

**WEST END MEMORIAL SCHOOL**

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Vincent Myers, Principal  
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Dear Parent/Guardian,

The Woodbury Board of Education has adopted "Protect-A-Child" for students in Pre-K through fifth grade. The fingerprinting of students will provide parents with a positive form of identification for missing children. It is offered by the district on a strictly voluntary basis to parents or guardians according to these provisions.


1. Permission for the fingerprinting of your child must be granted by the parent or guardian in writing by detaching the permission form below, signing it and returning it to the main office no later than **November 20, 2007**.
2. Fingerprinting cards will be sent home with your child the same day the fingerprints are taken in school. If your child does not bring home the card, please call the main office.
3. Under no circumstances will the school district, the police department or the Sheriff's Department retain any original fingerprint cards or makes copies to keep on file.

The voluntary project is being offered as a community service by the school district, the Gloucester County Sheriff's Department and the Woodbury Police Department.

It is estimated that over One Million Children are reported missing every year in the United States, and about 100,000 of these children remain unaccounted for each year. We strongly recommend that if your family decides to participate in this project that you complete the rest of the detailed information contained on the card. It has also been recommended that an up-to-date photograph and the card be secured in a safe place such as in a safety deposit box or fireproof container.

Your immediate response to returning the attached form indicating your permission or denial would be appreciated. The schedule for fingerprinting has been set for **Monday November 26, 2007**.

Sincerely,

  
Vincent Myers  
Principal

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Date \_\_\_\_\_

I, **DO** \_\_\_\_\_ or **DO NOT** \_\_\_\_\_ give permission for my child to be fingerprinted with the understanding the fingerprint card will be returned to me with no copies kept on file by any other authority.

NAME OF CHILD \_\_\_\_\_ GRADE \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

*Building upon our history, diversity and convictions, the Mission of the Woodbury Public Schools is to educate all of our students to be responsible citizens who excel in their endeavors and meet life's challenges with courage and confidence; this is accomplished by providing strong academic and co-curricular opportunities, delivered by skilled and dedicated individuals, in partnership with a small, supportive community.*