fund scholarships to graduating PTSA seniors each year.

Thank you for your continued support and we hope to see many of you at the meetings.

Sincerely,  
Linda Daniels, PTSA President  
Laura O'Connor, Membership Chair

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**Membership Form: A family member must be a member of PTSA by March 1  
to be eligible for PTSA scholarships**

Student Name/s: \_\_\_\_\_ Grade/s \_\_\_\_\_

Name/s of Member/s: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

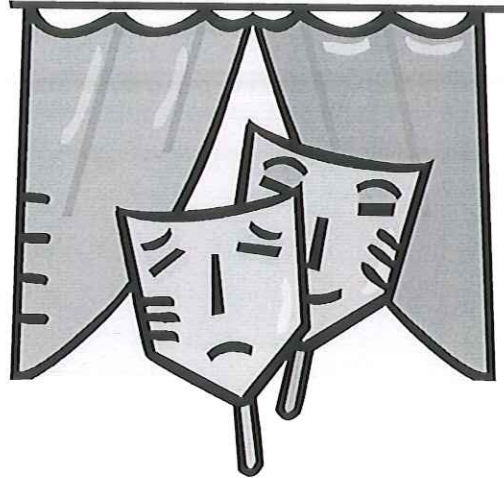
Phone No. \_\_\_\_\_ No. Members \_\_\_\_\_ x \$8 \_\_\_\_\_

I would like to make a donation to the RHS-PTSA Scholarship Fund \$ \_\_\_\_\_  
Check with your employer for a Matching Gift form.

Please provide your signature, giving approval to contact you for PTSA/community info.

\_\_\_\_\_  
(Signature)

Please support our fundraiser: Our NINTH Annual Comedy Night!  
Eat, Drink and Be Merry!  
**COME HAVE A GOOD LAUGH FOR A GREAT CAUSE!**



Proceeds Benefit the RHS PTSA Scholarship Fund

**Rutherford High School PTSA Proudly Presents  
Two Featured Acts from BANANA'S COMEDY CLUB**

**Where: Rutherford Elks Lodge  
48 Ames Ave. Rutherford**

**When: Friday, October 9, 2015**

**Time: Doors Open at 6:30 ~ Raffle Tables**

**Cost: \$50 per person – Includes: Beefsteak Dinner and Show**

Tables of 10 are available. If you would like to sit with someone, please submit monies together and list all names below. CHECKS ONLY made payable to RHS PTSA. Please return to school in an envelope marked "Comedy Night/Beefsteak". For more information contact Trish at [pboylan25@verizon.net](mailto:pboylan25@verizon.net) or Monica at [monicabonner63@aol.com](mailto:monicabonner63@aol.com).

Name(s) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

No. of Comedy tickets\*\* \_\_\_\_\_ x \$50 Amount \_\_\_\_\_

\*\*Must be 21 years old in order to attend.

I cannot attend but wish to donate to the RHS-PTSA Scholarship Fund:

\$ \_\_\_\_\_

Check with your employer for a Matching Gift form.

# JOIN THE RHS ALL SPORTS BOOSTERS



On behalf of the **RHS All-Sports Boosters**, I would like to say “welcome” and encourage you to join our ranks.

## What do the Boosters Do?

We raise funds to support RHS student Athletes through scholarships and awards. Our proudest accomplishment is that we have continually presented **10- \$500 scholarships** to graduating student-athletes. We also purchase trophies and plaques which are presented to the athletes at the Varsity recognition events we host each year.

Last year, in addition to giving out 10 \$500 scholarships, we purchased Division Championship jackets for our girls Volleyball, Swimming, Softball, and Cross Country teams.

## How can I help?

Our biggest fundraisers are membership dues (\$20.00 for a family) and the fall AD Journal. We also have various other fundraising activities throughout the year.

Become a member! (Simply fill out the information below and return it to School).

You can also place an AD for your business and/or to wish your child success! (See the Parent Ad Journal)

## Are there meetings?

Yes, we are planning to meet on a Monday of every other month in room 224 at 7:30 pm. The first meeting is on Monday, September 15, 2014.

## Something New....

Beginning the 2014/2015 school year, all scholarship applications will only be considered for athletes who have been members of the All Sports Booster Club for all the years he/she has participated in RHS athletics in any capacity.

We look forward to seeing you!

Ilyse Link, President ([ilysecm@aol.com](mailto:ilysecm@aol.com))

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RHS All Sports Booster Membership 2014 – 2015  
Annual Membership Dues - \$20 per family  
**“Checks only” payable to RHS All Sports Booster Club**

Please print neatly:

Student’s Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student’s Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student’s Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian’s Full Name: \_\_\_\_\_

Parent/Guardian’s E-Mail: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Please return to RHS Booster Club – Attn: Cindy Plessel ([cindy@plessel.com](mailto:cindy@plessel.com))





# Rutherford High School

## All Sports Boosters Club

2015 Fall Sports Ad Journal - Family and Friends Form  
Including Fall Team Sport Pictures

Submission Deadline is: August 28, 2015

Your Contact Information:

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

Home Address: \_\_\_\_\_

Telephone: Home or Cell \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Family & Friends: AD RATES for Personal Messages to your student athlete per ad

- \_\_\_\_\_ \$75.00 Full Page
- \_\_\_\_\_ \$50.00 Half Page
- \_\_\_\_\_ \$30.00 Quarter Page

**Pre-Purchase Your Copy of Our Fall Ad Journal Now!**

Quantity \_\_\_\_\_ @ \$5.00 Each = \$\_\_\_\_\_

Paid by Check # \_\_\_\_\_ Check \$\_\_\_\_\_

Artwork Submission Guidelines: Include any photos or artwork you would like in your ad. Any artwork submitted should be in jpg or PDF form and should be submitted digitally, via email or on a disk. Preferred formats: jpg, pdf, ppt or MS Word. Artwork or photos embedded in "word" documents should be supplied separately as well.

Book to Include: Freshman, Junior Varsity and Varsity Fall Sports Teams

Questions: Please Contact Kris Ann Wronko ~ kawronko@comcast.net

Please Note: There is a Separate Form for a Business Ad

**DEADLINE FOR SUBMISSION OF PERSONAL ADS IS  
AUGUST 28, 2015**

Thank You For your Support!!!

Please make your Check Payable to: RHS All Sports Booster Club

Send Your Form, Payment & Artwork to: *Kris Ann Wronko c/o RHS Ad Journal*

*142 Donaldson Avenue, Rutherford, NJ 07070*



56 Elliott Pl • Rutherford, NJ 07070 • Phone: 201 438 7675 ex. 2225  
E-Mail: [rhmusicboosters@gmail.com](mailto:rhmusicboosters@gmail.com)

### MEMBERSHIP

Dear Parents:

The RHS Music Boosters is the parent organization for students involved in Band (marching, winter, concert, etc) Chorus and Color Guard. The primary purpose of our organization is to help raise funds to support activities, trips costs and our annual scholarship awards to graduating music students. Membership is open year round, however for a senior to be eligible for a scholarship you the family **MUST** be a member by March 1st.. It is our hope to have at least one parent of each music student join the Boosters.

Annual Marching Band dues of \$40.00 **INCLUDES** membership for the Music Boosters. In order to be considered for a scholarship, the family **MUST** be a member of the Music Boosters (NO LATER THAN MAR. 1ST)

Dues are \$20.00 yearly per family. Please fill out the form below and return it to Mr. Kinne or Mrs. Blanchard as soon as possible.

Please join our facebook page: RHS MUSIC PROGRAM, this is how a lot of information will be shared.

We look forward to another successful year for our children!

Please make checks payable to: **RHS MUSIC BOOSTERS** (no cash please)

### PLEASE PRINT CLEARLY

STUDENT NAME: \_\_\_\_\_ Grade \_\_\_\_\_

Check all that apply:

BAND:  MARCHING  WINTER/CONCERT  CHORUS  COLOR GUARD

SUDENT E-MAIL \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

For music boosters only:

CH# \_\_\_\_\_ Date paid \_\_\_\_\_