

New Jersey Department of Education
Division of District and School Improvement
Office of Equity and School Choice

COMPREHENSIVE EQUITY PLAN
ANNUAL STATEMENT OF ASSURANCE
2013-2014 SCHOOL YEAR

NAME OF SCHOOL DISTRICT/CHARTER SCHOOL: Randolph Township Schools

ADDRESS: 25 School House Rd. CITY: Randolph ZIP: 07869

COUNTY: Morris

TELEPHONE #: (973) 361-0808 FAX #: (973) 361-2405

AFFIRMATIVE ACTION OFFICER: Ms. Jennifer Fano or Mr. Michael Neves

TELEPHONE #: (973) 361-0808 Ext. 8102 or 8214

AAO MAIL ifano@rtnj.org or mneves@rtnj.org

CONTACT PERSON: Ms. Jennifer Fano or Mr. Michael Neves

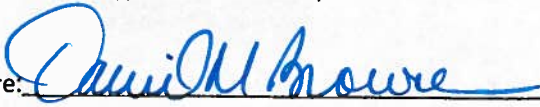
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1. The district/charter school will achieve and maintain compliance with all applicable laws, codes, regulations, and guidelines governing equity in education including, but not limited to: N.J.S.A.18A:36-20; N.J.S.A.10:5; N.J.A.C. 6A:7; Guidelines for the Desegregation of Public Schools in New Jersey (1989); Titles VI and VII of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973; The Americans with Disabilities Act of 1990; Individuals with Disabilities Education Act (I.D.E.A.) of 2004.
2. The district/charter school has conducted a comprehensive needs assessment of its equality and equity needs at each school within the district. The mandated staff development training programs have been conducted and areas of noncompliance as indicated in the Plan have met specific indicators of achievement at each site during this academic year.
3. The local Board has authorized the submission of this Statement of Assurance of Comprehensive Equity Plan Implementation, and will support full implementation in school year 2013-2014.
4. The district/charter school conduct mandated staff development programs during the 2013-2014 school year and will correct any form of discrimination or non-compliance identified by the New Jersey State Department of Education.

CERTIFICATION:

By signing below, the Chief School Administrator/Charter School Lead Person certifies that all statements above are true and correct:

Name: Dr. David M. Browne Title: Superintendent
(Print or type name and title)

Signature:  Date: 2/8/13