

Alloway Township School District

PreK/K - Student Registration Form

Entering Grade _____

Student's Full Name: _____ Date of Birth: _____

City/State where child was born: _____

Mailing Address: _____

Physical Address (if different from above): _____

Home Phone: _____ Gender: _____

Child resides with:

- Both Parents
- Mother only
- Father only
- Guardian (Custody Papers Required)

- We have just moved into the Alloway Township School District and are buying, renting, or own a home in the district. *(If not, please check the following category/categories:)*
 - We are living in temporary housing
 - We are sharing housing*(If either of these boxes are checked, please refer immediately to liaison.)*

The racial/ethnicity of your child:

- White
- African American/Black
- Hispanic/Latino
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Two or More Races

Child's Physician: _____ Phone No.: _____

Does child have Health Insurance?

- Yes If yes, Name of insurance company _____
- No NJ Family Care provides free or low cost health insurance for uninsured Children and certain low income parents. For more information call 1-800-701-0710 or visit www.njfamilycare.org to apply online.

You may release my name and address to the NJ Family Care Program to contact me about health insurance.

Signature	Printed Name	Date
<i>(Written consent required pursuant to 20 U.S.C. § 1232g(b)(1) and 34 C.F.R. 99.30 (b))</i>		

Is a language other than English spoken in the child's home?

- Yes If yes, what is that language? _____
- No

Alloway Township School District

Father's Full Name: _____

Place of Employment: _____

Work Phone: _____

Cell Phone: _____

Email address: _____

Mother's Full Name: _____

Place of Employment: _____

Work Phone: _____

Cell Phone: _____

Email address: _____

Guardian's Full Name: _____

Place of Employment: _____

Work Phone: _____

Cell Phone: _____

Guardian email address: _____

Emergency Contacts:

Please list at least three people who may assume temporary care if the parent/guardian cannot be reached.

Contact Name	Relationship to Student	Phone Number	Cell Phone Number

To the best of my knowledge, this form has been accurately completed.

Parent/Guardian Signature: _____

Date: _____

For office use only:

- Birth Certificate
- Immunization Record
- Tax Bill (home owner)
- Rental Agreement or Lease (renter)
- 2 utility bills
- Court Documents
- Affidavit

Alloway Township School
Physical Examination Report

*Please attach a copy of
the child's current
immunization record.*

For the School Year 2017-2018

Name _____

Birthdate _____ Gender _____ Grade _____

Significant Health History:

Allergies _____

Past Serious / Chronic Illnesses _____

Surgeries / Injuries _____

Hospital Admissions _____

Current Health Problems _____

Medications Taken Routinely _____

Physical Examination:

Height (inches) _____ Weight (pounds) _____ BP _____

Vision & Muscle Balance _____ Hearing _____

Lymph Glands _____ Heart _____ Feet _____

Thyroid _____ Lungs _____ Skin _____

Eyes _____ Abdomen _____ Nutrition _____

Ears _____ Hernia _____ Speech _____

Nose _____ Nervous System _____ Other _____

Throat _____ Skeletal _____ Date of last dental

Teeth/Mouth _____ Scoliosis _____ appt. _____

Past blood lead levels _____

General Appearance _____

Do you recommend any activity limitations? Explain: _____

Do you recommend any school health accommodations? Explain: _____

Examining Physicians Name (please print) _____ Telephone Number _____

Examining Physician's Signature * _____ Date _____

(* Physician's personal signature – no cosigners or stamps please!)

Alloway Township School
43 Cedar St
P.O. Box 327
Alloway, NJ 08001

School Health Office
Pre-Kindergarten Registration Requirements

Dear Parents/Guardians:

Welcome to Alloway Township School! I would like to take this opportunity to welcome you and your child and to inform you of the following medical requirements mandated by the State of New Jersey for entry into school. Please return the required documentation to the school as soon as possible, documentation must be received prior to the start of the school year with the exception of the Influenza vaccine which must be received before returning from winter break.

Immunization Requirements for Pre-Kindergarten:

- DPT/Dtap 4 doses
- Polio 3 doses
- MMR 1 dose given on or after 1st birthday
- Hib 1 dose given on or after 1st birthday
- Varicella 1 dose given on or after 1st birthday
- Pneumococcal 1 dose given on or after 1st birthday
- Influenza 1 dose given during current flu season (due by 12/31/17)

Physical Exam

- Physical Examination completed within the last calendar year. For your convenience, this can be completed on the attached form or using a form of your physician's choice provided that it includes the same information.

If you anticipate that your child will require medication during the school day, please request a medication administration packet from the school health office. Please do not hesitate to contact me if you have any questions. I look forward to working with your family in the upcoming school year. Thank you for your cooperation.

Sincerely,

Kellie Whelan, RN CSN
School Nurse

Alloway Township School
43 Cedar St
P.O. Box 327
Alloway, NJ 08001

School Health Office
Kindergarten Registration Requirements

Dear Parents/Guardians:

Welcome to Alloway Township School! I would like to take this opportunity to welcome you and your child and to inform you of the following medical requirements mandated by the State of New Jersey for entry into school. Please return the required documentation to the school as soon as possible, documentation must be received prior to the start of the school year.

Immunization Requirements for Kindergarten:

- DPT/Dtap 4 doses with one dose on or after 4th birthday OR any 5 doses
- Polio 3 doses with one dose on or after 4th birthday OR any 4 doses
- MMR 2 doses with 1st dose given on or after 1st birthday
- Hepatitis B 3 doses
- Varicella 1 dose

Physical Exam

- Physical Examination completed within the last calendar year. For your convenience, this can be completed on the attached form or using a form of your physician's choice provided that it includes the same information.

If you anticipate that your child will require medication during the school day, please request a medication administration packet from the school health office. Please do not hesitate to contact me if you have any questions. I look forward to working with your family in the upcoming school year. Thank you for your cooperation.

Sincerely,

Kellie Whelan, RN CSN
School Nurse

NJ SMART STUDENT INFORMATION QUESTIONNAIRE

Please fill out the form below and return to Alloway Twp. School.

Student Formal First Name (As it appears on Birth Certificate) _____

Student Formal Middle Name (As it appears on Birth Certificate) _____

Student Formal Last Name (As it appears on Birth Certificate) _____

City of Birth _____
(Should be the city that appears on Birth Certificate or other official record)

State of Birth _____
(Should be the city that appears on Birth Certificate or other official record)

Country of Birth _____
(Should be the city that appears on Birth Certificate or other official record)

Hispanic or Latino: Yes No

A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish language culture or origin, regardless of race. (This question is to be answered in addition to the race section below.)

Select all that apply:

- American Indian
- Asian (Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam)
- Black or African American
- Native Hawaiian or Other Pacific Islander (Hawaii, Guam, Samoa, or other Pacific Island)
- White

Military Duty – select 1 not military connected
 Active Duty
 National Guard or Reserve

Home Language _____

Immigrant Status Yes No

Homeless Yes No

(See homeless liaison)

Picture Permission

Dear Parent/Guardian:

From time to time, student activities or achievement warrant public praise or acknowledgement. If pictures are taken of your child, we need **your** permission to use them for publicity purposes.

How will the photo(s) be used?

The Alloway Township School District may send photos to the local print media. Photos may also be used in district publications and/or the internet.

1. **Media:** Please be aware that newspapers print news releases and television stations use video at their discretion. The district cannot know when or if a photo accompanying a news release will be used. local papers include the Today's Sunbeam and the Philadelphia Inquirer.
2. **District Publications:** District publications may include newsletters, reports, brochures, flyers, etc.
3. **Internet:** The Alloway School District Website or a teacher website connected to the school website.

Photo Release Form

As parent/guardian of _____, I hereby grant permission for my child's photo to be used by the Alloway Township School District for the following publicity purposes:

Please check **yes** or **no** next to the below publicity options.

Yes___No___ Newspaper/Media/Press Releases

Yes___No___ District Publications

Yes___No___ School District Website or School District teacher website

Parent Name (please print)

Parent Signature

Date Signed