

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, 2019.

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 Sept. 1, 2018. 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
Stephen Blenderman

Kindergarten

Registration Packet 2019-2020

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

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) 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: _____

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*)

- | | |
|---|---|
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> 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. 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 is 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: _____

Preschool/Kindergarten

Enrollment 2019-2020

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 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