

Allamuchy Township School District

Registration Checklist

Transfer Students

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

The District 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.)

- | | | | |
|---|----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Bosnia | <input type="checkbox"/> India | <input type="checkbox"/> Mexico | <input type="checkbox"/> Salvador |
| <input type="checkbox"/> China | <input type="checkbox"/> Ireland | <input type="checkbox"/> Nigeria | <input type="checkbox"/> Samoa |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Italy | <input type="checkbox"/> Pakistan | <input type="checkbox"/> Taiwan |
| <input type="checkbox"/> Dominican Republic | <input type="checkbox"/> Japan | <input type="checkbox"/> Philippines | <input type="checkbox"/> United States (America) |
| <input type="checkbox"/> Egypt | <input type="checkbox"/> Korea | <input type="checkbox"/> Poland | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Germany | <input type="checkbox"/> Lebanon | <input type="checkbox"/> Puerto Rico | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Guam | <input type="checkbox"/> Liberia | <input type="checkbox"/> 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.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Fulfulde, Nigerian | <input type="checkbox"/> Punjabi, Eastern | <input type="checkbox"/> Singhalese |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> German | <input type="checkbox"/> Punjabi, Western | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Chamorro | <input type="checkbox"/> Haitian, Creole French | | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese, Mandarin | <input type="checkbox"/> Hindi | <input type="checkbox"/> Pashto, Northern | <input type="checkbox"/> Chinese, Cantonese |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Pashto, Southern | <input type="checkbox"/> Telugu | <input type="checkbox"/> English |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Polish | <input type="checkbox"/> Urdu | <input type="checkbox"/> French |
| <input type="checkbox"/> Kurdish | <input type="checkbox"/> Sindhi | <input type="checkbox"/> 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 15,000 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):

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

	<u>Name</u>	<u>Age</u>	<u>Occupation</u>	<u>Level of Education</u>
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.

Normal Pregnancy	Serious Injury
Problem Pregnancy	Headaches
Vaginal Delivery	Seizures
Caesarian Delivery	Concussion/Head Injuries
Prematurity	Eye Problems (glasses/contacts)
Hospitalization	"Lazy Eye"
Surgery	Ear Problems (infections, etc.)
Accidents	Tubes in ears
Broken Bones	Difficulty Hearing/Hearing Aids
German Measles/Rubella	Chicken Pox
Skin Problems (rashes, eczema, etc.)	Impetigo
Head Lice	Hepatitis
Mononucleosis	Frequent Colds
Strep Throat	Asthma/Breathing Problems
Heart Problems	Anemia
Heart Murmur	Constipation/Diarrhea
Bedwetting	Daytime Wetting/Daytime Soiling
Frequent Stomach Aches	Excessive Weight Gain/Weight Loss
Pinworms/Parasites	Urinary Problems
Excessive Thirst	Muscle Problems
Diabetes	Mumps/Measles
Hernia	Thyroid/Hormone Problems
Neurological Problems	Scoliosis/Spine Problems
Immune Disorder	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 or 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

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Recommendations _____

Activity Restrictions _____

IMMUNIZATIONS/TESTS

Lead Level _____

DPT/DI/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 _____

STUDENT RECORDS

I, _____, hereby give permission for the Allamuchy
(Parent/Guardian)

Elementary School to receive/release the requested information regarding by son/daughter,

From: _____
School Name

School Address

To: _____
School Name

School Address

MANDATED - (Records required by State Law including address, date of birth, name of parents/guardians, citizenship, sex, daily attendance, pupil progress, grade level, health history, Child Study Team records.)

I acknowledge notification that the mandated records of my child named above will be sent to a school of transfer within 30 days. Records will be sent to a school of transfer outside New Jersey upon request from the school.

PERMITTED - (Including observations, ratings, recurrent behavior patterns, extra-curricular activities, standardized test results).

Signature Parent/Guardian Date

New home address: _____

Last date in Allamuchy School: _____

Beginning Date in AES _____
