

# SHAMONG TOWNSHIP SCHOOL DISTRICT

295 Indian Mills Road, Shamong, NJ 08088

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**Mayreni Fermin-Cannon**  
*Superintendent of Schools*



**Laura Archer**  
*Business Administrator*

## IMPACT Participation Agreement

As a member of Indian Mills Parent Action Committed Team, (IMPACT), I agree to attend and actively participate in scheduled meetings to the best of my ability. I will maintain confidentiality regarding sensitive information discussed in meetings to protect the privacy of students and families. I commit to collaborating respectfully with other members, valuing diverse perspectives and fostering a supportive environment. I agree to share relevant feedback and concerns related to special education services within the district. Additionally, I will stay informed of IMPACT initiatives and district policies to effectively contribute to discussions and decision-making.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_