

# Grades 1 through 12

# Registration Packet

# 2018-2019

## **In addition to completing this registration packet:**

You must go to our district website ([www.delranschools.org](http://www.delranschools.org)) and complete the online Preregistration Form, which can be found on the main page of the website.

## **Registrations are by appointment only**

Once you have completed the online preregistration form, you will receive an email in regards to setting up your registration appointment. If you do not have access to a computer, please call or stop in to set up your appointment with our registrar, Jenny Schenski.

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

# Documents needed for registration

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

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

A. One (1) PRIMARY proof of residency

*Example:* Current lease agreement with all members of the family listed, property mortgage bill, property tax bill from the last 60 days, Deed.

B. Two (2) SECONDARY proof of residency

*Example:* Utility bill (gas, electric, water, cable) within the last 60 days, paycheck stub, license.

5. One (1) Emergency Card (from September to June registrations only)

\*These forms are on special paper format and are not in the on-line packet. They can be picked up at the Board of Education Building prior to registration.

6. Transfer Card and final Report Card from previous school district.
7. Valid and current photo identification

\*We request and accept any form of photo identification from the parent/guardian during the registration appointment. This is requested only for the safety and security of our students. Failure to provide any form of photo identification will have no bearing on the completion of the registration process.

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# STUDENT REGISTRATION FORM - Delran Township School District

Start Date: \_\_\_\_\_

504    CST    LEP

## STUDENT INFORMATION

Student Gender:    Male    Female   Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_   Student Grade: \_\_\_\_\_  
(M) (D) (Y)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Intl: \_\_\_\_\_

Home Address: \_\_\_\_\_

City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

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

\* Has student attended any school previously?    Yes    No

Student NJ State ID # (if known): \_\_\_\_\_ Grade last attended: \_\_\_\_\_

### 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 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

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Lives with:  Single Parent  Married Parent  Guardianship  Foster/Adoptive Parent

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

Is either parent currently active in the Military?  Yes  No

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: \_\_\_\_\_

## New Registration 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: \_\_\_\_\_  Medical Emergency Contact  Pick-Up  
(check all that apply)

Relationship to student: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

2. Name: \_\_\_\_\_  Medical Emergency Contact  Pick-Up  
(check all that apply)

Relationship to student: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

3. Name: \_\_\_\_\_  Medical Emergency Contact  Pick-Up  
(check all that apply)

Relationship to student: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

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

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 is the primary language spoken at home? \_\_\_\_\_

2. What language did your child speak first?

\_\_\_\_\_

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

\_\_\_\_\_

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

If yes, what language? \_\_\_\_\_

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

If yes, what language? \_\_\_\_\_

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

If yes, what language: \_\_\_\_\_

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

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) \_\_\_\_\_

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**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

# Out-of-Class Activity Permission Form

**\*\*Approved voluntary out-of-classroom activities include, but are not limited to: intramural sports, dramatic presentations, orchestra, clubs, cheerleading, student government, ESL classes, etc.**

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

I do hereby request and authorize the Superintendent of the Delran Township Public Schools to permit my child to attend and take part in any of the approved voluntary out-of-classroom school activities during the school year. I will accept full responsibility for my child's acts while so engaged.

\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Parent/Guardian (please sign)

\*\*\*\*\*

## Parent Permission for the Publication of Student Work/Pictures

The Delran School District website is [www.delranschools.org](http://www.delranschools.org). In addition to maintaining a district site, each of our four schools maintains their own individual site. These sites provide a vast amount of information, such as lunch menus, daily announcements, school calendar, events, etc.

Pictures of students and groups of students involved in various activities, honors, and events are posted to these sites. The student names are not posted. Please indicate below if you would like your child to be included in these photos or if you would request that we not include your child.

**Do we have permission to include your child on our website?**

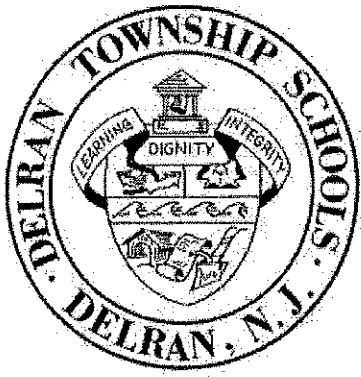
\_\_\_\_ Yes, please include my child in photos posted on the district websites

\_\_\_\_ No, please exclude my child from photos posted on the district websites

\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Parent/Guardian (please sign)





## 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

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 to that confidentiality is maintained.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
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

## New Jersey Minimum Immunization Requirements

	<b><u>Preschool</u></b>	<b><u>Kindergarten</u></b>
<b>DTP</b>	Minimum 4 doses	4 doses, with one dose given on or after the 4 <sup>th</sup> birthday, OR any 5 doses
<b>Polio</b>	Minimum 3 doses	3 doses, with one dose given on or after the 4 <sup>th</sup> birthday, OR any 4 doses
<b>MMR</b>	Minimum 1 dose; MUST be given on or after the 1 <sup>st</sup> birthday	2 doses; MUST be given on or after the 1 <sup>st</sup> birthday
<b>Varicella</b>	Minimum 1 dose; MUST be given on or after the 1st birthday	Minimum 1 dose; MUST be given on or after the 1st birthday
<b>HIB</b>	3 doses AND the last dose MUST be given on or after the 1 <sup>st</sup> birthday	Not required for Kindergarten
<b>Pneumococcal</b>	3 doses AND the last dose MUST be given on or after the 1st birthday	Not required for Kindergarten
<b>Influenza</b>	MUST be given between September 1 <sup>st</sup> and December 31 <sup>st</sup> annually	Not required for Kindergarten
<b>Hepatitis B</b>	3 doses must be given at specific intervals: <ul style="list-style-type: none"> <li>• 1st dose at birth (or shortly after)</li> <li>• 2nd dose at least one month after 1st dose</li> <li>• 3rd dose must be 4 months from the 1st dose <u>and</u> 2 months after the 2nd dose <u>and</u> the child must be at least 6 months of age when receiving the 3rd dose or the dose will be considered invalid</li> </ul>	

**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

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 \_\_\_\_\_

**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 \_\_\_\_\_

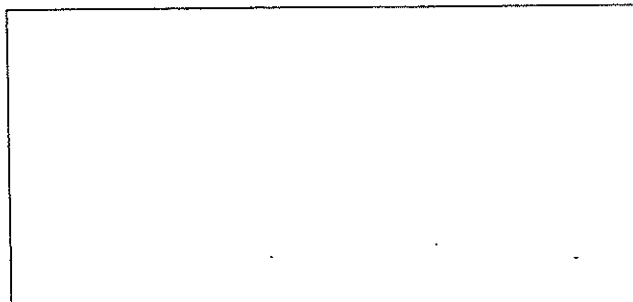
Full Academic Work Program \_\_\_\_\_

Follow-up and Notes \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician/Provider

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Exam

\_\_\_\_\_  
Print Physician/Provider Name



Physician/Provider Stamp Here