

ROCKAWAY BOROUGH SCHOOL DISTRICT

KINDERGARTEN STUDENT REGISTRATION FORM

Date Completed: _____

Entry Date: _____

STUDENT INFORMATION

Last Name	First Name	Middle Name	Generation Suffix (Jr. Sr. III. etc.)
Residence Address		Telephone #	Gender (Circle One) Male Female
Date of Birth (original birth certificate must be presented)	Place of Birth (City State or City Country)	If child was not born in the US, date of entry into US:	
Race: Please check all that apply _____ American Indian _____ Black _____ Pacific Islander _____ Asian _____ Hispanic _____ White			Location and date of first enrollment in a U.S. school: _____ / _____ Location Date
Language Information Does your child speak English ____yes ____no If no, what language and dialect _____ Is language other than English spoken in home? ____yes ____no If yes, what language and dialect _____ Does child speak above language at home with parents? _____ with siblings? _____			

PARENT / GUARDIAN INFORMATION

Child lives with (check one) ____ Both Parents ____ Mother Only ____ Father Only ____ Mother and Step-father ____ Father and Step-mother ____ Other, please specify _____	
Custodial Parent/Guardian Information Mother/ Step-mother / Guardian (Circle One) Last Name: _____ First Name: _____ Maiden Name (optional): _____ Email Address: _____ Home Phone # _____ Work # _____ Cell # _____	
Father/ Step-father / Guardian (Circle One) Last Name: _____ First Name: _____ Home Phone # _____ Work # _____ Cell # _____ Email Address: _____ Custodial Parent/Guardian Address _____ City: _____ State _____ Zip _____	
Non-Custodial Parent/Guardian Information Is the non-custodial parent legally prohibited from picking up/visiting the child? (check one) ____ *Yes ____ No Is the non-custodial parent legally prohibited from receiving mailings? (check one) ____ *Yes ____ No *If yes, please attach a copy of the court order. Last Name: _____ First Name: _____ Home Phone # _____ Work # _____ Cell # _____ Address: _____	

PRIOR EDUCATION INFORMATION**KINDERGARTEN REGISTRATION**

Has your child attended: Pre-School _____ Yes _____ No Special Services: _____ Yes _____ No

Previous School Attended: _____ Phone # _____

School Address: _____ City _____ State _____ Zip Code _____

Services Received at Previous School (please check all that apply)

_____ Gifted _____ ELS/ESL _____ 504 Plan _____ Other _____

Special Education (if applicable) _____ IEP _____ Speech IEP _____ Evaluation Pending

EMERGENCY CONTACT/HEALTH INFORMATION**Emergency Contact Information:**

If we are unable to contact parents/guardians in case of illness, injury or emergency, please list at least two additional contacts to which we may release your child.

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Health Information:

Doctor's Name _____ Phone # _____

Chronic Medical Condition(s) and/or medication(s) _____

Please indicate if child has any physical and/or medical problems in the following areas:

Wears glasses? _____ Yes _____ No Has received speech therapy? _____ Yes _____ No

Wears hearing aid? _____ Yes _____ No

Health Insurance Coverage:

Does your child currently have health insurance coverage? _____ Yes _____ No

If yes, Name of your child's Health Insurance Provider: _____

Your signature certifies that all information is correct and accurate to the best of your knowledge. If you move during the school year, please notify the school immediately of your expected last day.

This form was completed by: _____ Date _____

Relationship to student: _____

FOR OFFICE USE ONLY

_____ Birth Certificate _____ Affidavit of Residency _____ Transfer Card _____ Emergency Card _____ Free & Reduced Lunch Forms

_____ Release of Records

RECEIVED FROM PARENTS FOR PRE-K / K REGISTRATION:

Immunization records _____ Yes _____ No

Pre-school Physical _____ Yes _____ No

ROCKAWAY BOROUGH SCHOOL DISTRICT

AFFIDAVIT CONCERNING STUDENT RESIDENCE

Section I – General Information

1. Name of student _____
2. Address where student presently lives: _____

3. Name of mother: _____
4. Where does mother live? _____
5. Name of father: _____
6. Where does father live? _____
7. Are the parents divorced? _____

If parents are divorced, please attach a copy of the custody decree.

If student is not living with a parent, complete 8 – 18

8. Name of person(s) with whom the student lives: _____
9. Relationship of each said person(s) to the student: _____
10. Why is the student living with the said person(s)? _____
11. On what date did the student move in with this person(s) _____
12. Does the person(s) with whom the student is staying have authority to discipline the student? _____
13. For how long is the arrangement with the person(s) with whom the person is staying? _____
14. Has the person(s) with whom the student lives become the legal guardian of the student? _____
15. If the answer is yes, please attach a copy of the guardianship order.
16. Who is authorized to receive report cards? _____
17. Who would attend parent conferences at the school? _____
18. Where did the student attend school last year? _____

19. List the names and ages of any brothers or sisters, where they live and where they attend school.

NAME	AGE	ADDRESS	SCHOOL ATTENDED

Section II – Documentation

As proof of student residency, please attach to this affidavit at least **one document listed in Category A** and at least **two documents listed in Category B**. Please indicate with an “X” which documents are attached.

Category A – Attach a copy of at least one of the following documents:

- _____ The most recent real estate tax bill for my residence showing me as the taxpayer
- _____ A signed deed for my residence
- _____ A signed lease for my residence (Expired leases are not acceptable)
- _____ A closing statement for the purchase of residence
- _____ A notarized affidavit from the owner of my residence and myself stating that I reside at that residence on a full time basis. Affidavits are available in the school office.

Category B – Attach a copy of at least two of the following documents that show your current address:

- _____ Driver's License or Non-driver Photo Identification Card from NJ Division of Motor Vehicles
- _____ Gas, electric or water bill dated within the past 3 months
- _____ Home/apartment insurance certificate
- _____ First class mail/letter from state or federal agency dated within the past 3 months
- _____ Bank statement dated within the past 60 days

Please complete and sign the following affidavit:

I, _____, declare that I physically reside at _____, Rockaway Borough, NJ, and that I have no other residence other than that listed on this affidavit. In order to affirm my residency in Rockaway Borough School District, I have presented certain attached documents to the District officials. I declare these documents to be true and accurate. I understand that I may be required to submit additional information to substantiate my residency and the residency of the student named above based upon my responses on this form and based upon the District's guidelines for determining residency.

I hereby swear that the answers to the foregoing questions are true and correct. I understand that misrepresentation or intentional withholding of facts in relation to a student residency issue may result in criminal and civil legal proceedings, as well as denial of enrollment or disenrollment and the payment of tuition from the time the student was enrolled.

Parent(s)/Guardian(s) signatures:

Relationship to student _____

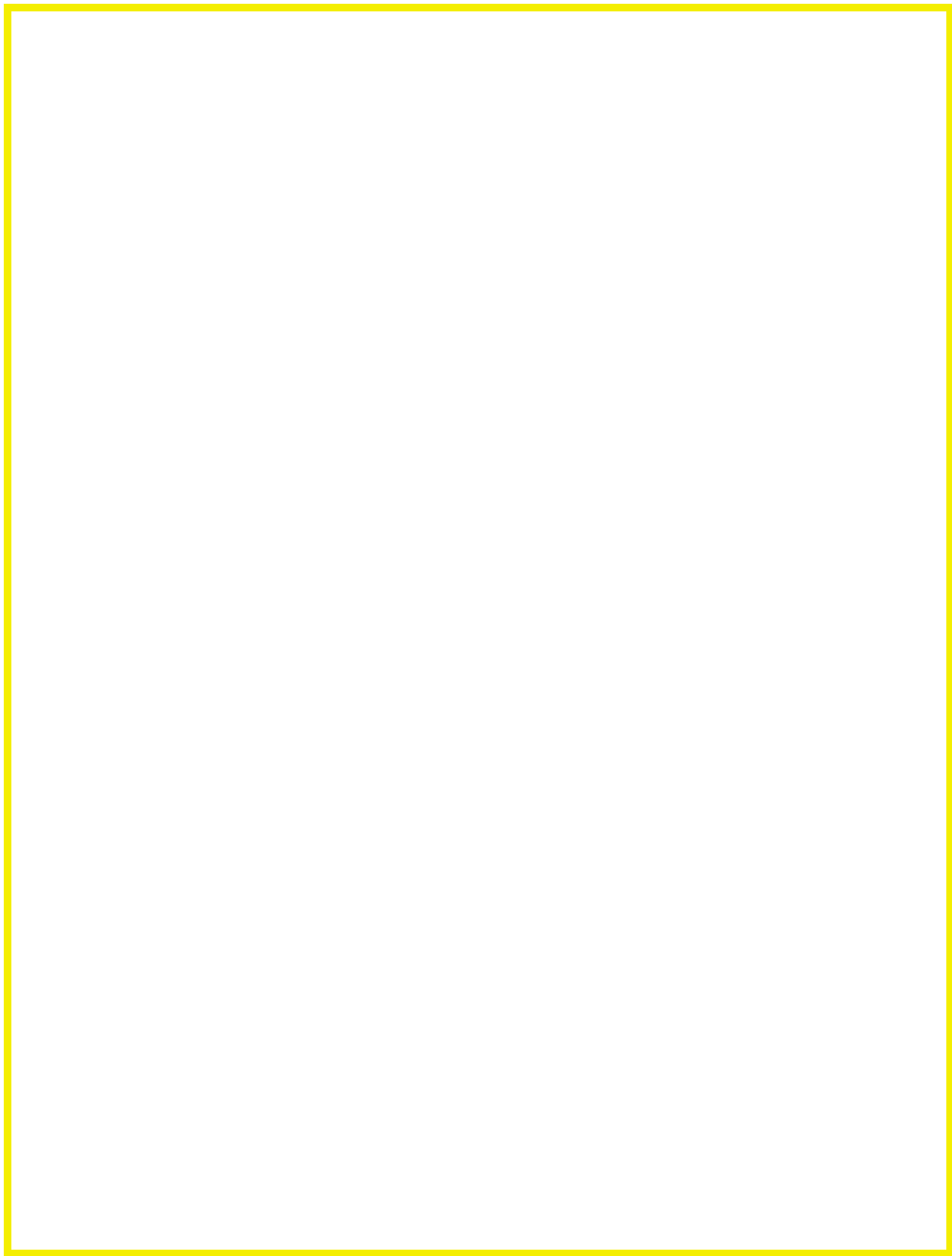
Relationship to student _____

Sworn and subscribed on this _____ day of _____, _____

A Notary Public of the State of New Jersey.

My commission expires _____.

(seal)





ROCKAWAY BOROUGH SCHOOL DISTRICT

103 EAST MAIN STREET
ROCKAWAY, NEW JERSEY 07866
TEL: 973-625-8601
FAX: 973-625-7355

MRS. PHYLLIS ALPAUGH
SUPERINTENDENT OF SCHOOLS

Home Language Survey Form

Introduction

This survey is the first of three steps to identify whether or not a student is eligible to be an English language learner (ELL). Start with "Question 1" and continue until the HLS is complete. Select the answer for each question and follow the directions.

Student Information

Student name: _____ Student birth date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____

Survey Questions:

Question 1:

What was the first language used by the student:

- ☐ A language other than English. Proceed to question 2a.
- ☐ English. Proceed to question 2b.

Question 2a

At home, does the student hear or use a language other than English more than half of the time?

- ☐ Yes. Proceed to 7.
- ☐ No. Proceed to question 4.

Question 2b

At home, does the student hear a language other than English more than half of the time?

- ☐ Yes. Proceed to question 4.
- ☐ No. Proceed to question 3.

Question 3

Does the student understand a language other than English?

- ☐ Yes. Proceed to question 4.
- ☐ No. Proceed to 9.

Question 4

When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?

- ☐ Yes. Proceed to 7.
- ☐ No Proceed to question 5.

Question 5

When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?

- ☐ Yes
- ☐ No

Question 6

Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?

- ☐ Yes
- ☐ No

Question 7

List home languages spoken and proceed to 8

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Question 8

Proceed to Step 2: Records Review Process.

Home Language Survey is complete.

Question 9

Do not proceed to Step 2: Records Review Process.

Home Language Survey is complete. Student is not an English Language Learner. (ELL)

IMMUNIZATION AND HEALTH HISTORY RECORDS

Child's Name _____

Immunizations _____ (Copies of immunizations may be attached)

***DPT**

Date _____ Date _____ Date _____
 (1st dose) (2nd dose) (3rd dose)
 Date _____ Date _____
 (4th dose) (5th dose)

***Polio Immunization**

Date _____ Date _____ Date _____
 (1st dose) (2nd dose) (3rd dose)
 Date _____
 (4th dose)

***Measles/Mumps/Rubella Vaccine** (To be given on or after the 1st birthday) Date _____

***** 2nd Measles __ or MMR Vaccine __ (Doses must be separated by at least one month) Date _____

****Pneumococcal Conjugate Vaccine** (minimum of one dose after the 1st birthday)

Date _____ Date _____ Date _____
 (1st dose) (2nd dose) (3rd dose)
 Date _____
 (4th dose)

****Haemophilus B (Hib) Vaccine** (minimum of one dose after the 1st birthday)

Date _____ Date _____ Date _____
 (1st dose) (2nd dose) (3rd dose)
 Date _____
 (4th dose)

***Hepatitis B**

Date _____ Date _____ Date _____

***Varicella** (minimum of one dose on or after the 1st birthday) Date _____ Date _____

Other immunizations

TB Screening (Mantoux) REQUIRED for students born outside the United States Date _____ Results _____

***Indicates mandatory immunizations – include the month, date, and year.**

****Indicates ADDITIONAL mandatory immunizations for students enrolled in PRESCHOOL-include month, date, and year.**

*****For all students attending PRESCHOOL :** The New Jersey Department of Health and Senior Services requires all children age 6 months through 59 months of age attending a day care or preschool program to receive a seasonal flu vaccine between September 1 and December 31 of each year and provide documentation of such in order to be readmitted to school in January

Child's Health History (Check and Give Date)

Seizure Disorder _____

Poliomyelitis _____

Strep Infection _____

Heart Disease _____

Diabetes _____

Rheumatic Fever _____

Measles _____

Ear Infection _____

German Measles _____

Chicken Pox _____

Whooping Cough _____

Fifth Disease _____

Mumps _____

Contact with TB Carrier _____

Asthma _____

ADD/ADHD Dx. _____

Other _____

Please list any further information pertaining to previous illnesses or operations your child may have had:

Allergies Yes _____ No _____

If yes, please list allergies and please describe the type of allergic reaction your child has experienced:

Does your child require the use of epinephrine (Epi-Pen) for severe (anaphylactic) allergic reaction for any allergies mentioned above?

Yes (please list allergies for which epinephrine use is required) _____

No _____

Please check below if it is known to you that your child has a problem in any of the following so that we may be aware and provide available help.

Vision _____

Hearing _____

Speech _____

Wears glasses:

Yes ____

No ____

Date of last eye examination: _____

Name of eye doctor: _____

Date of last dental examination _____

Name of dentist _____

Is your child taking any medication?

Yes ____

No ____

If yes, please list the name of the medications including dosage and frequency:

Name of family doctor: _____ Telephone Number: _____

Address of doctor _____

Rockaway Borough Public Schools
103 East Main Street
Rockaway, NJ 07866

SCHOOL PHYSICAL EXAMINATION FORM

YOUR CHILD MUST HAVE A MEDICAL EXAMINATION NOT MORE THAN **365 DAYS** BEFORE THE STARTING DATE OF SCHOOL. THANK YOU FOR YOUR COOPERATION.

PLEASE NOTE: New Jersey requires all children up to 59 month of age attending a preschool program to receive a seasonal flu vaccine by December 31 of each year. All students must receive the flu vaccine and provide documentation of such in order to be readmitted to school in January.

MEDICAL EXAMINATION

Child's Name _____ Birth Date _____

Blood Pressure _____ Pulse _____ Nutrition _____

Height _____ Weight _____ BMI _____

Nose _____ Spine _____ Posture _____

Throat _____ Chest _____ Feet _____

Teeth & Gums _____ Lungs _____ Speech _____

Ears _____ Heart _____ Nervous System _____

Eyes R _____ L _____ Abdomen _____ Scalp _____

Genitals _____ Skin _____ Lymph Nodes _____

Serious illnesses, allergies, operations, medications:

Comments or recommendations:

This child is / is not physically capable of participating in a regular school program, including physical education.

Date

Physician's Signature

Physician's Phone #

Physician's Printed Name and Address