

EMERGENCY FORM

2024-2025

Taking Bus Yes _____ **No** _____

Date: _____

Student Name _____

Grade _____ HR _____

Date of Birth _____

Address _____

Apt #/Floor _____

City _____

Zip Code _____

Phone Numbers

Home _____

Work _____

Cell _____

PARENT/GUARDIAN

Father's Name _____

Mother's Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Place of Employment _____

Place of Employment _____

Work Address _____

Work Address _____

Work Phone _____

Work Phone _____

E-mail _____

E-mail _____

EMERGENCY CONTACTS (if parents/guardians are unavailable)

(Must be at least 18 years old)

1. Name _____

Relationship to Student _____

Home Phone _____

Work _____

Cell _____

2. Name _____

Relationship to Student _____

Home Phone _____

Work _____

Cell _____

3. Name _____

Relationship to Student _____

Home Phone _____

Work _____

Cell _____

Please notify the school if any of the above information changes during the school year.

PARENT/STUDENT ELECTRONICS CONTRACT

2024-2025

Cell Phone and Personal Device Policies

Cell phones, smart watches and any other communication devices may not be used while in school. If you feel your child must have a cell phone, it must remain in their Locker, TURNED OFF while at school. Texting and videotaping are not permitted anytime during the school day. Students are not allowed to use smart watches during The day to make phone calls and send text messages.

Failure to follow these guidelines will result in one reminder for the student to turn off the Device and put it away. If they do not comply, a member of the administrative team will Have the phone taken and stored in the main office. The cell phone may be retrieved by the parent at the end of the day. This policy is in effect throughout the entire school day. Requests to use the phone or cell phone will be screened by school staff in emergency situations only. Student pick up arrangements must be made before the start of the School day. If a parent needs to make an emergency change to this, they must call the School office by 3pm and the school staff will notify the student.

Personal Devices, Policies Security, and Damages

The use of a personal device is the responsibility of the student and must be used in accordance with the acceptable use policy of the New Haven Public Schools and must, on all occasions, be related to an educational purpose, task or communication. All students bringing a personal device to school must have a signed acceptable use policy on file at the school. New Haven Public Schools is not responsible for the loss, damage, theft of any electronic device brought to school by a student.

Guidelines for Use of Devices

Students who bring personal devices to school must adhere to the following rules:

1. Devices may be used as directed by the teacher for instructional purposes.
2. Devices will not disrupt the educational environment of the school and the learning of others.
3. Students may not use mobile phones for any voice communication during the school day.
4. Headphones/earbuds may be used as directed by the teacher for instructional purposes.
5. Devices may not be used to take pictures or videos of students and/or teachers without that individual's consent.
6. Devices may not be used to tease, harass, annoy or bully others.
7. Devices may be confiscated and may only be picked up by parent/guardian.
8. Disciplinary action will be taken based upon misuse of the device.

I understand and will abide by the above policy and guidelines. I further understand that any violation is unethical and may result in the loss of my network and/or device privileges as well as other disciplinary action. During the course of the school year, additional rules regarding the use of personal devices may be added.

Signature of Student

Date

Signature of Parent/Guardian

Date

Update 07/25/2022

MEDIA RELEASE FORM

2024-2025

Dear Parent/Guardian

I hereby grant permission to the New Haven Public Schools, (Betsy Ross Arts Magnet School), to use my child's picture, likeness, name, photograph or voice, at its discretion in publications, on video, audio tape, or online, concerning education programs or activities of the New Haven Public Schools. I have been assured, and it is my understanding that this shall be used in instructional or publicity contexts only, and shall not be used for any commercial purposes whatsoever.

With signing below, I **hereby agree** to hold harmless the New Haven Public Schools in connection with all claims regarding my child's photographic image, including legal fees and other costs incurred; and I **hereby waive** any claim for compensation for my child's photographic image.

I have read this RELEASE prior to signing it, and I understand its contents.

MEDIA RELEASE

Student Name _____

Parent/Guardian Signature _____

Home # _____ Work # _____ Cell # _____

Parent/Guardian:

If you DO NOT grant permission for this Media Release, please sign below

PERMISSION SLIP
2024-2025

Dear Parent/Guardian:

As part of the educational program in New Haven Public Schools, BRAMS students participate in various performances/activities throughout the New Haven area. Frequently our students are asked to perform at these venues at a moment's notices.

Please grant permission for your child to participate in all out-of-school academic/arts activities/events.

If you would be interested in chaperoning any trip/s, please check the line below.

Sincerely,

Jennifer Jenkins
Principal

PERMISSION SLIP

My child has permission to participate in all out-of-school academic/arts activities/events during the 2024-25 school year.

Student Name _____

Parent/Guardian Signature _____

Home # _____ Work # _____ Cell # _____

If you'd like to volunteer to be a chaperone when needed, please check here:

Parent/Guardian:

If you DO NOT grant permission, please sign below

BRAMS Communication Form
2024-2025

To receive communication emails and/or phone calls from the school and PTSO please complete and return this form. You can also email your contact information directly to our email address: bramsptso@yahoo.com

Please be sure to visit the website at www.rossarts.org for information regarding the PTSO, school events, teacher web pages, and much more.

Thank you in advance for your willingness to share your time and talents with the students and staff at BRAMS. We are looking forward to working with you.

Student Name _____ Grade _____ Homeroom _____

Student Name _____ Grade _____ Homeroom _____

Student Name _____ Grade _____ Homeroom _____

Student Name _____ Grade _____ Homeroom _____

Parent/Guardian Name _____

Home Phone _____ Work _____ Cell _____

E-Mail _____

