

Kindergarten

Registration Packet

2020-2021

In addition to completing this registration packet:

You must go to our district website (www.delranschools.org) and complete the online Pre-Registration Form, which can be found on the main page of the website.

Registrations are by appointment only

Please see the Millbridge School website for directions on choosing an appointment date/time during our Kindergarten Round-Up.

Once the round-up is complete, registration appointments will be set-up through email with Jenny Schenski after you have completed the online preregistration form.

If you have any questions regarding the registration process, please feel free to contact the main office at Millbridge or Jenny Schenski at (856)461-6800, ext. 1025

** Any student registering after August 31st will need to complete a different registration packet **

Millbridge Elementary School

"Delran's Future Begins Here"

282 Conrow Road

Delran, NJ 08075



Jennifer M. Lowe
Principal

Stephen Blenderman
Assistant Principal

Dear Parents and Guardians of a Prospective Kindergarten Student,

Welcome to Millbridge Elementary School! Each spring, we register students for our kindergarten program in the fall. To be eligible for kindergarten, your child must be five years old **ON OR BEFORE** October 1, 2020.

As part of the registration process, all incoming kindergarten students are screened by our school personnel. This helps our staff to provide the appropriate service for students in September. The screening process typically takes between 30 and 45 minutes. Shortly after arrival, our incoming students will accompany members of the Millbridge staff to a separate location to complete the screening.

While your child is being screened, you will register your child by presenting completed paperwork with the required documentation. An interview with our school nurse will also be conducted to be sure that all required health and medical information is on file. Please make arrangements for younger brothers or sisters to remain at home. Your full attention to the registration process will be necessary.

There are a number of items that you will be required to bring with you in order to register your child. There is a checklist that accompanies the registration packet that lists all documents that will be needed to fully register your child. Please bring these items along with the completed registration paperwork. The registration forms may be printed out at home or picked up at either 52 Hartford Road or at 282 Conrow Road.

Please note that a healthy-child physical examination is required. This physical should be done around your child's fifth birthday so his/her shots can be completed. We are able to accept any physicals that have been completed after September 1, 2019. It is advisable to make your child's appointment as soon as possible. Your child's immunizations and physical must be completed before he/she attends kindergarten. Following this letter is a one-page overview outlining the minimum immunization requirements for New Jersey's schools.

If you and your child are unable to attend your screening appointment, we ask you to contact the school office at (856) 461-2900 as soon as possible. If you have any questions, please call the school.

Sincerely,

Jennifer M. Lowe
Principal

Stephen Blenderman
Assistant Principal

Preschool/Kindergarten

Enrollment 2020-2021

WELCOME TO MILLBRIDGE ELEMENTARY SCHOOL!

THE STATE OF NJ HAS TWO MEDICAL REQUIREMENTS FOR YOUR CHILD TO BEGIN SCHOOL.

1. Your child's up-to-date IMMUNIZATION RECORDS which include:

	Preschool	Kindergarten
DTaP	4 Doses	5 Doses
IPV (Polio)	3 Doses	4 Doses
Hepatitis B	3 Doses	3 Doses
Measles, Mumps, Rubella (MMR)	1 Doses	2 Doses
Varicella	1 Dose	1 Dose
HIB	3 Doses (May vary-consult physician)	
Pneumococcal	3 Doses (May vary-consult physician)	
Influenza	1 Dose each year	

2. A physical exam that has been completed by your child's physician within one year (365 days) of enrollment. Physical forms can be found online and will also be available at registration. Universal Physical Forms completed by the physician will also be accepted.

Please remember, the above are requirements by the State of New Jersey and are mandated by law. Your child will NOT be permitted to start school in September without these documents.

If you have any questions, please contact the school nurses at 856-461-2900.

Karen Dellaratta RN, CSN

Michelle Sondeen BSN, RN, CSN

Student Name: _____ Registration Appointment date/time: _____

REQUIRED DOCUMENTS CHECKLIST

*****please bring the original and one (1) copy of the documents listed below*****

- Original Birth Certificate
- or
- Government Issued Passport
- Current Physical Examination completed by your child's doctor in the last year
- Proof of up-to-date immunizations
- Three (3) ORIGINAL documents to establish proof of residency in Delran.

A. One (1) PRIMARY proof of residency

- Lease (with all family members listed)
- Mortgage bill
- Delran Property Tax bill (dated within the last 60 days)
- Delran Sewer Bill (dated within the last 60 days)

B. Two (2) SECONDARY proof of residency (dated within the last 60 days)

- Electric bill
- Gas bill
- Water bill
- Cable bill

- Valid and current photo identification for parent/guardian
- A 3x5 headshot photo of student

Required when transferring from another district:

- Transfer Card
- Most recent Report Card and Progress Report (from previous school district)

If you have any questions regarding the documents requested for registration, or the registration process itself, please contact our district registrar, Jenny Schenski, at 856-461-6800, Ext. 1025 or email jschensk@delranschools.org

STUDENT REGISTRATION FORM - Delran Township School District

Office Use Only

Start Date: _____

504 CST LEP

STUDENT INFORMATION

Student Gender: Male Female

Date of Birth: _____ / _____ / _____

Current Grade: _____

Last Name: _____ First Name _____ Middle Intl: _____

Home Address: _____

City of Birth: _____ State of Birth: _____ Country of Birth: _____

If born outside of the U.S:

When did your child first enter the United States? _____

When did your child first enter the U.S school system? _____

PRIOR SCHOOL DISTRICT & PRIOR HOME ADDRESS INFORMATION

Previous Home Address: _____

Has the student attended any school previously? Yes No

* Previous school name: _____

* Previous school address: _____

Has the student ever been registered in the Delran School System before? Yes No

Ethnicity of Student: (Check all that apply)

- American Indian/Alaskan Native:** a person having origins in any of the original people of North and South America including Central America and who maintains a tribal affiliation or community attachment.
- Asian:** a person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent. Example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black:** a person having origins in any of the original people of Africa.
- Hawaiian:** a person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.
- Hispanic:** a person having origins in any of the original people of Cuba, Mexico, Puerto Rico, South or Central America, or other Spanish culture or origin, regardless of race.
- White:** a person having origins of the original people of Europe, the Middle East or North America.
- Multiracial:** a person who has a mixed ancestry of two or more races.

PARENT(S)/GUARDIAN(S) INFORMATION

Student Name: _____ **DOB:** _____

Your relationship to the student: Parent Relative with guardianship Foster/Adoptive Parent

Is Parent/Guardian currently active in the Military? Yes No

Is there a custody agreement in place for this student? Yes No

***If Yes: A copy of custody/guardianship papers MUST be provided to the school to be kept on file.**

Custody granted to: Mother Father Joint Other: _____

Child lives with: Parents Mom Dad Mom & Stepparent Dad & Stepparent

Guardian: (please state relationship) _____

Father's Name: _____

Main Phone: _____

Address: _____

Alt phone: _____

Email: _____

Work Phone: _____

Mother's Name: _____

Main Phone: _____

Address: _____

Alt Phone: _____

Email: _____

Work Phone: _____

Other Custodial Parent/Guardian (if applicable)

Name: _____

Main Phone: _____

Relationship: _____

Email: _____

Name: _____

Main Phone: _____

Relationship: _____

Email: _____

Other school-age children in the family (if applicable)

Name: _____

DOB: _____

School: Millbridge DIS DMS DHS Other: _____

Name: _____

DOB: _____

School: Millbridge DIS DMS DHS Other: _____

Student Name: _____ DOB: _____

Student Emergency Contact Information

Please list additional Emergency and/or Pick-Up contacts (other than yourself),
in the order you would like them contacted:

1. Name: _____

(check all that apply) Medical Emergency Contact Pick-Up

Relationship to student: _____

Main Phone #: _____

Alternate #: _____

Work #: _____

2. Name _____

(check all that apply) Medical Emergency Contact Pick-Up

Relationship to student: _____

Main Phone #: _____

Alternate #: _____

Work #: _____

3. Name _____

(check all that apply) Medical Emergency Contact Pick-Up

Relationship to student: _____

Main Phone #: _____

Alternate #: _____

Work #: _____

(Additional contacts may be added via the Parent Portal once you receive your login information.)

Student Name: _____ DOB: _____

PLEASE INITIAL EACH PARAGRAPH AND SIGN THE BOTTOM

PARENT PERMISSION FOR THE PUBLICATION OF STUDENT WORK AND/OR PICTURES

Parent's Initials	<p>We are excited about our district website. We have many options for displaying numerous pictures. For that reason, we will be snapping many digital photos this year. We would love to be able to include all of our students at one time or another, so families can see their children in action. Please note that the names of the students are never used.</p> <p><i>Do we have permission to include your child on our website?</i></p> <p><input type="checkbox"/> Yes, please include my child in photos posted on the district website.</p> <p><input type="checkbox"/> No, please exclude my child from photos on the web.</p>
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OUT-OF-CLASS ACTIVITY PERMISSION

Parent's Initials	<p>I do hereby request and authorize the Superintendent of Delran Township Schools to permit my child during the 2020-2021 school year to attend and take part in any of the approved voluntary out-of-classroom school activities (including customary one-day, out-of-town trips in connection with such activities) that my child may choose.</p> <p>I accept full responsibility for his/her actions while so engaged.</p>
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PARENT/GUARDIAN VERIFICATION

Parent's Initials	<p>I understand that my child may be tested in Language Arts, Reading, Math, and/or English as a Second Language, before he/she is properly placed in a classroom in the Delran Township Public School District.</p>
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I further attest that all information provided on this registration form is true and accurate and may be investigated by the School Resource Officer or the Delran Township Board of Education.

Parent Signature: _____ Date: _____

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behavior over the last six months.

Your child's name

Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees chores or homework through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

• How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties upset or distress your child?

Not at all	Only a little	A medium amount	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	A medium amount	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	A medium amount	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Mother/Father/Other (please specify:)

Thank you very much for your help

Student Name: _____ DOB: _____

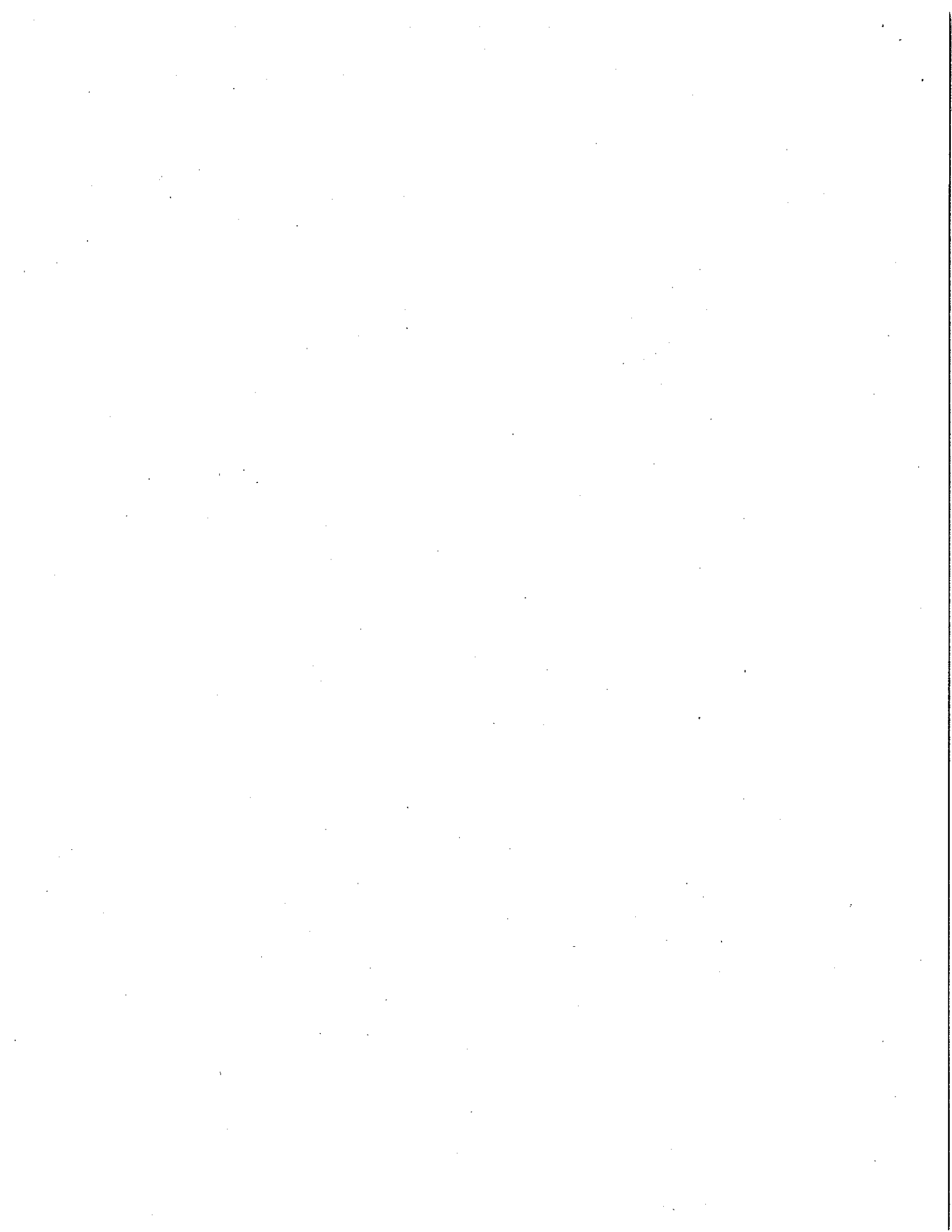
HOME LANGUAGE SURVEY

Dear Parent/Guardian:

We are required by the New Jersey State Department of Education to determine the home language of all public school students. Collecting this information will help us to know more about the language diversity of our community, and to provide support for students who are in need of English language services. This form will be used only for determining whether the student needs English Learner services and will not be used for immigration matters or reported to immigration authorities.

1. What was the first language used by the student?
 - a. A language other than English. Proceed to question 2(A).
 - b. English. Proceed to question 2(B).
2. (A) At home, does the student hear or use a language other than English more than half of the time?
Yes. Proceed to question 7.
No. Proceed to question 4
(B) At home, does the student hear or use a language other than English more than half of the time?
Yes. Proceed to question 4.
No. Proceed to question 3.
3. Does the student understand a language other than English?
Yes. Proceed to question 4.
No. Your form in complete.
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 question 7.
No. Proceed to question 5.
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
6. Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?
____ Yes ____ No
7. List home languages spoken: _____
8. In which language do you prefer to receive **written** school communications? (Select only one.)
____ English ____ Turkish ____ Portuguese ____ Spanish
____ Gujarati ____ Urdu Other: _____
9. In which language do you prefer to receive **oral** school communications? (Select only one.)
____ English ____ Turkish ____ Portuguese ____ Spanish
____ Gujarati ____ Urdu Other: _____

Parent Signature: _____ Date: _____



STUDENT HEALTH INVENTORY

Last Name: _____

First Name: _____ Middle Name: _____

Date of Birth: _____ / _____ / _____ Student Gender: Male Female
(Month) (Day) (Year)

Date of last:

_____ physical exam _____ dental exam _____ last eye exam

<i>Does your child:</i>	NO	YES (if yes, please explain)
Take any medication at home?		
Have any allergies?		
Have any breathing difficulties/concerns? (Including asthma, reactive airway disease, etc.)		
Have any difficulty hearing or any ear issues? (including frequent ear infections or tubes in the ear)		
Have any difficulty seeing? (including use of glasses or contacts)		
Have any restrictions on physical activity?		
Have any speech difficulties?		

Health Conditions

Asthma Diabetes Heart Disease Seizures/Convulsions

Has your child ever had chickenpox? Yes No When? _____

Hospitalizations (date/reason) _____

Other Medical

Conditions/concerns _____

Parent/Guardian Signature

Date



Delran Township Schools

Physical Examination Record

Student Gender: Male Female Student Grade: _____

Last Name: _____ First Name _____

Date of Birth _____ / _____ / _____ Home Phone _____

Parent/Guardian _____ Home Address _____

Examining Physician/Provider _____ Address _____

IMMUNIZATIONS: Completed immunization records MUST be attached in order for this form to be valid. See attached sheet for Minimum Immunization Requirements in New Jersey.

If born outside of the USA, you must have a Mantoux test if country of origin is deemed to have a high risk of TB exposure by the NJ Department of Health (Brazil, Turkey, India, Pakistan, etc.)

Tested on _____ Read on _____ Result (mm) _____

EXAMINATION: Vision: R 20/ _____ L 20/ _____ Corrected Y N

Hearing: R Pass Fail L Pass Fail

Ht. _____ Wt. _____ B.P. _____

Ears (otoscopic)		Hernia	
Eyes		Genito-urinary	
Lymph Glands		Scoliosis	
Thyroid		Posture	
Nose		Feet	
Throat		Skin	
Teeth-mouth		Nutrition	
Heart		Nervous System	
Lungs		Speech	
Abdomen		General appearance	

Other _____

PHYSICAL EXAMINATION RECORD

MEDICAL HISTORY

Allergies		Heart Disease	
Congenital Defects		Otitis Media	
Drug Sensitivities		Strep Infections	
Hepatitis		Mononucleosis	
Neuromuscular		Operations	
Asthma		Fractures	
Chicken Pox		Injuries	
Diabetes		Hospitalizations	

Other _____

Medications _____

PHYSICIAN'S FINDINGS PERTINENT TO SCHOOL

Classification of Physical Activity _____

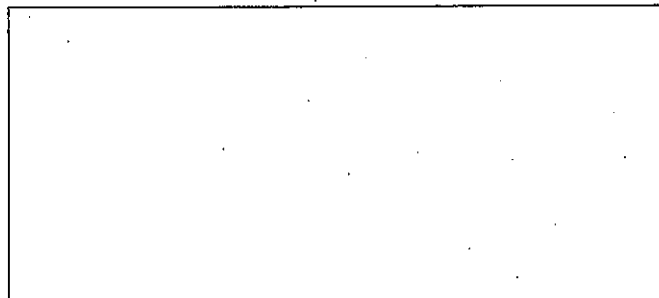
Full Academic Work Program _____

Follow-up and Notes _____

Signature of Physician/Provider

_____/_____/_____
Date of Exam

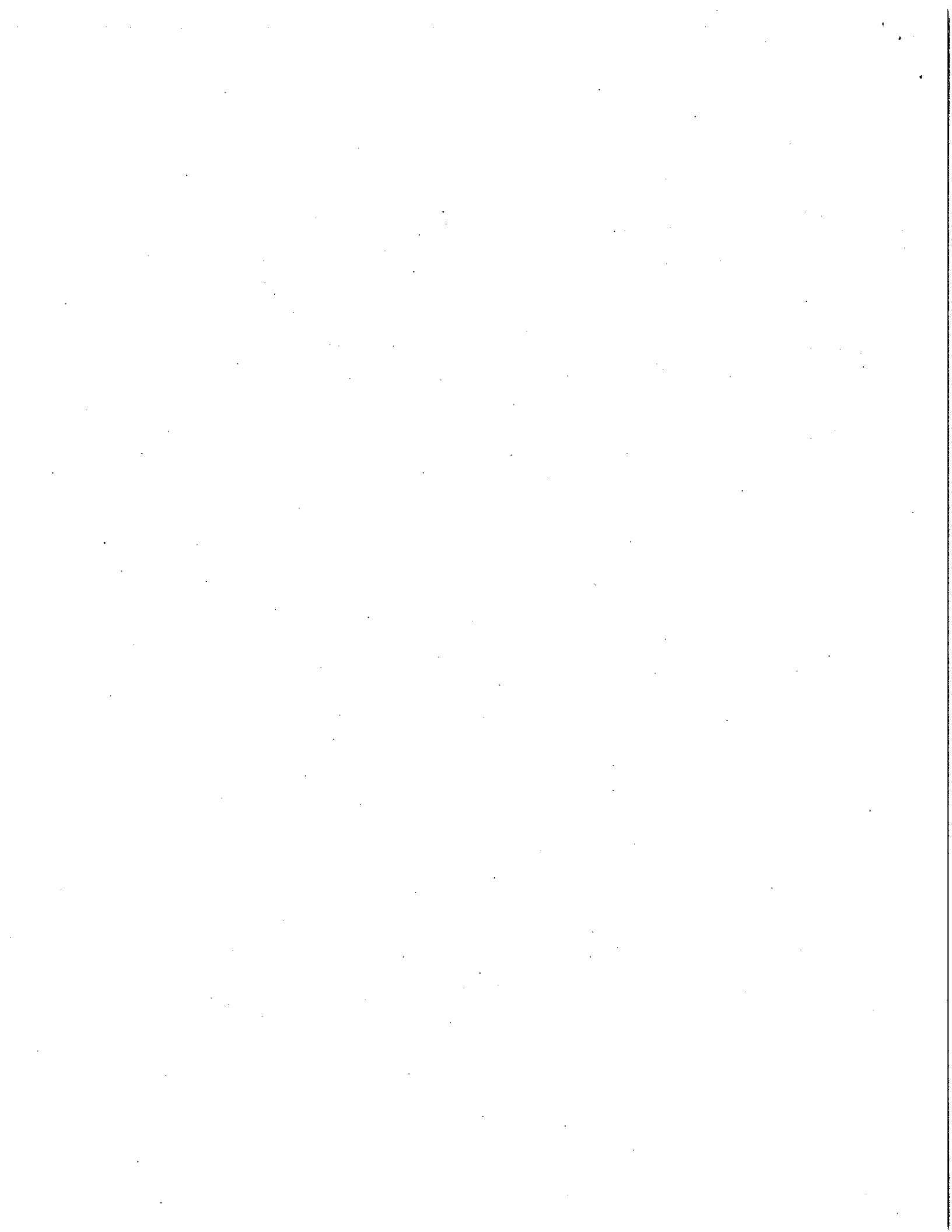
Print Physician/Provider Name



Physician/Provider Stamp Here

Please complete the
following pages
ONLY if your child
was previously
enrolled in a New
Jersey public school.

Thank you.



Student Name: _____ DOB: _____

ACADEMIC INFORMATION

1. Was the student ever classified by a Child Study Team? 1. Yes No

If yes, does your child receive any of the following services?

(check all that apply)

Occupational Therapy

Physical Therapy

Speech Therapy

Counseling

2. Does the student have a current Individual Education Plan (IEP)? 2. Yes No

3. Does the student have a current 504 Accommodation Plan? 3. Yes No

4. Is the student classified as eligible for Speech/Language services? 4. Yes No

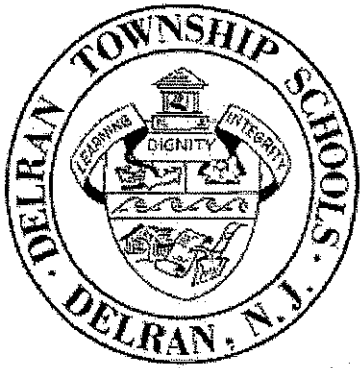
5. Is the student currently placed in Basic Skills Language Arts? 5. Yes No

6. Is the student currently placed in Basic Skills Math? 6. Yes No

7. Was the student ever retained? 7. Yes No

If yes, what grade level(s) _____

Parent Signature: _____ Date: _____



Delran Township Student Services

Dr. Lisa Della Vecchia - Director of Student Services

52 Hartford Road
Delran, NJ 08075
Ph#: 856-461-6800
FAX#: 856-461-6125

Records Release

(For students transferring in from another school district)

Student Name: _____
(please print)

Date of Birth: _____

As the parent/guardian of the above named student, I hereby give consent to the Delran Township Public School District to request all academic and/or medical records from my child's previous school district. This may include, but is not limited to, 504 and IEP documentation.

I understand that all such records will be handled so that confidentiality is maintained.

Parent/Guardian Name _____
(please print)

Parent/Guardian Signature: _____ **Date:** _____

Previous School Name: _____

Address: _____

Phone Number: _____ **Fax Number** _____