Allamuchy Township School District

Registration Checklist

Kindergarten Pupils

1. Registration Form _____
2. Kindergarten Questionnaire _____
3. New Student Health History/Immunizations _____
4. Student Physical Examination _____
5. Birth Certificate _____
6. Custody Papers (where applicable) _____
7. Verification of Domicile/Residence _____

School districts will accept a variety and combination of documents in order to show where a student lives and is entitled to attend school.
Specific examples of documents that can be used include, but are not limited to, the following:

- Property tax bills,
- Leases,
- Letters from landlords,
- Voter registrations,
- Driver licenses,
- Cancelled checks, and
- Utility bills.

Allamuchy Township School District
Registration Form

DIRECTIONS TO PARENT/GUARDIAN: The questions on this form must be administered at the time of student enrollment. Some responses are optional to protect the privacy of student or family; however, the parent or guardian should understand that his/her responses to these questions will be of great help to the district and the state in planning a program that meets the unique needs of his/her child. If the parent or guardian declines to respond to a question, leave the item blank.

Office Use Only
Student ID#_____ Grade_____ Homeroom_____

Bus Route_____ CST Code_____ Entry Date_____

PARENT INFORMATION:
PARENT E-MAIL ADDRESS_____

STUDENT INFORMATION:
1. Name of Child: Last_____ First_____ Middle_____
2. Gender of Child: ☐ Male ☐ Female
3. Age of Child: _____ Date of Birth _____ Proof of Age _____
4. Child's City of Birth_____ State_____ Country_____
5. Please provide the permanent or home address of student:
   Address_____
   City _____ State_____ Zip_____
6. Home Telephone Number _____
7. Family Status _____
8. Student Resides with (Please check one):
   ☐ Father only ☐ Mother only ☐ Mother & Father
   ☐ Father & Stepmother ☐ Mother & Stepfather ☐ Guardian ☐ Other _____
9. Mother's (Guardian's) Information
   ☐ Custodial Parent ☐ Non-Custodial Parent WITH access to student records
   ☐ Non-Custodial Parent NO access to student records (Court Order must be provided)
   Mother's/Guardian's Name _____ Maiden Name _____
   Mother's Physical Address (if different than student)
   Street _____ City_____ State_____ Zip_____
   Mother's/Guardian's Telephone Number (if different than student)_____
   Mother's Birthplace _____ Mother's Occupation_____
   Mother's/Guardian's Employer & Address_____
   Mother's Guardian's Work Phone Number _____ Cell Number_____
   Mother's Education _____ Cell Phone Carrier_____
   E-mail Address _____
10. Father's/Guardian's Information
   ☐ Custodial Parent ☐ Non-Custodial Parent WITH access to student records
   ☐ Non-Custodial Parent NO access to student records (Court Order must be provided)
   Father's/Guardian's Name _____
   Father's Physical Address (if different than student)
   Street _____ City_____ State_____ Zip_____
   Father's/Guardian's Telephone Number (if different than student)_____
   Father's Birthplace _____ Father's Occupation_____
   Father's/Guardian's Employer & Address_____
   Father's Guardian's Work Phone Number _____ Cell Number_____
   Father's Education _____ Cell Phone Carrier_____
   E-mail Address _____
11. Family Physician's Name _____
   Address _____
   Telephone Number _____
12. Brother's Older/Younger (Name and Birth Date)_____
   Sister's Older/Younger (Name and Birth Date)_____

13. Child ☐ Left Handed ☐ Right Handed
14. Race/Ethnicity of Child: Place an "X" in one or more boxes to indicate what you consider the child to be.
    - ☐ American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment
    - ☐ Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub continent including Cambodia, China, India, Japan, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam.
    - ☐ Black or African American – A person having origins in any of the black racial groups of Africa.
    - ☐ Spanish/Hispanic/Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race
    - ☐ Native Hawaiian or Other Pacific Islander – A person having origin in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
    - ☐ White – A person having origins in any of the original peoples of Europe, Middle East or North Africa.
15. The National or Ethnic subgroup which a child or parent/guardian most clearly identifies (Optional). A representative sample of subgroups in New Jersey are listed below. Place an "X" in the box for one or more subgroups (up to 3 selections possible.)

☐ Bosnia	☐ India	☐ Mexico	☐ Salvador
☐ China	☐ Ireland	☐ Nigeria	☐ Samoa
☐ Columbia	☐ Italy	☐ Pakistan	☐ Taiwan
☐ Dominican Republic	☐ Japan	☐ Philippines	☐ United States (America)
☐ Egypt	☐ Korea	☐ Poland	☐ Other:
☐Germany	☐ Lebanon	☐ Puerto Rico	☐ Other:
☐ Guam	☐ Liberia	☐ Russia	

16. Language of Child. The language or dialect first learned by an individual or first used by the Parent/Guardian with a child. This item is often referred to as the first language spoken. A representative sample of language in New Jersey is listed below. Place an "X" in the box to indicate the native language of the child.

☐ Arabic	☐ Fulfulde, Nigerian	☐ Punjabi, Eastern	☐ Singhalese
☐ Armenian	☐German	☐ Punjabi, Western	☐ Somali
☐ Chamorro	☐ Haitian, Creole French		☐ Spanish
☐ Chinese, Mandarin	☐ Hindi	☐ Pashto, Northern	☐ Chinese, Cantonese
☐ Japanese	☐ Pashto, Southern	☐ Telugu	☐ English
☐ Korean	☐ Polish	☐ Urdu	☐ French
☐ Kurdish	☐ Sindhi	☐ Other:	

17. Is English understood/spoken by parent/guardian/person enrolling student? ☐ Yes ☐ No
18. Language most frequently spoken at home _____
19. Is the student eligible for migrant education services? A "migratory child" means a child who is, or whose parent or spouse is, a migratory agricultural worker, including a dairy worker or migratory fisher, and who, in the preceding 36 months, in order to obtain or accompany such parent or spouse, in order to obtain temporary or seasonal employment in agricultural or fishing work, has moved from one school district to another or resides in a school district of more than 15,0000 square miles and migrates a distance of 20 miles or more to temporary residence to engage in a fishing activity. ☐ Yes ☐ No
20. Is the student homeless? A student shall be considered homeless if any of the following conditions apply: Resides in a supervised publicly or privately operated shelter designed to provide temporary living accommodations; Resides in an institution that provides a temporary residence for individuals intended to be institutionalized; Resides in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; Lives with a parent in a domestic violence shelter; A runaway living in a shelter; A sick or abandoned child residing in a hospital who would otherwise be released if he/she had a permanent residence; The child of a homeless family which is, out of necessity, living with relatives or friends. The child of a migrant family that lacks adequate housing; Finally, a child or youth shall be considered homeless when a disputer occurs regarding the determination of homelessness. ☐ Yes ☐ No
21. Does the student qualify to receive federal support as an immigrant? An immigrant is a student who is 3 to 21 and was NOT born in the U.S. and has not been attending one or more schools in any one or more states for more than three full academic years. ☐ Yes ☐ No
22. Are you enrolling in this school as a result of exercising your No Child Left Behind choice option? ☐ Yes ☐ No
23. If you answered YES to the above questions, please identify the reason from the list below.
    - ☐ No Child Left Behind – School in Need of Improvement
    - ☐ No Child Left Behind – Unsafe School – Persistently Dangerous School
    - ☐ No Child Left Behind – Unsafe School – Student is Victim

24. Former home address of student:
    Address_____
    City _____ State_____ Zip Code _____
25. What is the name and location of the institute which provided care, education, and/or services to the student prior to this enrollment?
    Name _____
    Address_____
    City _____ State_____ Zip Code _____
26. If applicable, what was the last grade completed by the student?
    ☐ Preschool ☐ Second Grade ☐ Fifth Grade
    ☐ Kindergarten ☐ Third Grade ☐ Sixth Grade
    ☐ First Grade ☐ Fourth Grade ☐ Seventh Grade
27. Has the student qualified for Federal Lunch Program? ☐ Free ☐ Reduced ☐ N/A
28. Has the student been referred to or evaluated by a Child Study Team? ☐ Yes ☐ No IEP? ☐ Yes ☐ No
29. SECTION A (DOMICILE):

Mountain Villa School
Kindergarten Information Form

When completing this form, please consider your answers carefully. This will help us to provide your child with a happy and successful Kindergarten experience.

Child's Name:_____

Brief Biography:

1. List other family members living in the house besides parents. Please include ages of siblings.

_____
_____
_____

2. Is a second language spoken at home? If so, what language?

_____

3. Has your child attended preschool? If so where, how many years, how many days a week?

_____
_____

4. Does your child display a left handed or right handed dominance?

_____

Please tell us about your child:

5. How does your child react to (e.g. shy, fearful, curious, excited, nervous, etc.):

a) New situations

_____

_____

_____

b) Interacting with other children

_____

_____

_____

c) Handling a difficult task

_____

_____

_____

d) Leaving familiar adults

_____

_____

_____

e) Other

_____

_____

_____

Additional Comments:

What are your expectations for your child's Kindergarten year?

What do you feel is important for us to know about your child to ensure they have a successful school experience?

Thank you for taking the time to fill this out. We are looking forward to a fun and exciting year with your child!

Allamuchy Township School District

New Student Health History
(To be completed by parent/guardian)

Thank you for taking the time to complete this comprehensive health history. The information provided is confidential, and it will only be used by the school nurse and other school personnel you designate to ensure the health and safety of your child.

Name of person completing this form _____

Student Data **Today's Date** _____

Name _____

Birth Date _____

Address _____

_____

Home Phone Number _____

Place of Birth (city/state) _____

Family Data

Student Lives With:

Name	**Relationship**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Family Health History

	Name	Age	Occupation	Level of Education
Mother				
Father				
Stepmother				
Stepfather				
Brothers/Sisters				

General Health of Family Members

Mother _____

Father _____

Stepmother _____

Stepfather _____

Brothers/Sisters _____

Describe any family health concerns the school nurse should be aware of (hereditary illness, chronically ill family members, contagious diseases in home, ect.).

_____

_____

Describe any economic concerns the bus should be aware of (financial problems, poor housing, lack of clothing, problems affording medical or dental care, etc.).

_____

_____

Student Health Data

Please circle and date all items which apply to the student's current health status, past and present.

Norman Pregnancy
Problem Pregnancy
Vaginal Delivery
Caesarian Delivery
Prematurity
Hospitalization
Surgery
Accidents
Broken Bones
German Measles/Rubella
Skin Problems (rashes, eczema, etc.)
Head Lice
Mononucleosis
Strep Throat
Heart Problems
Heart Murmur
Bedwetting
Frequent Stomach Aches
Pinworms/Parasites
Excessive Thirst
Diabetes
Hernia
Neurological Problems
Immune Disorder

Serious Injury
Headaches
Seizures
Concussion/Head Injuries
Eye Problems (glasses/contacts)
"Lazy Eye"
Ear Problems (infections, etc.)
Tubes in ears
Difficulty Hearing/Hearing Aids
Chicken Pox
Impetigo
Hepatitis
Frequent Colds
Asthma/Breathing Problems
Anemia
Constipation/Diarrhea
Daytime Wetting/Daytime Soiling
Excessive Weight Gain/Weight Loss
Urinary Problems
Muscle Problems
Mumps/Measles
Thyroid/Hormone Problems
Scoliosis/Spine Problems
Lyme Disease

If needed, use this space to further describe any of the critical items.

_____

_____

Allergies

List any allergies the student has to medications, plants, insects, food, etc. Note if the allergy is severe or life threatening and describe the prescribed treatment for the allergic reaction.

_____

_____

List all medications the student takes on a regular basis, both prescription and over-the-counter. Please include the dosage, time and reason for the medication.

_____

_____

Please express any concerns you may have about the development, behavior or emotional health of this student.

_____

_____

Please describe any limitations or restrictions on the student's activities during the school day.

_____

_____

Student's Primary Care Physician _____

Student's Special Care Physician _____

Health Insurance Carrier _____

Policy and ID Numbers _____

Dental Health

Name of Dentist _____

Does the student receive regular dental check-ups? _____

When was the student's last dental exam? _____

Detail any problems with the student's teeth or gums _____

_____

Please do not hesitate to contact me with any questions of concerns you may have about your child or the school health services program. The telephone number of the health office is 908-852-7222

ALLAMUCHY ELEMENTARY SCHOOL
PO BOX J
ALLAMUCHY, NJ 07820
PHONE 908-852-1894 FAX 908-852-9816

STUDENT PHYSICAL EXAMINATION

THIS MANDATORY DOCUMENT MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER

Name:_____ Date of Birth:_____

Height_____ Blood Pressure_____

Weight_____ Respirations_____

Vision_____ Hearing_____

Allergies_____

Medications_____

_____

System	OK	Problem Found	If problem found, note action taken
General/Nutrition			
Skin/Hair/Nails			
Eyes/Ears			
Nose/Throat			
Teeth/Gums			
Lymphatic/Thyroid			
Chest/Breasts			
Respiratory			
Cardiac			
Gastrointestinal			
Urinary/Genital/Hernia			
Musculoskeletal/Spine			
Neurologic			
Emotional/Behavioral			

STUDENT PHYSICAL EXAMINATION

PAGE 2

Recommendations _____

_____

Activity Restrictions _____

_____

IMMUNIZATIONS/TESTS

Lead Level _____

DPT/DT/Tetanus _____ _____ _____ _____ _____ _____
DTAP/DPT Acell (Letter required from MD if exempt from pertussis vaccine. Attach to this form)

Polio _____ _____ _____ _____ _____ _____

Measles/Mumps/Rubella/MMR _____ _____ _____

Hepatitis B _____ _____ _____

Hib _____ _____ _____ _____

Varicella _____ _____

Mantoux _____ RESULT_____

Tine _____ RESULT_____

Influenza _____ _____

Pneumococcal _____ _____ _____ _____

Physician Name (please print) _____

Physician Signature or Stamp _____

Date of Exam _____

Date this form was completed _____