Kindergarten

Registration Packet

2018-2019

In addition to completing this registration packet:

You must go to our district website (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 dats, 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 (if applicable)

7. A 3x5 head-shot photo student

8. Valid and current photo identification for parent/guardian

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. You may also email her at jschensk@delranschools.org

STUDENT REGISTRATION FORM - Delran Township School District

Start Date:_____ ☐ 504 ☐ CST ☐ LEP

STUDENT INFORMATION

Student Gender: ☐ Male ☐ Female Date of Birth: ___/___/___ (M) (D) (Y) Student Grade: _____

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 <u>outside</u> 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) _____

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 requests 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. 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

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

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

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