

Regulation

SUBSTANCE ABUSE

Part I: Students Voluntarily Seeking Help for Drug or Alcohol Related Problems

Students are encouraged to seek help for problems with or related to drug and/or alcohol use. Specific staff members and services are provided for direct assistance or confidential referral for students seeking help with an alcohol, drug or other problem related to their substance use or use by someone in a close relationship with them.

- A. Prior to the initial meeting with a student, the Student Assistance Coordinator will provide full disclosure, orally and in writing, of the confidentiality laws and guidelines as required in Federal Confidentiality Regulations CFR-42 Part 2.
- B. The Student Assistance Coordinators will be allowed to maintain confidentiality of conversations with students meeting the following criteria:
 1. The student's health is not in imminent danger;
 2. The information does not make the staff member accessory to an illegal action;
 3. The information does not indicate the health or safety of other students or individuals is threatened
- C. The student may be required to complete a screening inventory designated by the Student Assistance Coordinator.
- D. The student's age, quantity/frequency of alcohol/drug use, and the length of time a student continues to use substances should be given consideration when a decision to initiate a referral to a community agency or parent/guardian contact is being weighed.
 1. For Special Education Students, the case manager or other member of the child study team shall be involved in all decisions and present for all family meetings.
 2. The Student Assistance Coordinator may continue to work with a student seeking help voluntarily for a reasonable period of time.
 - a. The Student Assistance Coordinator and student will design a plan which includes time frame, parent/guardian role, and possible treatment/assessment referral.
 - b. However, when the Student Assistance Coordinator agrees that no progress is apparent or that the student has failed to adhere to the plan, the staff member will terminate the professional relationship.
 3. Every effort shall be made to have the student discuss his/her involvement with alcohol and other drugs with a counselor and parent/guardian.
 4. There shall be regular communication regarding students moving from one district building to another, and on issues affecting siblings or significant others, in order to insure consistency.

SUBSTANCE ABUSE (regulation continued)

- E. Voluntarily seeking help does not prevent the school staff from charging a student with suspicion of being under the influence at another time.

Part II: Students Suspected of Being under the Influence of a Substance

Staff members are required by law to report any student suspected of being under the influence of, or having problems related to drugs and/or alcohol through the district procedures. Staff members reporting students “in good faith” are immune from civil and criminal prosecution (N.J.S.A. 18A:40A-13 to -14).

- A. When a student is suspected of being under the influence of drugs or alcohol, the steps below will be followed in the order listed:
1. The staff member advises the designated administrator of his or her belief that the student is under the influence of alcohol or drugs and articulates the observation, symptoms, and indicators underlying this conclusion.
 2. The administrator will locate the student and escort that student directly to a confidential and inconspicuous location where the nurse and the administrator will meet with the student as soon as possible. The nurse will examine the child to determine if immediate medical attention is needed. If, at any time, a student is in need of immediate medical attention, the administrator or nurse shall call 911 and have the student transported to the nearest hospital emergency room.
 3. The administrator shall notify the parent and the Student Assistance Coordinator, and shall arrange for an immediate examination by a doctor selected by the parent or by a district contracted physician. If the parent chooses to use their own physician, it shall be at the family’s expense. Appropriate forms and releases shall be reviewed with the parent /guardian.
 4. If the parent/guardian is not available, an emergency services vehicle shall transport the pupil, accompanied by a staff member, to a district-designated medical facility for the examination and urine drug screen.
 5. Failure to comply with the requirement to complete a medical exam the day of the incident or submit to a urine or saliva test will be considered a positive diagnosis resulting in an immediate exclusion from school. The student will also adhere to the readmission criteria in Section B -2
- B. Re-admission Criteria
1. Return to school is prohibited until the student can present evidence that a medical exam and urine screen for drugs and/or alcohol has been collected and is being processed.
 2. A positive diagnosis or admission of use will require the student to have a formal assessment by the Student Assistance Coordinator and/or recommendation from a Drug Treatment Facility along with successful completion of an approved program.
 - a. Parent/guardian and student must sign a Parent Permission and Consent for Release of Information form in order that the school and treatment program may communicate about the student’s progress without breaching confidentiality.

SUBSTANCE ABUSE (regulation continued)

- b. Recommendations of the Student Assistance Coordinator and/or treatment program must be followed. Nothing in these procedures shall prevent a parent/guardian from seeking a second opinion from an approved program at their own expense.
 - c. The selection of a treatment or assessment facility shall be done by the parent/guardian with the assistance of the Student Assistance Coordinator and shall be at the expense of the family.
3. Students enrolled in an approved out-patient treatment program may continue to attend school only as long as participation can be documented and the student remains drug free. Parents and students will be asked to sign a contract to this effect giving the school permission to monitor drug free status.
 4. Failure of parents/guardians to comply with the assessing program's recommendation will result in the school's filing a report with the Division of Child Protection and Permanency (DCP&P) and possible exclusion from school.
 5. Failure to complete a treatment program, dismissal from a treatment program, or continued chemical use will be cause for exclusion from school until an administrative hearing is held to determine an appropriate course of action.

C. Second Offense - Being under the influence of alcohol and/or other drugs:

Completion of all procedures outlined under first offense with a recommendation to complete a more comprehensive treatment program. Failure to comply with these requirements will result in an immediate exclusion from school and an administrative hearing to determine the appropriate course of action.

D. Third Offense - Being under the influence of drugs or alcohol:

1. The school administration, in conjunction with the Student Assistance Coordinator may recommend expulsion to the Board of Education for any chronic violator of this Policy.
2. If the student is not expelled, an individual program shall be developed for him/her in consultation with the building administrator, Student Assistance Coordinator, parent/guardian, and any treatment program involved.

E. Students suspected of, or admitting to the use of steroids, will be subject to the same procedures outlined for other alcohol or drug violations.

Part III: Intervention and Referral Team

Each school shall have an active Intervention and Referral Services Team (I&RS) consisting of representation from health services, guidance, administration, Child Study Team, SAC and teaching staff. The Student Assistance Coordinator will follow-up with students identified through the I&RS as needing intervention.

Part IV: Students Returning From Treatment: Voluntary and Policy Ordered

- A. Any student who attends treatment following an alcohol or drug suspension must comply with the re-admission criteria described in Part II.

Students attending a treatment program causing an extended absence will be readmitted only upon receipt of a written recommendation from the treatment program. The absences will be considered in the same manner as other “chronically ill” students, and shall not be treated in a manner different from any other student returning from hospitalization, with the exception of aftercare arrangements for policy ordered treatment.

- B. Concerns about the student’s regression to drugs or alcohol shall be dealt with in the same manner as any other student suspected of being under the influence, outlined elsewhere in these procedures.
- C. Students and parents may be asked to sign a contract stipulating terms for returning to school. This contract may include provisions for in school urine screening to be used for monitoring purposes. Under no circumstances will in school urine screening be used to test a student who is suspected of being under the influence of a chemical on school property or at a school function.

Part V: Search & Seizure

- A. All student handbooks shall carry a note that “lockers are school property and, therefore, subject to search by school administration at any time.”
1. Searches conducted of students’ possessions, lockers, or vehicles must be warranted by “reasonable suspicion” in compliance with standards established in U.S. vs. TLO.
 2. These searches shall follow the guidelines established for New Jersey Schools in the Administrative Code, but shall include the following:
 - a. “Reasonable suspicion” shall mean suspicion based on statements of concern by staff or students, and physical condition and behavior of a suspicious nature which indicates possible substance use or possession.
 - b. Searches of a “cursory” nature may be conducted, including a visual inspection and request that students empty pockets, purses, and other belongings.
 - c. Students refusing to cooperate in “searches” will have their parent/guardian contacted immediately to inform them of the student’s refusal to cooperate, stressing possible police involvement in the incident, and potential discipline action according to the Code of Student Conduct.

Part VI: Possession or Distribution of Alcohol and/or Other Drugs

- A. When a student is found to be in possession of any quantity of illegal substances (drugs or alcohol) on school grounds or at a school activity, a juvenile police officer or the city police will be called in to investigate and document the incident. A referral will also be made to the Student Assistance Coordinator.

SUBSTANCE ABUSE (regulation continued)

1. When illegal substances are found, it shall be the responsibility of the police to complete their normal reporting procedures and any other legal actions, such as complaints, depending on the quantity of substances.
 2. It shall be the responsibility of the Passaic Police to determine whether the quantity and/or the circumstances will be considered “possession” or “distribution” in accordance with New Jersey Law or in consultation with the County Prosecutor’s office.
 3. Students found “in possession” will follow the same criteria as outlined in Part II of this procedure and will be subject to out of school suspension for a maximum of 21 days, not to exceed the second monthly Board of Education meeting without Board action.
- B. Students, charged with distribution or intent to distribute, and who are not treatment appropriate, will be subject to all disciplinary action outlined above and may also be subjected to an expulsion hearing.
- C. Upon the second, and any subsequent offenses, or those involving actions by the Court due to the quantity of substances involved, an automatic expulsion hearing by the Board of Education shall be held.
- D. Students arrested for non-school related drug or alcohol violations shall be referred to Office of Intervention and Prevention. They are to attend school unless it is demonstrated that the student is a danger to him/herself or to other students in the school, in which case the offending student shall:
1. Be suspended immediately for a number of days not to exceed the second monthly Board of Education meeting;
 2. Be supplied with school work for the duration of the suspension;
 3. Have written recommendations, or a program designed by the Office of Intervention and Prevention.

Return to school will be conditional upon meeting criteria established by the Office of Intervention and Prevention and school principal.

Part VII: Student Weekend Use, Or Suspected Use, Of Substances

- A. The school has an obligation to identify and assist students whose drug or alcohol use or other behavior is of concern, regardless of when it occurs.
1. Any expression of concern about parties or substance-related incidents involving students will be handled in the following manner:
 - a. The staff member will ensure that any information deemed reliable will be passed on to the Student Assistance Coordinator and consequently to the parent;
 - b. The Student Assistant Coordinator may call a student in to discuss the events which led to the suspicion.
 2. An I&RS referral may follow in order to determine to what extent chemical use may be affecting performance or behavior.

SUBSTANCE ABUSE (regulation continued)Part VIII: Children of Alcoholics And From Chemically Dependent Families

- A. Children who are identified as having parents, guardians, or family members with active alcoholism, substance abuse, or chemical dependency, or a history of such difficulties, shall receive support services in the form of individual or group counseling, referral to community services, and “self-help” programs available within the school district and community. The following guidelines are provided for handling these matters:
1. Students at all levels shall be apprised, in an age appropriate manner, of the confidentiality regulations prior to disclosing information as outlined in Part I, confidentiality;
 2. Students who self-disclose family chemical dependency will be provided support services; however, staff members shall be alert to the potential for a referral to the Division of Child Protection and Permanence. **THE CONFIDENTIALITY REGULATIONS ARE AUTOMATICALLY WAIVED IN CASES WHERE ANY FORM OF CHILD ABUSE EXISTS.**
 3. Every effort to involve and assist parents/guardians with chemical dependency issues should be made.
 4. Parent/guardians who have been informed of the detrimental effects of a family member’s chemical use and fail to take appropriate action shall be referred to DCP&P.
 5. Before involving an elementary age children in group counseling programs, parents must be informed of their child’s participation in such programs.

Part IX: Tobacco Use

- A. Smoking or the use of tobacco products, including electronic cigarettes, hookah, lighters or any product that may lead to possible suspension of use by students within all school buildings and on school grounds is prohibited.
- B. The use of tobacco products, including electronic cigarettes and hookah anywhere in school buildings or on school grounds will result in disciplinary actions consistent with the district code of student conduct (see board policy and regulation 5131 Code of Student Conduct.).
- C. Smoking awareness activities for students in all grades shall be included in the district’s Health Education Curriculum.

Part X: Curriculum and Instruction

Students in the Passaic Public Schools, kindergarten through Grade 12, shall receive age appropriate instruction, regarding alcohol and other drug education that meets or exceeds state recommendations.

First Reading: October 30, 2017
 Second Reading:
 Adopted:

MEDICAL MARIJUANA

The board of education recognizes that physical discomfort associated with certain debilitating medical conditions can negatively impact a student's ability to benefit from educational services provided by the school district. The board of education also recognizes that a student diagnosed with a debilitating medical condition may, through the legally prescribed use of medical marijuana, alleviate physical symptoms associated with the debilitating condition that occur during school hours, potentially increasing the student's availability to receive instruction. Therefore, in accordance with law (P.L. 2015, c.158), a student who is legally prescribed medical marijuana and who possesses a current registry identification card from the New Jersey Department of Health (NJDOH), may be administered prescribed marijuana by a NJDOH registered primary caregiver.

The New Jersey Compassionate Use Medical Marijuana Act (N.J.S.A. 24:6I-3) provides that medical marijuana may be prescribed for the following debilitating medical conditions:

- A. Seizure disorder, including epilepsy; intractable skeletal muscular spasticity; or glaucoma if any of these conditions are resistant to conventional medical therapy;
- B. Positive status for human immunodeficiency virus; acquired immune deficiency syndrome; or cancer; if any treatment of these conditions cause severe or chronic pain, severe nausea or vomiting, cachexia, or wasting syndrome;
- C. Amyotrophic lateral sclerosis, multiple sclerosis, terminal cancer, muscular dystrophy, or inflammatory bowel disease, including Crohn's disease;
- D. Terminal illness, if the student's physician has determined a prognosis of less than 12 months of life; or
- E. Any other medical condition or its treatment that is approved by the NJDOH by regulation.

New Jersey Department of Health Medical Marijuana Program Authorization

Students authorized to use medical marijuana, including adult students, are not authorized by law to self-administer the medication on school grounds, on the school bus, or at school-sponsored activities. In all cases, a primary caregiver shall be required to assist with the administration of the prescribed medical marijuana on school grounds, on the school bus, or at school sponsored activities subject to law and this board policy.

In order for the prescribed medical marijuana to be legally administered, the student and primary caregiver shall possess a current registry identification card. The NJDOH shall issue a registry identification card only upon certification from a licensed physician in the State with whom a qualifying patient has a bona fide physician-patient relationship. The physician must be registered with the New Jersey Medical Marijuana Program to legally prescribe medical marijuana.

MEDICAL MARIJUANA (continued)

According to the Medical Marijuana Program the primary caregiver:

- A. Shall be a resident of New Jersey who is at least 18 years old;
- B. Has agreed to assist with a registered qualifying patient's medical use of marijuana, is not currently serving as primary caregiver for another qualifying patient, and is not the qualifying patient's physician;
- C. Has never been convicted of possession or sale of a controlled dangerous substance, unless such conviction occurred after July 19, 2010 and was for a violation of federal law related to possession or sale of marijuana that is authorized under the Compassionate Use Medical Marijuana Act;
- D. Has registered with the NJDOH, and has satisfied the criminal history record background check requirement; and
- E. Has been designated as primary caregiver on the qualifying patient's application or renewal for a registry identification card or in other written notification to the NJDOH.

Verification of Registration Status

The superintendent or his/her designee shall submit a written request to the NJDOH Medical Marijuana Program seeking verification of the registration status of the student and the caregiver.

Verification of the registration status of the student and the caregiver shall be requested not less than annually. Documentation of the request made to the NJDOH and any response the district receives from the NJDOH shall be kept in the student's confidential medical records and maintained in the office of the school nurse.

Administration of the Prescribed Medical Marijuana

While on school grounds, the primary caregiver shall be permitted to administer the prescribed medical marijuana in the office of the school nurse. The school nurse may designate other locations on school grounds. When an alternate location on school grounds other than the nurse's office is requested or required for the administration of the prescribed medical marijuana, the school nurse shall document the designated location in the appropriate student record (i.e. confidential medical record, individualized health care plan).

No student shall be permitted to carry the prescribed marijuana medication on school grounds, on school buses, or at school-sponsored activities. The prescribed medical marijuana shall not be stored on school grounds. It shall be the sole responsibility of the primary caregiver to maintain and administer the medication.

A primary caregiver shall bring the medication to school to administer the medication in the school nurse's office and shall leave school grounds with any remaining medication. Any packaging, containers, or other materials associated with the caregiver's administration of the prescribed medical marijuana to the student shall be disposed of in the appropriate receptacle for hazardous materials in the nurse's office and at no other location on school property.

MEDICAL MARIJUANA (continued)

Any form of medical marijuana that is smoked is prohibited on school grounds, on school buses or at school sponsored events.

Liability

Any person in possession of prescribed medical marijuana or using prescribed medical marijuana and acting within the provisions of N.J.S.A. 2C:35-18 Exemption, Burden of Proof and in accordance with the Compassionate Use of Medical Marijuana Act (N.J.S.A. 24:6I-1) shall be immune from criminal liability and professional disciplinary action.

Possession of, or application for, a registry identification card shall not alone constitute probable cause to search the person or property of the person possessing or applying for the registry identification card, or otherwise subject the person or his/her property to inspection.

First Reading: October 30, 2017

Second Reading:

Adopted:

Legal References: N.J.S.A. 2C:35-18 Exemption, burden of proof
N.J.S.A. 24:6I-1 et seq. New Jersey Compassionate Use of Medical
See particularly Marijuana Act
N.J.S.A. 24:6I-4, -5
N.J.S.A. 26:3D-55 et seq. New Jersey Smoke-Free Air Act
N.J.A.C. 8:64-1.1 et seq. Medical Marijuana Program rules
See particularly
N.J.S.A. 8:64-1.1 Confidentiality
 P.L. 2015, c.158 concerning medical marijuana

Possible

Cross References: *5131.6 Drugs, alcohol, tobacco (substance abuse)
 *5141 Health
 *5141.1 Accidents
 *5141.2 Illness
 *5141.3 Health examinations and immunizations
 *5141.21 Administration of medication
 *6153 Field trips

*Indicates policy is included in the Critical Policy Reference Manual.

Key Words

Marijuana, Medical Marijuana, Primary Caregiver

Exhibit

MEDICAL MARIJUANA

CONSENT FOR RELEASE OF MEDICAL INFORMATION

New Jersey Department of Health, Medical Marijuana Program

P. O. Box 360
Trenton, New Jersey 08625-0360

Student Name: _____ Date of Birth _____

Address _____

I understand that as the parent/guardian of the above-named student, I am not obligated to authorize disclosure of any information provided to the New Jersey Department of Health and that refusal to authorize disclosure shall in no way affect my rights or the rights of the above-named student to use medicinal marijuana.

I authorize the New Jersey Department of Health Medicinal Marijuana Program to disclose, to the school district, information verifying the registration and authorization status of the above-named student to use medicinal marijuana for a qualifying medical condition(s) pursuant to the *Compassionate Use Act, N.J.S.A. 24:6I-1 et al.* I understand that the disclosure may contain confidential health information pertaining to the student's medical diagnosis and treatment.

This consent is granted for the sole purpose of verifying the registration status and ongoing authorization of the student according to *N.J.S.A.24:6I-1 et al.* and for no other purpose.

Signature of Student's Parent/Guardian _____

Relationship to Student _____

Date _____

Signature of the School Nurse _____

Date _____

MEDICAL MARIJUANA

PRIMARY CAREGIVER CONSENT FOR RELEASE OF INFORMATION

New Jersey Department of Health, Medical Marijuana Program
P. O. Box 360
Trenton, New Jersey 08625-0360

Primary Caregiver Name: _____ Date of Birth _____

Address _____

Student Name: _____ Date of Birth _____

Address _____

I understand that as the primary caregiver of the above-named student, I am not obligated to authorize disclosure of any information provided to the New Jersey Department of Health and that refusal to authorize disclosure shall in no way affect my right to assist the above-named student in the use of medicinal marijuana.

I authorize the New Jersey Department of Health Medicinal Marijuana Program to disclose, to the school district, information verifying my registration and authorization status to assist in the above-named student's use of medicinal marijuana for a qualifying medical condition(s) pursuant to the *Compassionate Use Act, N.J.S.A. 24:6I-1 et al.*

This consent is granted for the sole purpose of verifying the registration status and ongoing authorization of the primary caregiver to assist in the use of medicinal marijuana according to *N.J.S.A.24:6I-1 et al.* and for no other purpose.

Primary Caregiver Printed Name

Relationship to Student

Primary Caregiver Signature

Date

School Nurse Signature

Date

First Reading: October 30, 2017
Second Reading:
Adopted:

Exhibit

Dear Parent or Guardian,

Passaic Public Schools enjoys celebrating the accomplishments of its students by sharing information with the community. To do this, the school district may submit media releases that include student names, student work, and student photographs to the media. The school district may also publish information about students and their accomplishments in school district-sponsored publications, school district social media accounts, or display such information at various school functions. Examples include the following:

- A program from a concert, sporting event, or a playbill showing a student's role in a production, event, or performance;
- The annual yearbook;
- Public galleries or exhibitions of student work; and
- Honor roll, recognition lists, or graduation programs.

While the intent of this practice is to be informative and celebratory, the District recognizes that concerns may arise regarding a student's right to privacy.

Pursuant to the Federal Family Educational Rights and Privacy Act (FERPA), school districts are permitted to release "school directory information" unless parents exercise their right of refusal. Under the FERPA law, this information could include: student name, residential address, E-mail address, phone numbers, photographs/images, school locations, field of study, degrees, honors and awards received and participation in athletics and other activities.

It is the intent and practice of the Passaic Public Schools to publish, post or distribute a student's name, photograph, audio and/or video recording, displays of student work, or other information **only** as related to student achievement (e.g., academic/athletic/artistic recognition or award) or student accomplishment (e.g., a specially selected piece of work).

If you agree to allow the school district to publish such information during the 20__-20__ school year, you need **not** reply.

*However, if you **DO NOT** grant permission for the District to release such information to the media, to publish such information in school district-sponsored publications; or to display such information at various school functions, you must complete, sign and return the attached Media Release Non-Consent form to your child's school no later than _____ (insert date). Please keep this letter for informational purposes.*

Please note that the Media Release Non-Consent form is sent home annually with all students. You may rescind this agreement at any time throughout the school year by sending a letter to my office. Such rescission will take effect upon receipt by the school. If you have any questions or concerns, please contact me at _____ (insert principal phone number)

Sincerely,

School Principal

PHOTOGRAPHS OF STUDENTS (exhibit continued)

PASSAIC PUBLIC SCHOOLS

MEDIA RELEASE NON-CONSENT FORM

Pursuant to the Family Educational Rights and Privacy Act (FERPA), school districts are permitted to release “school directory information” unless parents exercise their right of refusal. Under the FERPA law, this information could include: student name, residential address, E-mail address, phone numbers, photographs/images, school locations, field of study, degrees, honors and awards received, and participation in athletics and other activities.

It is the intent and practice of the Passaic Public schools to publish, post or distribute a student’s name, photograph, audio and/or video recording, displays of student work or other information related only to student achievement (e.g. academic/athletic/artistic recognition or award) or student accomplishment (e.g. a specially selected piece of work).

By signing and returning this form to my child’s school, I formally state that **I DO NOT** grant permission to the Passaic Public Schools to release my child’s name, photograph, audio and/or video recording, or displays of work to the media; to publish information about my child’s accomplishments or achievements in District-sponsored publications and social media; or to display such information at various school functions during the 20__-20__ school year. Examples include the following:

- A program from a concert, sporting event, or a playbill showing my child’s role in a production, event, or performance;
- The annual yearbook;
- Public galleries or exhibitions of student work; and
- Honor roll, recognition lists, or graduation programs.

Student’s Name: _____

School: _____

Homeroom Teacher: _____ Grade: _____

Name of Parent/Guardian (please print) _____

Signature of Parent/Guardian _____

Please return this form to your child’s homeroom teacher no later than _____ (date).

cc: Student’s Permanent Record

Policy

PHOTOGRAPHS OF STUDENTS

Taking pictures of district students and buildings for commercial purposes is prohibited without written approval of the superintendent or his/her designee. Requests for such photograph must be made in writing to the superintendent or his/her designee.

“Commercial purposes” in this context is defined to mean for sale or for use in connection with the advertisement or promotion of goods or services.

“School students” in this context means boys and girls enrolled in the school during that part of the day they are at school, on the school grounds, or engaged in any activity under the direction and supervision of the school.

Photographs Used by the School District

Passaic Public Schools may publish information or photographs about students and their accomplishments in District-sponsored publications, the district web-site, and at various school functions. Examples include the following:

- A. A program from a concert, sporting event, or a playbill showing a student's role in a production, event, or performance;
- B. The annual yearbook;
- C. Public galleries or exhibitions of student work; and
- D. Honor roll, recognition lists, or graduation programs.

A “Media Release Non-Consent Form” (Exhibit) will be sent home on an annual basis. Parents/Guardians that do not wish for their child’s photograph to be used in the above described manner may sign and return the non-consent form. In addition, parents may send a letter to the school principal at any time during the school year indicating their preference or changing their preference.

Pictures of children with educational disabilities shall not be disseminated in any way unless permission is granted by parents/guardians. Photographs of children placed in the district by the New Jersey Division of Child Protection and Permanency (DCP&P)* shall not be published without permission of the division case worker.

PHOTOGRAPHS OF STUDENTS (continued)

*NOTE: as of January 2013 the Division of Youth and Family Services (DYFS) changed its name to Division of Child Protection and Permanency (DCP&P).

First Reading: October 30, 2017
Second Reading:
Adopted:

Key Words

Exploitation, Safety, Photographs of Students, Student Photographs, Student Photographs, Web Site

Legal References: N.J.S.A. 18A:11-1 General mandatory powers and duties
N.J.S.A. 18A:36-35 Disclosure of certain student information on internet prohibited without parental consent
N.J.S.A. 18A:54-20 Powers of board (county vocational schools)

Possible

Cross References: *1100 Communicating with the public
*1110 Media
*1120 Board of education meetings
*1140 Distribution of materials by students and staff
*1250 Visitors
1320 Participation in out-of-school community activities
*5125 Student records
*5141.4 Child abuse and neglect
*5145.12 Search and seizure
6142.10 Technology
6145.3 Publications
6145.4 Public performances and exhibitions
*6171.4 Special education

*Indicates policy is included in the Critical Policy Reference Manual.

Exhibit A

**INDEPENDENT WORK, INTERNSHIPS, AND COMMUNITY SERVICE
APPLICATION**

Application for: (circle one) **Independent Work** **Internship** **Community Service**

Student ID Number: _____

Student's Name _____ Grade _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

Parent/Guardian Name _____

Phone Number _____

School Counselor's Name _____

Phone Number _____

Name of participating business or organization: _____

Supervisor/ Mentor at Business/Organization: _____

Phone Number: _____ Email Address: _____

Dates of Proposal: _____

Please choose one: _____ 180 hours/ 2.5 credits _____ 360 hours/ 5 credits

Will this experience require a shortened school day?: _____ No _____ Yes

Description of Work, Internship, or Community Service Position: (what will you be doing during this time period? What skills do you hope to acquire? How will this experience strengthen your education? How will this experience prepare you for college and career success?)

INDEPENDENT STUDY (exhibit continued)

Completed by Student and Parent/Guardian:

I agree to meet and complete all of the guidelines and requirements of the high school Option Two Course program and agree with the Parent/Guardian consent guidelines.

By completing the Option Two request the parent/guardian(s) agree to indemnify and hold harmless the Passaic Public Schools, Passaic Board of Education, its agents or employees from any and all claims of any type, action, complaint, judgment, costs or personal injury, arising out of, or related to, the student's participation in the Option Two program.

Student Signature : _____ **Date** _____

Parent/GuardianSignature: _____

Completed by Counselor:

Date of meeting with school counselor and student: _____

_____ I recommend this application be approved for the _____ school year. I have reviewed the requirements with the student.

_____ I do not recommend this application be approved.

Counselor Signature: _____

Completed by Principal/Designee:

This agreement was: Approved: _____ Start Date _____

Rejected: _____

Reason _____

Principal or Designee Signature: _____

Exhibit B

**INDEPENDENT STUDY
WEEKLY LOG**

Student Name: _____ Student ID Number: _____

Work/Volunteer/Internship Location: _____

Supervisor Name: _____ Supervisor Contact Phone No.: _____

Date	Hours	Description of Duties	Supervisor's Signature

Guidance Counselor's Signature _____ Date: _____

Please submit to Guidance Office on a monthly or otherwise specified basis. Students must retain a copy with the guidance counselor's signature for their records.

Exhibit D

Independent Study Proposal Form

Application for: (circle one) **College/Vocational Coursework** **Independent Study**

Student's Name _____ Grade _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone Number _____

Parent/Guardian Name _____
 Phone Number _____

School Counselor's Name _____
 Phone Number _____

Name of Accredited Institution for **College/Vocational Coursework** (If virtual credit, include the internet site of the institution):

Course Name*	Semester	Start Date	End Date	Institution Credits	PHS Credits <i>To be completed by</i>

*Attach the institution's course description for each course on this application.

For Independent Study Proposal, please submit the following attached to this application:

- Detailed reason for proposing the study
- Schedule for the study- when will the learning be conducted?
- Resources necessary- textbooks, technology, library access, other resources?
- Identification of teacher mentor, who will oversee the independent study?
- Timeline for submission of study logs and final project related to the independent study.

INDEPENDENT STUDY (exhibit continued)

Date of meeting with school counselor and student: _____

Counselor Signature: _____

Will this Option Two program require a shortened school day?: _____ No _____ Yes

If yes, please explain: _____

Student Tentative Career Plans _____

What is your motivation for participating? _____

I agree to meet and complete all of the guidelines and requirements of the high school Option Two Course program and agree with the Parent/Guardian consent guidelines.

By completing the Option Two request the parent/guardian(s) agree to indemnify and hold harmless the Passaic Public Schools, Passaic Board of Education, its agents or employees from any and all claims of any type, action, complaint, judgment, costs or personal injury, arising out of, or related to, the student's participation in the Option Two program.

Student Signature : _____ **Date** _____

Parent/GuardianSignature: _____

Principal or Designee Signature: _____

This agreement was: Approved: _____ **Start Date** _____
Rejected: _____

Reason _____