

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 thorough 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: ____/____/____ Student Grade: _____

Last Name: _____ First Name: _____ MI: _____

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 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)

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 race.

PARENT(S)/GUARDIAN(S) INFORMATION

Student Name: _____ **DOB:** _____

Your relationship to the student: Parent Relative with guardianship Foster/Adoptive Parent

Is the 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: _____ **Cell Phone:** _____

Email: _____ **Work Phone:** _____

Mother's Name: _____ **Main Phone:** _____

Address: _____ **Cell 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: _____

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: _____

Main Phone #: _____

Alternate #: _____

Work #: _____

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

Relationship to student: _____

Main Phone #: _____

Alternate #: _____

Work #: _____

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

Relationship to student: _____

Main Phone #: _____

Alternate #: _____

Work #: _____

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

Student Name: _____ DOB: _____

ACADEMIC INFORMATION

1. Was the student ever classified by a Child Study Team? 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)? Yes No

3. Does the student have a current 504 Accommodation Plan? Yes No

4. Is the student classified as eligible for Speech/Language services? Yes No

5. Is the student currently placed in Basic Skills Language Arts? Yes No

6. Is the student currently placed in Basic Skills Math? Yes No

7. Is the student currently receiving English Language Learner Services? Yes No

8. Was the student ever retained? 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 are the primary languages used in the home regardless of the language spoken by the student? (Select up to three.)

- | | | | | |
|----------------------------------|-------------------------------------|----------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Chinese | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Other |
| <input type="checkbox"/> Turkish | <input type="checkbox"/> Spanish | <input type="checkbox"/> Punjabi | Urdu | _____ |

2.) What is the language most often spoken by the student? (Select only one.)

- | | | | | |
|----------------------------------|-------------------------------------|----------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Chinese | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Other |
| <input type="checkbox"/> Turkish | <input type="checkbox"/> Spanish | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Urdu | _____ |

3.) What is the language that the student first acquired?

- | | | | | |
|----------------------------------|-------------------------------------|----------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Chinese | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Other |
| <input type="checkbox"/> Turkish | <input type="checkbox"/> Spanish | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Urdu | _____ |

4.) In which language do you prefer to receive written school communications? (Select only one.)

- | | | | | |
|----------------------------------|-------------------------------------|----------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Chinese | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Other |
| <input type="checkbox"/> Turkish | <input type="checkbox"/> Spanish | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Urdu | _____ |

5.) In which language do you prefer to receive oral school communications? (Select only one.)

- | | | | | |
|----------------------------------|-------------------------------------|----------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Chinese | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Other |
| <input type="checkbox"/> Turkish | <input type="checkbox"/> Spanish | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Urdu | _____ |

Parent Signature: _____ Date: _____

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

(For students transferring in from another school district)

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 so that confidentiality is maintained.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ **Date:** _____

Previous School Name: _____

Address: _____

Phone: _____ **Fax #:** _____

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 Dose	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

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 _____

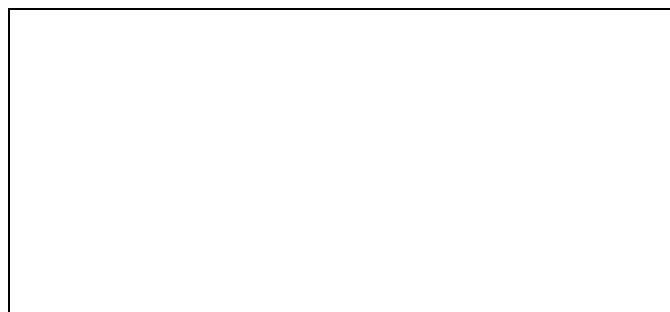
Full Academic Work Program _____

Follow-up and Notes _____

Signature of Physician/Provider

_____/_____/_____
Date of Exam

Print Physician/Provider Name



Physician/Provider Stamp Here