Millbridge Elementary School

"Delran's Future Begins Here"

282 Conrow Road
Delran, NJ 08075

Jennifer M. Lowe
Principal
John Karakashian
Assistant Principal

To the Parents 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 SEPTEMBER 30, 2017.**

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 will take approximately 30 minutes. During this time, parents will register their child by presenting completed paperwork with the required documentation. An interview with our school nurse will also be included 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.

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

A. **Birth Certificate**
B. A **recent photograph** that can be attached to the child's cumulative folder and remain with the school district (no larger than 3x5 please/no copy necessary).
C. **Proof of residency**
  One **PRIMARY** Proof of Residency- examples include current lease agreement, property mortgage bill, property tax bill (within 60 days), housing agreement **AND**
  One **SECONDARY** Proof of Residency: Examples: Utility Bill- electric, gas, cable (within 60 days)
D. **Custody papers,** if applicable.
E. **Proof of immunizations**.
F. **Physical examination** if **completed after Sept. 1, 2016** is acceptable.
G. Completed registration paperwork. Forms may be printed out at home or picked up at either 52 Hartford Road or at 282 Conrow Road.

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. 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. We strive to make entrance into kindergarten a pleasant experience. If you have any questions, please call the school.

Sincerely,

Jennifer M. Lowe, *Principal*
John Karakashian, *Assistant Principal*

STUDENT REGISTRATION FORM - Delran Township School District

Start Date: ______________________________ ☐ CST ☐ ESL

STUDENT INFORMATION

Student Gender: ☐ Male ☐ Female Student Grade: ________________

Last Name: ____

First Name: ______________________________ Middle Name: ______________________________

Home Address: ____

Date of Birth: ________/________/________ City of Birth: ______________________________
(Month) (Day) (Year)

State of Birth: ______________________________Country of Birth: ______________________________

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

Child lives with ☐ Mom & Dad ☐ Mom ☐ Dad ☐ Mom & Stepfather
☐ Dad & Stepmother ☐ Guardian: (relationship)______________________________

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

* Has student attended any school previously? ☐ Yes ☐ No

Student State ID #: ____________________________ Grade last attended: ____________________

PRIOR SCHOOL DISTRICT & PRIOR HOME ADDRESS INFORMATION

Previous Address: ____

Previous School Name: ______________________________ Previous School City: ____________________

Previous School County: ______________________________ Previous School State: ____________________

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, for 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

Relationship: ☐ Single Parent ☐ Married Parent ☐ Guardianship ☐ Foster/Adoptive Parent

☐ Divorced/Separated (custody granted to ☐ Mother ☐ Father ☐ Joint)

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.

Father's Name: ______________________________ Home Phone: ____________________

Address: ______________________________ Cell Phone: ____________________

Email: ______________________________ Work Phone: ____________________

Mother's Name: ______________________________ Home Phone: ____________________

Address: ______________________________ Cell Phone: ____________________

Email: ______________________________ Work Phone: ____________________

Other Custodial Parent/Guardian

Name: ______________________________ Cell Phone: ____________________

Relationship ______________________________ Email: ____________________

Name: ______________________________ Cell Phone: ____________________

Relationship ______________________________ Email: ____________________

Other Children in the family

Name: ______________________________ **DOB**: ____________________

School: ☐ Millbridge ☐ DIS ☐ DMS ☐ DHS Other: ____________________

Name: ______________________________ **DOB**: ____________________

School: ☐ Millbridge ☐ DIS ☐ DMS ☐ DHS Other: ____________________

Name: ______________________________ **DOB**: ____________________

School: ☐ Millbridge ☐ DIS ☐ DMS ☐ DHS Other: ____________________

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/GUARDIAN VERIFICATION

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.

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/Guardian Signature Date

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.

1. What language did your child speak first?

   ____

2. What language do you speak most often to your child?

   ____

3. Does the ***student*** speak a language other than English at home? ☐ Yes ☐ No

   If yes, what language? ____________________________________

4. Does the student have a ***parent*** whose native language is not English? ☐ Yes ☐ No

   If yes, what language? ____________________________________

5. Does the student live with a relative or guardian whose native language is NOT English? ☐ Yes ☐ No

   If yes, what language: ______________________________

6. What is the primary language spoken at home? ____________________________

7. Has the student received English as a Second Language instruction: ☐ Yes ☐ No

   If yes, what grade level? _________________________

8. Do you/did you read to your child in his/her first language? ☐ Yes ☐ No

____ ____________________

Parent/Guardian Signature Date

New Jersey Minimum Immunization Requirements

	Preschool	**Kindergarten**
DTP	Minimum 4 doses	4 doses, with one dose given on or after the 4th birthday, OR any 5 doses
Polio	Minimum 3 doses	3 doses, with one dose given on or after the 4th birthday, OR any 4 doses
MMR	Minimum 1 dose; MUST be given on or after the 1st birthday	2 doses; MUST be given on or after the 1st birthday
Varicella	Minimum 1 dose; MUST be given on or after the 1st birthday	Minimum 1 dose; MUST be given on or after the 1st birthday
HIB	3 doses AND the last dose MUST be given on or after the 1st birthday	Not required for Kindergarten
Pneumococcal	3 doses AND the last dose MUST be given on or after the 1st birthday	Not required for Kindergarten
Influenza	MUST be given between September 1st and December 31st annually	Not required for Kindergarten
Hepatitis B	3 doses must be given at specific intervals: • 1st dose at birth (or shortly after) • 2nd dose at least one month after 1st dose • 3rd dose must be 4 months from the 1st dose and 2 months after the 2nd dose and the child must be at least 6 months of age when receiving the 3rd dose or the dose will be considered invalid	

PLEASE NOTE: Your child will **NOT** be permitted to start school in September unless the school has written proof that all immunizations are complete!

Also required for admittance: A Physical Examination Form, which must be completed by your child's doctor. Please bring this completed form with you to registration.

Please remember that all of the above are requirements by the State of New Jersey and are mandated by law. Any student who is not compliant in all of the above (immunizations and documented physical exam) will be EXCLUDED from school until all such requirements are met per the following:

N.J.A.C. 8:57-4: IMMUNIZATION OF PUPILS IN SCHOOL

Thank you for your cooperation. If you have any questions, please do not hesitate to call me.

Sincerely,

Cecilia Fedore BSN, RN, CSN
School Nurse
856-461-2900 ext. 2316

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

Does your child:	**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____

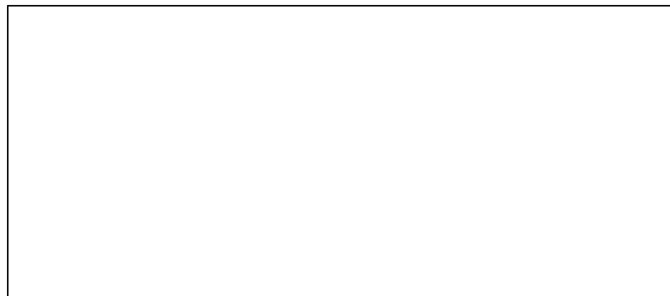
Full Academic Work Program ____

Follow-up and Notes____

____ ________/________/________
Signature of Physician/Provider Date of Exam

____

Print Physician/Provider Name



*Physician/Provider Stamp Here