



West Milford Township High School

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Paul Gorski, Principal

Karen Johnson, Assistant Principal
Nicholas Pollaro, Assistant Principal
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July 2017

Dear Highlander:

Welcome to West Milford High School! We would like to invite you to join us for our Freshman Orientation program, which will be held on **Wednesday, August 30, 2017 from 9:00 a.m. to approximately 12:30 p.m.** This is a great opportunity for you to learn more about the high school and to become acclimated to the building.

Orientation will begin in the high school cafeteria and conclude with a pizza lunch. At the orientation program, you will meet members of our Peers as Leaders (PALS) group. These upperclassman students will act as your guides and mentors during your official welcome to the high school and will lead you on a tour of the building. While you will not have an opportunity to follow your personal schedule, the PALS will guide you through the academic and general areas of the building. Student handbooks will be distributed, and many of the questions that most freshmen have at the start of the year will be addressed during the course of the day. We hope this will help relieve any 'First Day' jitters! Members of the administration will attend orientation and, like the PALS, will be available to meet you and to answer any questions you may have about the next four years. In addition, representatives from the high school clubs, activities, and athletic teams will be on hand to share information about their respective organizations, and we hope that you will take that opportunity to sign up to receive more information.

WMHS offers students so many wonderful ways to become involved in high school life. We hope that you will take advantage of the numerous opportunities, both extracurricular and academic, that will prepare you for the future and leave you with happy memories of WMHS. Our faculty and staff will do everything they can to help you succeed during your high school career, and we hope that you will find your experience to be exciting and rewarding.

Included with this letter, you will find a blank emergency form. We are required to have this form on file in our Health Office for every student in our building. Please bring this completed and signed form with you to the Orientation program.

We are very excited about this year's program and strongly encourage you to attend. Being that school begins less than one week after orientation, we hope for 100 percent attendance to start the year off right. It is my pleasure to welcome you on behalf of the faculty, staff, and students at WMHS. We all look forward to meeting you. See you on August 30th.

WELCOME!

Paul Gorski
Principal



Middle States Association of Colleges and Schools
Commissions on Elementary and Secondary Schools

WEST MILFORD TOWNSHIP PUBLIC SCHOOLS
Emergency Information Form

Dear Parent or Guardian: To serve your child in case of sudden illness, it is necessary to provide the following information for emergency purposes. Please correct any outdated information and complete **all** missing information. Write "N/A" if the area is not applicable or information is not available. Sign and return to the main office. This form will eliminate the need to complete multiple emergency cards.

ID# _____

Last Name: _____ First: _____ Middle: _____ DOB: _____

Address: _____ School: _____

City: _____ Grade: _____

Home Telephone: _____ Teacher/H.R.: _____

Name	Address	Telephone	Cell
Mother:	Home: _____ Workplace: _____	_____	_____
Father:	Home: _____ Workplace: _____	_____	_____
E-mail Address: _____			

List two neighbors or nearby relatives who will assume temporary care of your child.

Name	Name
Home Address _____	Home Address _____
Work Address _____	Work Address _____
Telephone Home _____	Telephone Home _____
Telephone Work _____	Telephone Work _____
Cell Number _____	Cell Number _____
Relationship _____	Relationship _____

Does child have Health Insurance? Yes _____ No _____ Has Health Insurance Changed? Yes _____ No _____

Yes	If Yes, name of Insurance Company: _____
No _____	NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit www.njfamilycare.org to apply online. You may release my name address to the NJ FamilyCare Program to contact me about health insurance.
	Signature _____ Printed Name: _____ Date: _____
	<small>Written consent required to release your name pursuant to 20 U.S.C 1232g (b)(1) and 34 C.F.R 99.30(b)</small>

List any medical/surgical care your child has received during the past year.

Does your child attend daycare? Yes No if Yes, Where _____	Y	N
List Medical Conditions: _____	Braces:	_____
Medications (taken @ home and school): _____	Glasses:	_____
List Allergic / Reactions: _____	Hearing Aides:	_____
List Medical Restrictions: _____		

I agree to have my child screened for scoliosis? For Grades 5-12 (Please initial) _____

	Name	Telephone	Sibling Name	School Attending
Doctor:	_____	_____	_____	_____
Hospital:	_____	_____	_____	_____

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event that physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature: _____ Date: _____