



New Jersey Academy of Technology
353 E. Clinton Ave., Tenafly, NJ 07670
P. 201-627-8383 / F. 201-627-8384 /www.njat.us

General Permission Slip Form

I, _____ grant permission for my child _____, to participate in any field trips with NJAT. This includes, but is not limited to walks, riding in a vehicle operated by NJAT staff or parent or guardian volunteers, hikes and bike rides around the area. I understand that I will be notified in advance when a field trip is planned away from the center. I understand that every precaution will be made to keep the children safe at all times. However, if an accident does happen, I will assume all responsibility medically and financially. The staff will take all necessary measures as outlined in the parent handbook in the case of an accident or emergency. Staff with current CPR/First Aid including pediatric, will be present on all outings. Fully stocked first aid kits are present in all vehicles that transport children.

Parent/Guardian Signature _____ Date _____

Photo/Video Permission

Child's Name _____

By signing this permission form, you are acknowledging that while your child is in our facility, on field trips, or participating in NJAT sponsored activities, they may be photographed and/or videotaped. Photos and videos may be taken by staff, parent or guardian volunteers and others that are present during the activity. Pictures are used for classroom display, portfolios, parent programs, and occasional advertisement. NJAT has a Facebook page and website as well. If you do not wish your child to be posted on the web or in any other of the above mentioned ways please indicate and initial this form.

Check one below:

() **Yes**, I give my permission for staff and/or parents or guardians of NJAT to photograph and/or video my child during school events and daily activities.

() **No**, I do not want my child in any photos or videos while at NJAT

Parent/Guardian Signature _____ Date _____

Print parent/guardian Name _____



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NJAT BANK INFORMATION

Bank: Bank of America

Bank address: 301 Fort Lee Rd. Leonia, NJ 07605

Swift Code: BOFAUS3N

Account Name: New Jersey Academy of Technology

School address: 353 E. Clinton Ave., Tenafly, NJ 07670

Account Number: 381052167487

Routing No: 021200339

* A \$30 will be charged for wire.



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NEW JERSEY ACADEMY OF TECHNOLOGY EMERGENCY CONTACT FORM

PLEASE PRINT ALL INFORMATION CLEARLY

Today's Date: _____

STUDENT INFORMATION:

FIRST NAME

MIDDLE NAME

LAST NAME

Date of Birth: _____ Student Email: _____ Student Phone: _____

When you live with a guardian, please provide the guardian's information.

Parent's/Guardian's Full Name:		
U.S. Home Address: Street		
City	State	Zip Code
U.S. Home Telephone # :		
Guardian e-mail address:		Guardian cell phone # :

IN CASE OF AN EMERGENCY CONTACT:

1. Name		Relationship
Street Address		
City	State	Zip Code
Daytime Phone #		Cellular Phone #
Email Address		

2. Name	Relationship
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Street Address		
City	State	Zip Code
Daytime Phone #	Cellular Phone #	
Email Address		

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Allergies:

Medication(s) being taken:

Physical impairment:

TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Physician's Name: _____

Address: _____

Telephone #: _____

Dentist's Name: _____

Address: _____

Telephone #: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.



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Signature of Parent/Guardian

Date

PARENTS' INFORMATION:

Mother's Full Name:
Home Address:
Home Telephone # ()
Cellular Phone # ()
Email Address:

Father's Full Name:
Home Address:
Home Telephone # ()
Cellular Phone # ()
Email Address:



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NJAT International Students – U.S. Guardianship Form

Every NJAT international student is required to have an official guardian who lives at the same address physically with the student together. NJAT requires **All NJAT students** live with an adult. The adult could be the official guardian, or other person. When the official guardian and the adult are different, parents have to submit the Host Family Information to NJAT. The official guardian will be considered **the legal responsibility instead of parents** for the student. **This form should be notarized with a notary public signature.**

Requirements for Guardians, and Host Family: 1) Must be over 25 years old, 2) Must be a U.S. Citizen, a legal resident alien, or possess an active U.S. visa, 3) Must be available by phone and email for immediate contact in case of medical or physical emergency, 4) Must be available to academy administration and teachers for conferences or other pertinent meetings concerning the student's education.

Guardian Information:

Mr./Mrs./Ms. _____ (last name) _____ (first name)
Home Address: _____
Phone: _____
Primary email address: _____

Host Family Information (Only use this part when the guardian and host family are different)

Mr./Mrs./Ms. _____ (last name) _____ (first name)
Home Address: _____
Phone: _____
Primary email address: _____

By signing, I agree that I understand and agree to perform the responsibilities of a U.S. Guardian for (_____ student name). I will remain guardian until this student graduates from NJAT or the parent formally selects another approved representative to meet these obligations.

Guardian Signature (guardian): _____ Host Family Signature (if needed): _____
Date: _____ Date: _____



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NJAT Internet Use Policy

We believe that the Internet offers vast, diverse, and unique resources to both students and teachers. Our goal in providing Internet access is to promote educational excellence by facilitating resource sharing, innovation, and communication.

The smooth operation of the network relies upon the proper conduct of the users, who must adhere to strict guidelines. These guidelines are provided here so that students are aware of their responsibilities. In general, this requires efficient, ethical, and legal utilization of the network resources.

Students will have access to the Internet/World Wide Web resources at school. Internet use is only allowed with permission of the supervising teacher, and e-mail access will be available only under a teacher's direct supervision. No individual student accounts will be offered. In addition, we will be taking digital images of students (with no names) engaged in classroom activities for display on our school web page.

Please sign and return the Internet Use Agreement Form (other side) and return it to your classroom teacher ASAP. We need a signed form on file for EVERY STUDENT.

If you have any questions or concerns, please feel free to contact NJAT (Tel : 201-627-8383) or admin@njat.us

Rules and Code of Ethics

The use of the Internet is a privilege; therefore, students will be responsible users by:

- Asking permission from the supervising teacher before accessing the Internet;
- Not using e-mail unless the teacher is directly supervising;
- Protecting privacy by not sharing personal information while using the Internet;
- Not using the computer to disturb or harass other computer users by sending unwanted or hurtful mail.



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Internet Use Agreement Form

Student:

I understand that computer use at NJAT is designed for educational purposes, and I will abide by the Internet Use Policy. I further understand that if I should commit any violation, my access may be revoked, and school disciplinary action may be taken.

Student's Name: _____

Student's Signature: _____

Parent/Guardian:

As the parent/guardian of this student, I have read the Internet Use Policy. I am aware that my student will be instructed on the acceptable use of NJAT computer network and proper network etiquette. I understand that this access is designed for educational purposes. I recognize it is impossible for Han Al High School to restrict access to all controversial materials, and I will not hold them responsible for material acquired on the network. Further, I accept responsibility for supervision of my student's use of the network when he/she is not in a school setting.

My child/student has my permission to use the Internet at school, while under the supervision of a faculty member.

YES NO

Signature: _____ Date: _____

Digital Image Display

My child/student may be included in digital images and have these images displayed on the school web page – www.hanalschool.org.

YES NO

Signature: _____ Date: _____



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STUDENT NAME:

CLASS OF 2020 2021 2022 2023 2024

This contract becomes effective upon the signature of the parent(s), upon acceptance by Han Al High School and upon payment of the non-refundable registration fee of \$500 for returning students, \$1,000 for the new students. This contract contains the full agreement of the parties and no representation or assurance, whether verbal or written, shall affect or alter the obligation of either party hereto.

PAYMENTS

\$30 late charge will apply to all installments received due date. A **\$35** will be charged for a **returned check**. A \$30 will be charged for wire. A 5% of the payment will be charged when paid with a credit card. Lost, stolen, or ruined textbooks will be charged at the end of the school year. The payment due date is the **15th of June 2020**.

I (we) understand the student will not be allowed to take semester examinations, nor participate in the next semester classes until the tuition and/or fees in arrears are paid. Also, graduating seniors with tuition and/or fees in arrears will not be issued either a diploma or official transcripts until the balance is paid in full.

In the event tuition and/or fees remain in arrears and unpaid upon the published due date and Han Al High School or High School retains an attorney and/or collection agency to collect monies due, the undersigned parent(s) agree to pay reasonable attorneys' fees and collection agency costs.

Indicate Payment Plan** (*please check*)

Annual

Semester

Quarterly

The Annual tuition plan is **the only option for international students.

** Quarterly tuition plan has **\$100 additional charge each semester and quarter.**



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WITHDRAWAL

I (we) understand that by registering my (our) child for the school year beginning in September 2020, and by paying the non-refundable registration fee, a space will be reserved in the applicable class specifically for my (our) child. I (we) understand that registering my (our) child, without enrolling him/her, or withdrawing during the academic year will cause difficulty, since student spaces cannot or may not be filled. I (we) also recognize that as a private school, New Jersey Academy of Technology's budget is based largely on tuition revenues and contributions. Therefore, I (we) specifically agree that once my (our) child is registered and guaranteed a space, if my (our) child is withdrawn or dismissed for any reason, I am (we are) obligated to forfeit the non-refundable deposit and pay for any outstanding tuition and/or fees. The parents of a student who withdraws before the first day of school will be refunded 100% of the school year full tuition and fees except non-refundable deposit. The parents of a student who withdraws before the end of the first quarter will be refunded 25% of the school year full tuition and fees. The parents of a student who withdraws after the first 2019/2020 quarter will not be refunded any of tuition and fees.



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ACKNOWLEDGEMENT

_____ I (we) will read and agree to abide by all policies of Parent/Student Handbook.

(initials)

I (we) further acknowledge that, pursuant to the Financial Policies section of the Parent/Student Handbook, transcripts, diplomas, grades, etc. will not be released until all financial obligations under

_____ this tuition contract have been satisfied.

(initials)

In the event my (our) child transfers to another school, I (we) understand and agree that transcripts cannot

_____ be provided to that school until all financial obligations under this tuition contract have been satisfied.

(initials)

Signature (Parent / Guardian)

Date

Signature (Administrator)

Date



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SCHOOL UNIFORM ORDER 2020-2021

Please visit this website to order

uniform. m.gyobokmall.co.kr

Requirements

For Girls

- White Short Sleeve Banded Bottom Shirt s/Logo (for late Spring and Summer)
- White Long Sleeve Banded Bottom Shirt w/Logo (for Spring and Fall)
- One of Nave with Whiter Trim V-Neck Sweater Vest w/Logo / Nave with white Trim V-Neck Pullover Sweater w/Logo / Navy V-neck Cardigan Sweater w/Logo (for Winter)

For Boys

- Dark Navy Short Sleeve Polo Shirt w/Logo or White Short Sleeve Polo Shirt w/Logo (for late Spring and Summer)
- Dark Navy Long Sleeve Polo Shirt w/Logo or White Long Sleeve Polo Shirt w/Logo (for Spring and Fall)
- One of Nave with Whiter Trim V-Neck Sweater Vest w/Logo / Nave with white Trim V-Neck Pullover Sweater w/Logo / Navy V-neck Cardigan Sweater w/Logo (for Winter)

All students have to wear blue jeans or Khakis for their pants.

Girl students can wear only school Navy & Red Plaid 2 Panel Skirt, if they want to wear skirts.

If you need any other information, please contact the main office 201-6278-8383.



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