

# STUDENT REGISTRATION INSTRUCTIONS

## FRANKLIN TOWNSHIP SCHOOL DISTRICT

52 Asbury-Broadway Road

Washington, NJ 07882

(908) 689-2958

Fax#: (908) 689-1786

### **PLEASE READ BEFORE PROCEEDING**

The questions asked in the following pages will enable us to determine your student's eligibility to attend school in this district in accordance with New Jersey law. Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:22 require that a free public education be provided to students between the ages of 5 and 20, and to certain students under 5 and over 20 as specified in other applicable law, who are:

- ◆ Domiciled in the district, i.e., living with a parent or guardian whose permanent home is located within the district. A home is permanent when the parent or guardian intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes or residences elsewhere
- ◆ Living with a person, other than the parent or guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship
- ◆ Living with a person domiciled in the district, other than the parent or guardian, where the parent/guardian is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered into active military service in the U.S. armed forces in time of war or national emergency
- ◆ Living with a parent or guardian who is temporarily residing in the district
- ◆ The child of a parent or guardian who moves to another district as the result of being homeless
- ◆ Placed in the home of a district resident by court order pursuant to N.J.S.A. 18A:38-2
- ◆ The child of a parent or guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency pursuant to N.J.S.A. 18A:38-3(b)
- ◆ Residing on federal property within the State pursuant to N.J.S.A. 18A:38-7.7 et seq.

*Note that the following do **not** affect a student's eligibility to enroll in school:*

- ◆ Physical condition of housing or compliance with local housing ordinances or terms of lease
- ◆ Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition basis in a United States public secondary school
- ◆ Absence of a certified copy of birth certificate or other proof of a student's identity, although these must be provided within 30 days of initial enrollment pursuant to N.J.S.A. 18A: 36-25.1
- ◆ Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, N.J.A.C. 8:57-4.1 et seq.
- ◆ Absence of a student's prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district

**The following forms of documentation may demonstrate a student's eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.**

- ◆ Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency
- ◆ Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location
- ◆ Court orders, State agency agreements and other evidence of court or agency placements or directive:
- ◆ Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student
- ◆ Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency
- ◆ Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, legal guardian, person keeping an "affidavit student," adult student, person(s) with whom a family is living, or others as appropriate
- ◆ Documents pertaining to military status and assignment
- ◆ Any business record or document issued by a governmental entity
- ◆ Any other form of documentation relevant to demonstrating entitlement to attend school

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

You will *not* be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may *voluntarily* disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but *we may not, directly or indirectly, require or request:*

- ◆ Income tax returns
- ◆ Documentation or information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-I visa
- ◆ Documentation or information relating to compliance with local housing ordinances or conditions of tenancy
- ◆ Social security numbers

**Please be aware that any initial determination of the student's eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is later found ineligible. If your student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.**

[State law allows school districts to admit nonresident students, through policies adopted at Board discretion, on a tuition basis. If your student is not eligible to attend school in this district free of charge, he or she may enroll on a tuition basis. Please contact Central Registration for instructions on how to obtain more information or register or enrollment as a nonresident student.]

***If you experience difficulties with the enrollment process, please contact Mr. Eagleburger, CSA/Principal.***

# STUDENT RESIDENCY VERIFICATIONS

## FRANKLIN TOWNSHIP SCHOOL DISTRICT

52 Asbury-Broadway Road

Washington, NJ 07882

(908) 689-2958

Fax#: (908) 689-1786

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

**Do you own and reside in your home in Franklin Township?** \_\_\_\_\_

If yes, you will need to provide:

**"Four (4) proofs of residency"**

**A copy of your deed (required), a mortgage statement, tax bill,  
NJ Driver's License, or current utility bills.**

**Do you rent your home or apartment in Franklin Township?** \_\_\_\_\_

If yes, you will need to provide:

**"Four (4) other proofs of residency"**

**A copy of your lease or a notarized letter from your landlord establishing  
all residents living at the address indicated is required, a current NJ Driver's  
License, or current utility bills.**

### Other Arrangements:

Affidavits will be required ~ See Sections B, C, & D of this Registration Form

**Your child/ren will also be required to have a physical examination done by their doctor or provide written documentation that they have received a physical exam by a doctor within the past 365 days. An updated Immunization Record from the Doctor's Office and a copy of your child's Birth Certificate are also required. These documents must be provided within 30 days of Registration.**

I HEREBY CERTIFY THAT THE ABOVE INFORMATION I PROVIDED  
IS TRUE AND ACCURATE AND AM AWARE THAT IF MY RESIDENCY CHANGES  
DURING MY CHILD'S ENROLLMENT THAT I WILL NOTIFY  
FRANKLIN TOWNSHIP OF THE CHANGE IMMEDIATELY.

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Relationship to Student/s)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Residency:**

Please indicate the section on the following pages that you will be completing according to the situation best matching the student's residency circumstances

Complete "SECTION A" (*Domicile*) if your permanent home is in Franklin Township

Complete "SECTION B" (*Affidavit Student*) if the student is living with someone other than the Parent/guardian

Complete "SECTION C" (*Temporary Resident*) if the parent/guardian is staying with a resident of Franklin Township

Complete "SECTION D" (*Special Circumstances*) if the student's situation is not addressed by Sections A, B, or C

**SECTION A (DOMICILE):** Complete this section if student is living with a parent or guardian and your permanent home is in the Franklin Township School District.

How long have you lived in this home? \_\_\_\_\_

Do you own or rent this home? \_\_\_\_\_ If Rent, Lease Start date \_\_\_\_\_ End date \_\_\_\_\_

Do you have any present intention of moving from this home? If so, when and to where? \_\_\_\_\_

Do you have residences(s) elsewhere, and, if so, where are they and when do you live there? \_\_\_\_\_

Please list four forms of proof (see list on page 1) you will provide to demonstrate that the address given on page 1 of this application is your permanent home.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please note that these documents are required to be handed in within thirty (30) days of registration.

**SECTION A (DOMICILE) continued:**

*In the case of divorce, separation, where parents reside in different districts, regardless of which parent has Custody.*

Does the student reside with one parent for the entire year? If so, with which parent and at what address?

Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? **(You must provide a copy of this document upon registration.)**

If not, for what portion of time does the student reside with each parent and at what addresses?

If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application?

**Please note:** No district is required, as a result of being the district of domicile for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year, other than transportation based upon the home of the parent domiciled within The district to the extent required by law.

**SECTION "B" ("AFFIDAVIT" STUDENT): Complete this section if the student is living with a person other than the parent or guardian.**

Is the person domiciled in the district, supporting the student without remuneration as if the student were his or her own child, keeping the student for a longer time than the school term and assuming all personal obligations for the student relative to school requirements? **Please explain:** (You will be asked to file a sworn statement, along with a copy of the person's lease if a tenant, or a sworn landlord's statement if a tenant without written lease.)

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Students are not eligible to attend school as "affidavit" students unless the student's parent or guardian is not capable of supporting or providing care for the student due to family or economic hardship, and unless it is clear that the student is not living in the district solely for purposes of receiving a public education there. Please explain the circumstances applicable in this case, with special attention to the parent/guardian's family and/or economic hardship. (The parent/guardian will be required to file a sworn statement with documentation to support the claims made.)

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*Please note: A student will not be considered ineligible because required sworn statement(s) cannot be obtained, so long as evidence is presented that the underlying requirements of the law are being met.*

*A student will not be considered ineligible when evidence is presented that the student has no home or possibility of school attendance other than with a non-parent district resident who is acting as the sole caretaker and supporter of the student.*

*A student will not be considered ineligible solely because parent or guardian provides gifts or limited contributions, financial or otherwise, toward the welfare of the student, provided that the resident keeping the student receives no payment or other remuneration from the parent or guardian for the student's actual housing and support. Receipt by the resident of social security or other similar benefits on behalf of the student do not render a student ineligible.*

*It is not necessary that legal guardianship or custody be obtained before a student will be considered for enrollment on an "affidavit" basis.*

**SECTION "C" (TEMPORARY RESIDENT):** Complete this section if parent is staying with a resident of Franklin Township.

How long have you lived in this residence? \_\_\_\_\_

Please explain why you are temporarily residing with this resident: \_\_\_\_\_

\_\_\_\_\_

How long do you expect to stay at this residence? \_\_\_\_\_

Do you have a domicile or residence(s) elsewhere, and, if so, where are they and when do you live there? \_\_\_\_\_

\_\_\_\_\_

Please list four forms of proof (see attached list) you will provide to demonstrate that you are residing at the address given on page 1 of this application, and that such residence is not solely for the purpose of the student attending school in the district.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Please note: Under New Jersey law, where a dwelling is located within two or more local school districts, or bears a mailing address that does not reflect the dwelling's physical location within a municipality, the district of domicile for school attendance purposes is that of the municipality to which the resident pays the majority of his or her property tax, or to which the majority of property tax for the selling in question is paid by the owner of a multi-unit dwelling.

*If the student's parents re domiciled in different districts, regardless of which parent has legal custody, please answer the following questions:*

Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy of this document.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the student reside with one parent for the entire year? If so, with which parent and at what address?

Parent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

If not, for what portion of time does the student reside with each parent and at what addresses?

Parent: \_\_\_\_\_ Portion of time: \_\_\_\_\_

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

Parent: \_\_\_\_\_ Portion of time: \_\_\_\_\_

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

If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application?

\_\_\_\_\_

*Please note: No district is required, as a result of being the district of temporary residence for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year, other than transportation based upon the home of the parent residing within the district to the extent required by law.*

**SECTION D (SPECIAL CIRCUMSTANCES):** *Please indicate if any of the following apply.*

1. \_\_\_\_ The student is the child of a parent or guardian who has moved to another district as the result of being homeless.
2. \_\_\_\_ The student has been placed in the home of a district resident other than the parent or guardian by court order. (You will be required to provide a copy of the order.)
3. \_\_\_\_ The student has been placed in the district by the Division of Youth and Family Services acting as the student's legal guardian.
4. \_\_\_\_ The student is a child of a parent or guardian who previously resided in the district and is a member of the New Jersey National Guard or the United States reserves order to active service in time of war or national emergency.
5. \_\_\_\_ The student is kept in the home of a person domiciled in the district, other than the parent or legal guardian, and the parent/guardian a member of the New Jersey National Guard or the reserve component of the United States armed forces and has been ordered into active military service in the United States armed forces in time of war or national emergency.

5.a. If this applies, when is the parent or guardian expected to return from active military duty?

\_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_ The student resides on federal property?

6.a. Address of Federal Property \_\_\_\_\_

\_\_\_\_\_

7. \_\_\_\_ The student's circumstances do not appear to be addressed anywhere in this application, but are as follows:

Given the circumstance noted above, I understand that I will be contacted by the Superintendent's Office for further information.

**OFFICE USE ONLY:**

_____	_____	_____	_____
Transfer Card	Birth Certificate	Immunizations	Physical
_____	_____	_____	_____
Request for Records	DEED OR LEASE	3 other proofs of Residency	Health Information Form
_____	_____	_____	_____
Health Records Received	Academic Records Rec'd	CST Records Received	Notify CST (if applicable)
_____	_____	_____	_____
Photo/Internet Releases	F/R Lunch Application	<b>ENTRY DATE</b>	<b>YEAR OF GRADUATION</b>
_____	_____	_____	_____
	<b>GRADE</b>	<b>TEACHER</b>	<b>BUS COLOR</b>
_____	_____	_____	_____
<b>BUS STOP #</b>	<b>BUS STOP LOCATION</b>	<b>BUS PICK UP TIME</b>	<b>BUS DROP OFF TIME</b>

# STUDENT REGISTRATION FORM

FRANKLIN TOWNSHIP SCHOOL DISTRICT

52 Asbury-Broadway Road  
Washington, NJ 07882

(908) 689-2958

Fax #: (908) 689-1786

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Student) Last First Middle (Full)

Number/Street Address City State Zip Code

( ) Telephone Number Email

\_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth  
\_\_\_\_ Place of Birth  
City & State or Country  
\_\_\_\_ Male/Female  
\_\_\_\_ Circle One  
\_\_\_\_ Present Grade

The following is requested to comply with U.S. and NJ government regulations. This data is used for statistical purposes only.

Ethnicity: (Please check (1) group that best describes your child)

\_\_\_\_ White \_\_\_\_ Hispanic/Latino \_\_\_\_ Black/African American \_\_\_\_ American Indian/Alaskan Native

\_\_\_\_ Asian \_\_\_\_ Native Hawaiian/Other Pacific Island

**Immigrant Status** (Only if a student holds or is applying for an F-1 Visa)

Please [✓] \_\_\_\_ if student was **not** born in any State and has not been attending school in the US for more than three (3) full academic years. Please list the **Month, Day & Year** of the student's initial enrollment into a US school if the student is immigrant status \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Language spoken at home: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

**Health Information:** Please indicate below if your child has any physical/medical problems:

Wears Glasses \_\_\_\_ YES \_\_\_\_ NO Wears a Hearing Aid \_\_\_\_ YES \_\_\_\_ NO

Does the student take medication in school? If so, please name the medication: \_\_\_\_\_

Does the student have any allergies? If so, please name them (include food allergies) \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

DENTIST: \_\_\_\_\_ PHONE #: \_\_\_\_\_

HOSPITAL OF CHOICE: \_\_\_\_\_

**INSURANCE:** Does your child have health insurance? \_\_\_\_ YES \_\_\_\_\_

NAME OF COMPANY

\_\_\_\_ NO (N) 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](http://www.njfamilycare.org) to apply online.

Franklin Township Health Office may release my name and address to the NJ Family Care Program to contact me about Health Insurance.

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

(Written consent required pursuant to 20 U>S>C> 1232g (b)(1) and 34 C.F.R. 99.30(b))

\*\*\*In the event of a health emergency and a parent cannot be contacted, the school office officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the above named child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**MOTHER (Biological)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

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

Street City State Zip  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Living (Yes/No) \_\_\_\_\_ Place of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

**FATHER (Biological)**

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

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

Street City State Zip  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Living (Yes/No) \_\_\_\_\_ Place of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

**GUARDIAN:** \_\_\_\_\_

Stepmother/Stepfather/Grandparent/Other Relative (please specify)

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

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

Street City State Zip  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is there a Custody Agreement? \_\_\_ Yes \_\_\_ No (Affidavit) \_\_\_\_\_

Is there a Guardianship Agreement? \_\_\_ Yes \_\_\_ No (If yes, please provide information above)

Name of Last School Attended: \_\_\_\_\_

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

Street City State Zip Last Date of Attendance

Has this student ever attended another school in New Jersey? \_\_\_ Yes \_\_\_ No

School Name: \_\_\_\_\_

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

Street City State Zip

**EMERGENCY CONTACT [1]**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**EMERGENCY CONTACT [2]**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**SIBLINGS:**

Last Name	First Name	Birthdate	Grade/Age

*Please indicate if any of the following apply.*\_\_\_\_\_ The student is currently receiving special education services. **A copy of the current IEP must be Provided.**

\_\_\_\_\_ Classification Case Manager Telephone #:

\_\_\_\_\_ Is student in a self-contained classroom \_\_\_\_\_ YES \_\_\_\_\_ NO  
Date of Classification\_\_\_\_\_ Does the student have any special academic needs? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, what areas? \_\_\_\_\_

\_\_\_\_\_ The student has qualified under Section 504 of the Rehabilitation Act. If yes, specify below:

\_\_\_\_\_ Description/Reason Date of Accommodation Plan 504 Coordinator

\_\_\_\_\_ The student is sharing the housing of others due to loss of housing, hardship, etc.

\_\_\_\_\_ The student has been placed in the home of a district resident other than the parent or guardian by Court Order. (Copy of Court Order is required)

**I hereby affirm that all of the information provided on this Registration Form is true and accurate to the best of my knowledge.**\_\_\_\_\_  
Signature of Parent/Guardian\_\_\_\_\_  
Date

### HEALTH HISTORY

Birth weight \_\_\_\_\_ Any complications during pregnancy or delivery? \_\_\_\_\_

Growth/Development: age sat alone: \_\_\_\_\_ crawled: \_\_\_\_\_ walked alone: \_\_\_\_\_ said single word: \_\_\_\_\_  
sentences: \_\_\_\_\_ toilet trained: \_\_\_\_\_

Any unusual fears/traumatic experiences? \_\_\_\_\_

Disease History: (approximate age or year)

Asthma-	Blood Pressure Disorder-	Seizures-
Chicken Pox-	Respiratory Disorder-	Heart Defect-
Ear Infections-	Gastrointestinal Disorder-	Strep Infections-
Rheumatic Fever-	Orthopedic concerns-	Diabetes-
Hepatitis-	Anemia/blood disorder-	Cancer-
Lyme Disease-	Neuromuscular Disease-	Other-

List any known allergies: (insect stings, food, drug, animals, soaps, lotions, etc.) and treatment:

\_\_\_\_\_

Is child taking medication on a regular basis? \_\_\_ If yes, please give name of med., dosage, and reason:

\_\_\_\_\_

Has child had any operations, serious injuries, accidents, hospitalizations, head injuries, congenital abnormalities, learning or behavior concerns? If yes, please specify:

\_\_\_\_\_

Does child have frequent: earaches \_\_\_\_\_ sore throats \_\_\_\_\_ colds \_\_\_\_\_ headaches \_\_\_\_\_ high fevers \_\_\_\_\_  
constipation or diarrhea \_\_\_\_\_ soiling or wetting self \_\_\_\_\_?

Hearing difficulties? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Speech difficulties? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Vision difficulties? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Physical disabilities? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Eating/dietary concerns? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Growth/Development concerns? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Date of last Dental Exam: \_\_\_\_\_

Any other conditions of which the nurse should be made aware?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter  
New Jersey Academy of Family Physicians  
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last) _____ (First) _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth /    /	
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier _____			
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>					
Signature/Date _____				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination: _____		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted:   		Weight (must be taken within 30 days for WIC)			
		Height (must be taken within 30 days for WIC)			
		Head Circumference (if <2 Years)			
		Blood Pressure (if ≥3 Years)			
<b>IMMUNIZATIONS</b>		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> <i>I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.</i>					
Name of Health Care Provider (Print) _____			Health Care Provider Stamp: _____		
Signature/Date _____					