



The PSAT/National Merit Scholarship Qualifying Test (PSAT/NMSQT) for juniors and the PreACT for sophomores will be offered on:

**Wednesday, October 19, 2016 at 7:55AM  
Rutherford High School**

**No cost to Juniors (all Juniors will be taking the test)  
Sophomore cost PreACT: \$12.00, PSAT cost \$15.00**

This year sophomores can take the PreACT which was created for sophomores and juniors will take the PSAT.

**Sophomores** should consider taking the PreACT test for the following reasons:

1. Your scores will be helpful to you in discussing your future education and choice of college with your guidance counselor and parents. Please note that colleges accept both SAT and ACT scores.
2. Taking the PreACT as a sophomore will predict performance on the ACT as well as provide valuable experience with the testing format. The PreACT was designed specifically for sophomores.

Sincerely,

Counselors: Mrs. Lauren Buckley  
Ms. Cristina Nicolau  
Mr. Paul Scutti

Dr. Shannon Hopkins  
Director of Guidance

---

**The PSAT/National Merit Scholarship Qualifying Test (PSAT/NMSQT) and PreACT  
Wednesday, October 19, 2016 at 7:55AM - Rutherford High School  
No cost to Juniors - Sophomore cost for PSAT: \$15.00- PreACT: \$12.00**

Student's Name \_\_\_\_\_ Homeroom teacher's name \_\_\_\_\_

- IDO** wish to take the PreACT on **Wednesday, October 19, 2016 at 7:55AM**. I have enclosed a check for \$12.00 to cover expenses and made the check payable to **Rutherford Board of Education (PreACT)**.
- IDO** wish to take the PSAT on **Wednesday, October 19, 2016 at 7:55AM**. I have enclosed a check for \$15.00 to cover expenses and made the check payable to **Rutherford Board of Education (PSAT)**.

Print parent/guardian's name

Parent/guardian's signature

<p><b>THE FORM AND CHECK MUST BE RETURNED AND SIGNED BY PARENT/GUARDIAN BY WEDNESDAY, SEPTEMBER 14, 2016 AT 3:00PM. NO LATE REGISTRATIONS WILL BE ACCEPTED UNDER ANY CIRCUMSTANCES.</b></p>
---

John J. Hurley  
*Superintendent of Schools*

Frank T. Morano  
*Principal*

Billy J. Cunningham  
*Assistant Principal*

Dr. Shannon D. Hopkins  
*Director of Guidance*

David G. Frazier  
*Director of Athletics*



56 Elliott Place  
Rutherford

New Jersey 07070

Phone: 201-438-7675

Fax: 201-438-7293

[www.rutherfordschools.org](http://www.rutherfordschools.org)

**RUTHERFORD HIGH SCHOOL**  
*A National School of Excellence*

August 2016

Dear Parent or Guardian,

Fundraising has become an ever-present reality of school life. Parent groups, booster associations, community organizations, and school clubs are often knocking on the same doors asking for support. Each grade level of the high school raises funds to alleviate and offset costs in senior year. The goal of each class is to raise enough money to get a "free" yearbook, a "free" cap and gown, and a reduced prom bid. To do this, the class needs to raise well over \$20,000.

To accomplish these objectives we will be collecting class dues. Dues may be paid all at once or over the course of the student's enrollment at \$20 intervals. **The total dues for four years is \$80.** Students who do not pay dues will incur a partial charge for their senior yearbook. We will hold one fundraiser for each class, the Senior Fashion Show, during the senior year. This fundraiser is a community event and raises a great deal of money. The combination of the dues and senior fashion show will provide enough money to cover senior expenses. Your class advisor has the record of any payment already received and will be contacting you with that information.

Please review the enclosed sheet and follow the instructions. If you have any questions, please contact your class advisor or Mr. Morano.

Sincerely,

Frank Morano  
Principal

FM/chg

- c: Ms. Chelsea Leary, 2020 Class Advisor  
Ms. Stephanie Smallstey, 2019 Class Advisor  
Ms. Jen Gagis, 2019 Class Advisor  
Ms. Meghan Wilk, 2018 Class Advisor  
Dr. Ken Lacy, 2018 Class Advisor  
Ms. Cristina Nicolau, 2017 Class Advisor  
Ms. Bonnie Donnell, 2017 Class Advisor

PLEASE COMPLETE AND RETURN  
VIA MAIL OR YOUR STUDENT

STUDENT NAME \_\_\_\_\_

GRADE \_\_\_\_\_

Class Dues 9th GRADE (indicate amount) \$ \_\_\_\_\_  
Return to MS. LEARY  
Make check payable to  
"Rutherford Board of Education"

Class Dues 10th GRADE (indicate amount) \$ \_\_\_\_\_  
Return to MS. SMALLSTEY or MS. GAGIS  
Make check payable to  
"Rutherford Board of Education"

Class Dues 11th GRADE (indicate amount) \$ \_\_\_\_\_  
Return to MS. WILK or DR. LACY  
Make check payable to  
"Rutherford Board of Education"

Class Dues 12th GRADE (indicate amount) \$ \_\_\_\_\_  
Return to MS. NICOLAU or MS. DONNELL  
Make check payable to  
"Rutherford Board of Education"

**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**

2016-2017

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 Wednesday, September 28, 2016  
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 **TENTH ANNUAL COMEDY NIGHT/BEEF STEAK DINNER on Thursday, October 27, 2016, at the Rutherford Elks Lodge.** This is our major fundraiser and we hope to continue the success we have had for the past nine 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,  
Cori Verdino, PTSA President  
Joanna D'Avanzo and Catherine O'Keefe, Membership Co-Chairs

---

**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: \_\_\_\_\_

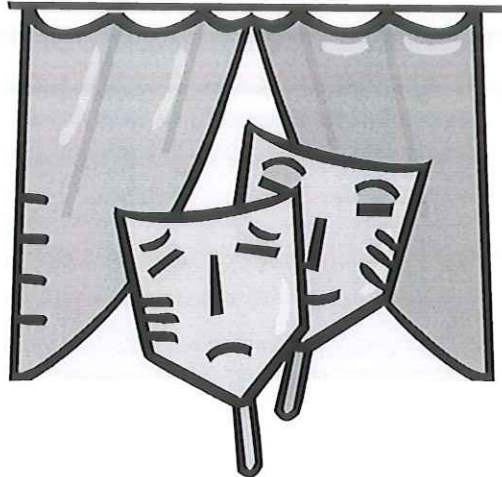
Phone No. \_\_\_\_\_ No. Members \_\_\_\_\_ x \$8 \_\_\_\_\_

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 TENTH 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: Thursday, October 27, 2016**

**Time: Doors Open at 6:30 ~ Raffle Tables  
Cost: \$55 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 Boylan at [pboylan25@verizon.net](mailto:pboylan25@verizon.net)

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

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

No. of Comedy tickets\*\* \_\_\_\_\_ x \$55 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.



# Rutherford High School All-Sports Boosters Club

**2016 - 2017 All-Sports Booster Membership Form**

**HONORING ALL THE STUDENT ATHLETES OF:**

Baseball, Basketball, Bowling, Cheerleading, Cross Country, Football, Soccer,  
Softball, Spring Track, Swimming, Tennis, Volleyball, Winter Track, Wrestling

**Family Information:**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parent/Guardian E-Mail Address: \_\_\_\_\_

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

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

**Family Membership Yearly Dues for 2016-2017 = \$20.00 Check # \_\_\_\_\_**

Please make your check payable to: RHS All-Sports Booster Club  
Please Return Your Membership Form With Payment Attached to: RHS

This club raises funds to support RHS student athletes through scholarships and awards. We purchase trophies and plaques which are presented to the athletes at the Varsity recognition events that we also host each year along with, purchasing division championship jackets and we support the athletic department with monetary donations.

**Our Meeting Dates are:**

9/19/16, 11/14/16, 1/23/17, 3/13/17 and 5/15/17 at RHS in Room 224 at 7:30pm.

All are encouraged to attend! You will receive emails throughout the school year with this information and updates.

**Note:** As of 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.

**Thank You For Becoming a RHS All-Sports Booster Member!**





# Rutherford High School

## ALL SPORTS BOOSTERS CLUB

### Annual Fundraiser

2016 Fall Sports Booster Program - Family & Friends Form

**Submission Deadline is: August 28, 2016**

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	*Add \$25.00 for Color Ad	\$100.00 _____
_____	\$50.00	Half Page	*Add \$15.00 for Color Ad	\$ 65.00 _____
_____	\$30.00	Quarter Page	*Add 10.00 for Color Ad	\$ 40.00 _____
_____ <b>Pre-Ordered Programs</b> x \$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 & Varsity Fall Sports Teams in **COLOR**

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, 2016**

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

**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: 201 488 7676 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. Klinne 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

STUDENT E-MAIL \_\_\_\_\_

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

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

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

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

For music boosters only:

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