



Oaklyn Public School District

136 Kendall Boulevard
Oaklyn, New Jersey 08107
www.oaklynschool.org

Scott A. Oswald, Ed.D.
Superintendent of Schools
856.962.5700 x1002

Ms. Jennifer Boulden
Principal
856.858.0335 x7226

Mrs. Beth Ann Coleman, RSBA
Business Administrator
856.962.5700 x1004

WELCOME Parents and Guardians:

It is our pleasure to welcome you to the Oaklyn Public School District. We urge you to become and remain actively involved in all of the academic and co-curricular activities offered to the parents and students of Oaklyn from grades pre-school through fifth.

The Oaklyn Public School enjoys a rich tradition of excellence. Our programs, both in-school and beyond the classrooms, have received local, state, and nation recognition for excellence. Our elementary school shares in the tradition of outstanding instruction provided by some of the most talented professional staff members you will ever encounter.

We believe every child who enters our district can learn given the right opportunities and proper setting. We believe we make a great difference in the lives of our students... *one kid at a time.*

The start of your child's Oaklyn education is both an exciting and stressful time. We want to make your first experience with the Oaklyn Public School District a positive and memorable one. Please feel free to reach out to your administrators via telephone or e-mail if you have questions or concerns. We would be happy to answer your questions and make you feel at home in the Oaklyn Public School.

Oaklyn is a wonderful community in which to live and raise a family. Our Board of Education and administrators are committed to excellence in a caring and supportive environment. The true magic, however, happens in our classrooms. It is the passion of our certified teachers and our support staff that make the Oaklyn School *where you want to learn.*

Yours in Education,

Scott A. Oswald, Ed.D.
Superintendent

Administrative Staff

Mrs. Jennifer McPartland, Chief Academic Office
Mr. Winsor Yamamoto, Chief Performance Officer
Mrs. Elizabeth Whitehouse, Supervisor of Special Services
Ms. Jennifer Boulden, School Principal

jmcpartland@collks12.org
wyamamoto@collsk12.org
ewhitehouse@collsk12.org
jboulden@oaklynschools.org

OAKLYN PUBLIC SCHOOL

STUDENT REGISTRATION CHECKLIST

All registrants must call the Oaklyn School District Registrar, Diane Silliphant at (856) 858-0335 x7226, to schedule an appointment to go over the information and complete registration.

If you arrive without the required documents completed in their entirety, we will have to reschedule your registration appointment.

Your child must be age 5 on or before October 1st of the calendar year to be admitted to Kindergarten. A child must be age 6 on or before October 1st of the calendar year to be eligible for 1st grade in September.

Student Name: _____ **Appointment Date:** _____

In order that the requirements of various State and Federal laws be met, the following information is mandatory for the registration of a student in the Oaklyn School District:

1. Proof of Residency – two proofs are required, with at least **ONE** from each column.

Tax Bill	*Driver's License – with current Collingswood address
Mortgage or Settlement Papers	*Auto Insurance ID Card
Lease Agreement – with parent/child's name	*Mail
Alien Registration Card	*Bank Statement
	*Voter Registration Card
	*Utility Bill

Note: If a parent/guardian and child are residing at someone else's residence, they must be added to a lease, or a notarized letter from the owner must be presented in addition to the two proofs listed above from the owner. In addition, the parent must establish residency at that address. One proof from the starred item is required for the parent/guardian.

2. Documentation or Relationship to Student (as appropriate)
 - Parent – bring in Child's Original Birth Certificate
 - Legal Guardian – bring in Court Documentation
 - Foster Parent – bring in State Agency Documentation
 - Domicile Affidavit - signed by responsible person
 - Affidavit of Non-Support – signed by parent
3. Immunization Record
4. Physical Examination Form (completed by child's physician) or Physical Examination Appointment Card from Doctor's Office
5. Transfer Card from previous school
6. Report Card/Transcript from previous school (if applicable)
7. Current IEP/504 Plan (if applicable)

18A:3B-1 Any person who fraudulently allows a child or another person to use his residence and is not the primary financial supporter of that child AND any person who fraudulently claims to have given up custody of his/her child to a person in another district commits a disorderly person offense.

2C:28-3 It is illegal for any person to make a false statement on this form in an attempt to cause the Collingswood School District to provide a free education to a person under false pretenses.

2C:21-3 It is illegal for any person to offer a written instrument that contains a false statement or false information to the Collingswood School District in an attempt to secure a free education.

Oaklyn Public School Information for Permanent Record

Student Name: _____ Gender: ____ Date of Birth: _____ Grade: _____

Home Address: _____ Primary Contact Number: _____

City/State of Birth: _____ Country of Birth: _____

If born outside of the United States, date entered into USA: _____

Race: (Circle all that apply)

White Black/African American American Indian/Alaskan Asian Native Hawaiian/Pacific Islander

Ethnicity: (Circle one)

Hispanic/Latino Non-Hispanic/Latino

Language spoken in the home: _____ Requires Translator: ___Yes ___No

Are you living in a temporary residence out of necessity because the family lacks a regular or permanent residence of their own? ___Yes ___No

If yes, please list present accommodations: _____

Last district of permanent residency: _____

Parent/Guardian Information

Parent/Guardian #1	Parent/Guardian #2
Name: _____	Name: _____
Relationship to student: _____	Relationship to student: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Employer: _____	Employer: _____
Email: _____	Email: _____
Has custody of student? ___ Yes ___ No	Has custody of student? ___ Yes ___ No
Receives mail for student? ___ Yes ___ No	Receives mail for student? ___ Yes ___ No
*Please indicate primary phone number	*Please indicate primary phone number

Guardianship: Mother Father Joint Other _____

(A copy of custody/guardianship papers MUST be provided to the school to be kept on file)

Oaklyn School District has an **automated phone message system** which is used to inform you of important notifications including weather-related school closings, early dismissals, and upcoming events. Which telephone number (usually a cell) should we use to contact you in these situations?

(_____) _____ - _____. **No extensions.**

OPTIONAL: Additional phone number to be used for emergency purposes only:

(_____) _____ - _____. **No extensions.**

Military "States"

AE – Armed Forces Africa
 AA – Armed Forces Americas (except Canada)
 AE – Armed Forces Canada
 AE – Armed Forces Europe
 AE – Armed Forces Middle East
 AP – Armed Forces Pacific

For Office Use Only

Student ID # _____

Student SID # _____

Family Code _____

Oaklyn Public School Information for Permanent Record (continued)

Please list other children living at the same residence:

Child's Name	Gender	Birth Date	Name of school currently attending	Grade

Emergency Contact Information

Please list persons who would be able to pick up your child if he/she is ill or injured. Do NOT include persons listed on front of this form. Your child will only be released to one of the persons listed below. We do not release children to anyone under 18 years old. My child may be release to one of the following people when I cannot be reached:

Emergency Contact #1
Name: _____ Relationship to Student: _____
Home Phone: _____ Cell Phone: _____
Emergency Contact #2
Name: _____ Relationship to Student: _____
Home Phone: _____ Cell Phone: _____
Emergency Contact #3
Name: _____ Relationship to Student: _____
Home Phone: _____ Cell Phone: _____

Health Insurance Information

Does your child have Health Insurance?

- Yes If yes, name of insurance company: _____
- No NJ FamilyCare provides free or low cost health insurance for uninsured children and and certain low income parents. For more information call 800-701-0710 or visit www.njfamilycare.org to apply online.
- You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.*

Signature: _____ Printed Name: _____ Date: _____

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

Parent's Signature: _____ Date: _____

Former School Information

Last School Attended: _____ Grade Completed: ____ Current Grade: ____

Address: _____ Phone Number: _____

Does student have current Individual Education Plan (IEP)? Yes No

Does student have current 504 Accommodations? Yes No

Was the student ever previously registered in the Oaklyn Public School District? Yes No

If yes, what was the last school and grade the student completed? _____

Did the student participate in athletics at previous school? Yes No

If yes, what sport? _____

Did the student receive a varsity letter? Yes No



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PARENT PLEDGE

In an effort to forge an ongoing relationship between school and home, we ask all parents to commit to maintaining an active role in the education of your child by signing the parent contract outlined below. We are committed to the success of your child as a student in the Oaklyn Public School District.

PARENT PLEDGE

The parent(s)/guardian(s) of _____ have read and agree that parental support for a child's education, as outlined in the following contract, is fundamental to the social, emotional, and academic growth of each child. In an effort to support the success of my child, I agree:

- A. To recognize and embrace my/our role as having primary responsibility for the education of my/our child.
- B. To attend all conferences, including conferences scheduled for the fall and spring sessions as well as teacher-initiated individual conferences.
- C. To attend the scheduled Back-to-School Night to meet my child's teachers.
- D. To get my/our child to school, on time, every day and keep my/our child in school for the entire school day, except for necessary medical appointments.
- E. To keep my/our child out of school when he or she is sick with a cold, the flu, fever, or other contagious illnesses.
- F. To participate in the Parent/Guardian Volunteer Program on an annual basis, including a minimum of 3 hours for one (1) child and 5 hours for two (2) or more children, in a capacity that is sensitive to the needs of the school, the classroom teacher, or the Parent Teacher Association.
- G. To regularly read and use information sent home by the school to keep me/us informed of classroom and school activities.
- H. To provide a suitable time and place within my/our home for my/our child to complete homework.
- I. To assist my/our child in obtaining and regularly using a free library card at the public library.
- J. To limit television and video games during the week.*
- K. To encourage thirty (30) minutes of **READING** daily, during which time my child can be reading independently or I can be reading with or to my child.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Acknowledged by Building Administrator: _____ Date: _____

* The *American Academy of Pediatrics* recommends children older than two years watch no more than 1-2 hours of quality programming daily.



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Special Education Medicaid Initiative (SEMI) Parental Consent Form Oaklyn Public School

Our school district is participating in the Special Education Medicaid Initiative (SEMI) program that allows school districts to bill Medicaid for services that are provided to students.

In accordance with the Family Educational Rights and Privacy Act, 34 CFR §99.30 and Section 617 of the IDEA Part B, consent requirements in 34 CFR §300.622 require a one-time consent before accessing public benefits.

This consent establishes that your child's personally identifiable information, such as student records or information about services provided to your child, including evaluations and services as specified in my child's Individualized Education Program (IEP) (occupational therapy, physical therapy, speech therapy, psychological counseling, audiology, nursing and specialized transportation,) may be disclosed to Medicaid and the Department of the Treasury for the purpose of receiving Medicaid reimbursement at the school district.

As parent/guardian of the child named below, I give permission to disclose information as described above and I understand and agree that Medicaid may access my child's or my public benefits or public insurance to pay for special education or related services under Part 300 (services under the IDEA). I understand that the school district is still required to provide services to my child pursuant to his or her IEP, regardless of my Medicaid eligibility status or willingness to consent for SEMI billing.

I understand that billing for these services by the district **does not** impact my ability to access these services for my child outside of the school setting, nor will any cost be incurred by my family including co-pays, deductibles, loss of eligibility or impact on lifetime benefits.

Student's Name: _____

Student's Date of Birth: _____

Parent/Guardian Name: _____

I give consent to bill for SEMI: Yes No

This consent can be revoked at any time by contacting the administrator at your child's school, in writing.

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



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Internet Permission Form for Students K-5

We are pleased to offer students of the Oaklyn Public School access to the district computer network for the Internet. To gain access to the Internet, all students under the age of 18 must obtain parental permission and must sign and return this form to the classroom teacher.

Access to the Internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with Internet users throughout the world. Families should be warned that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. While our intent is to make Internet access available to further educational goals and objectives, despite our best efforts, students may find ways to access other materials as well. We believe that the benefits to students from access to the Internet, in the form of information resources and opportunities for collaboration, exceed any potential disadvantages. Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. To that end, the Oaklyn Public School supports and respects each family's right to decide whether or not to apply for access.

Direct Internet and E-Mail Rules

Students are responsible for good behavior on school computer networks just as they are in a classroom or a school hallway. Communications on the network are often public in nature. General school rules for behavior and communications apply. The network is provided for students to conduct research and communicate with others. Access to network services is given to students who agree to act in a considerate and responsible manner. Parental permission is required. Access is a privilege, not a right, and it requires parental permission. Individual users of the district computer networks are responsible for their behavior and communications over those networks. It is presumed that users will comply with district standards and will honor the agreements they have signed. Beyond the clarification of such standards, the district is not responsible for restricting, monitoring or controlling the communication of individuals utilizing the network. Network storage areas may be treated like school lockers. Network administrators may review files and communication to maintain system integrity and insure that users are using the system responsibly. Users should not expect that files stored on district servers will always be private. However, within reason, freedom of speech and access to information will be honored.

During class, a teacher will guide students toward appropriate materials. Outside of school hours, families bear the same responsibility for guidance as they might exercise with information source such as television, telephones, movies, radio and other potentially offensive media. As outlined in Board policy and procedures on students' rights and responsibilities, copies of which are available in school offices, the following are **not** permitted:

- Sending or displaying offensive messages
- Sending or displaying offensive pictures
- Trespassing in another's folders, work, or files
- Employing the network for commercial purposes
- Intentionally wasting limited resources
- Using another's password
- Using or sending obscene language
- Harassing, insulting, or attacking others
- Damaging computers, computer systems, Computer networks, or violating copyright laws

I understand that violations may result in a loss of access as well as other disciplinary or legal action. As a user of the Oaklyn Public School Computer Network, I hereby agree to comply with the above stated rules.

Student Signature: _____ **Date:** _____

As the parent or legal guardian of the minor student signing above, I grant permission for my son or daughter to access network computer services such as electronic mail and the Internet. I understand that individuals may be held liable for violations of the user rules and provisions. I understand that some material on the Internet may be objectionable. I accept responsibility, along with the Oaklyn Public School District, to set and convey standards for my son or daughter to follow when using the Internet. These are the same standards I might exercise when selecting, sharing, or exploring information sources such as television, telephones, movies, radio, books, etc.

I understand that the Access to Information Software and Computing Agreement my son or daughter signed is a binding agreement and will be supported by me as a parent or legal guardian.

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



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Student's Name: _____ **Gr:** _____ **School:** _____

Public Relations Permission

Oaklyn School District has a proud tradition of celebrating student accomplishments by sharing them with our community. Occasionally, local newspapers and television stations come to Oaklyn School District to report these special accomplishments and/or events that take place at our school, which at times they photograph or film students participating in these special events. In addition, the district maintains a website and publishes a newsletter that includes individual school happenings and may include pictures of students.

Yes - I consent. I grant permission. No – I do **not** consent permission.

PTA Permission Form

The Parent-Teacher Association (PTA) provides a valuable service to our schools and helps parents get involved with their child's education. Do you give permission for the school to share your name, address, phone number and/or email address with the PTA for communication purposes? No additional information will be shared.

Yes –I consent. I grant permission. No – I do **not** consent permission.

Communication

The Oaklyn School District also uses resources to notify parents of district, school events and conferences. I grant permission to share my contact information for these purposes.

Yes – I consent. I grant permission. No – I do **not** consent permission.

Oaklyn Walking Class Trips

I grant permission for my child to walk with their class and appropriate supervision to and from local Oaklyn establishments such as the Oaklyn Public Library, Police Department, Fire Department, Community Center and/or other community establishments. Families will receive notification of the dates of the trips and relevant information regarding times, event details and/or walking attire in advance of such walking trip events.

Yes - I consent. I grant permission. No – I do **not** consent permission.

Counseling Permission

Occasionally, our student benefit from the opportunity to participate in individual or group counseling with a member of our counseling team. A counselor serves as another "safe person" within the school who can help a child deal with anything from routine developmental issues and/or peer pressure to coping with a loss at home. Written permission is required before any type of counseling services can be offered.

Yes - I consent. I grant permission. No – I do **not** consent permission.

Please sign to indicate that you have read and checked a box in each section above.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



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Proof of Domicile

Student Name: _____ **Gr:** _____

Dear Parent/Guardian:

The Oaklyn Board of Education has policies and procedures related to "Proof of Domicile" for students who attend our schools. The District shall only provide a free education to those students who are domiciled within the District or who otherwise qualify for a free education pursuant to the statutory and regulatory guidelines set forth in N.J.S.A. 18A:38-1 et seq. and N.J.A.C. 6A:22-1.1 et seq. A student shall be domiciled in the District "when he or she is living with a parent or legal guardian whose permanent home is located within the District." N.J.A.C. 6A:22-3.1 The home is permanent if "the parent or guardian intends to return to it when absent and has no present intent of moving from it..." Id. If the District discovers that a student is attending school whose parents are not domiciled within the District and who is not otherwise eligible for a free education, the District may apply for the student's removal and seek tuition reimbursement for the period of ineligible attendance in accordance with the provisions of the N.J.S.A. 18A:38-1(b)(2).

Applicants who fraudulently allow a child of another to use his residence, or who fraudulently claim to have custody of a child, may be charged with a disorderly persons offense. N.J.S.A. 18A:31-1(c). If the applicant is convicted of such an offense, the applicant may be fined up to \$1,000.00 and/or be imprisoned for up to 6 months.

Any false statements, answers or declarations contained in the Affidavit or in an application for admission may subject the applicant to criminal prosecution for the crime of false swearing, in violation of N.J.S.A. 2C:43-3. If convicted for such a crime, the applicant may be punished by a fine of \$10,000.00 and/or be imprisoned for up to 18 months.

I, the undersigned, hereby acknowledge that I have read and understood the contents of this notification.

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____



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Home Language Survey

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

Parent/Guardian Name: _____ Phone #: _____

As required by state and federal law (State Bilingual Education Act of 1974, Federal Lau vs. Nicholas Supreme Court ruling of 1974), all parents must be surveyed as to the home language of their public school children. The child's parent/guardian must complete the form.

This data is used to determine need for language support services. The district offers students English as a Second Language where appropriate and/or if desired by parents.

1. What language did your child learn when he/she first began to speak? _____
2. What language do you use most often when speaking to your child at home? _____
3. What language does your child use most often when speaking to you? _____
4. What language does your child use most when speaking to brothers and sisters? _____
5. What language does your child use most often when speaking to other relatives? _____
6. What language does your child use most often when speaking to friends at home? _____

Was your child born in the United States? (Please circle)

Yes No

If born outside of the United States, please list the Country of Birth and date entered into USA:

Country of Birth

Date entered into USA

Parent/Guardian Signature

Date



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Parent Authorization for Release of School Records

Name of school previously attended: _____

School Address: _____

School Phone Number: _____ School Fax Number: _____

Student Name	Date of Birth	Grade

In accordance with the New Jersey Administrative Code Inspection of School Records, the above-named school is hereby authorized to release to the school named below all school records, including NJ State ID #, grades, health, medical, psychological, social, educational, developmental and discipline records.

Request for Transcript of School Records

Please send all academic school records to the school below:

Oaklyn Public School
136 Kendall Blvd.
Oaklyn, NJ 08107

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

GENESIS

Student Information System

GENESIS PARENT PORTAL

Our new Genesis Parent Portal is now open for all parents. Please complete this form and return it with our registration packet.

Thank you.

Please Print Clearly

Parent/Guardian Information	
Parent/Guardian Name: _____	Relationship to student: _____
Telephone #: _____	Email: _____
I certify that I am the legal guardian of the student(s) listed below and wish to gain access to the Genesis Parent Portal.	
Parent/Guardian Signature: _____	Date: _____
Student(s) Information	
Student Name: _____	Grade: _____
Date of Birth: _____	
Student Name: _____	Grade: _____
Date of Birth: _____	
Student Name: _____	Grade: _____
Date of Birth: _____	
Student Name: _____	Grade: _____
Date of Birth: _____	
Student Name: _____	Grade: _____
Date of Birth: _____	



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CONFIDENTIAL HEALTH HISTORY Elementary

Student Name: _____ Gr. _____ D.O.B. _____ Gender: _____

Parent/Guardian Name: _____ Address: _____

Phone Number: _____ Email: _____

Child's Physician: _____ Phone Number: _____

Preferred Hospital: _____

My child is covered by medical insurance provided by:

Employer Self NJ Family Care not covered

(If not covered, please contact your school nurse for information on NJ Family Care)

I. Pregnancy & Birth (check one)

1. Did mother have any illness during pregnancy with this child? Yes No
If yes, explain: _____
2. Did mother deliver within a week of the date? Yes No
If not, explain: _____
3. Did mother have any difficulty during deliver? Yes No
If yes, explain: _____
4. Did the child have any difficulty during or after delivery? Yes No
If yes, explain: _____
5. Did the baby have any trouble starting to breath? Yes No
6. Did the baby have any trouble in the hospital? Yes No
If yes, explain: _____
7. Did the baby have any feeding problems? Yes No
If yes, explain: _____
8. What did the baby weigh at birth? Lbs. Oz.

II. Family/Social

1. Are both parents in good health? Yes No
2. Are there any members with serious health problems that we should be aware of? If so, please explain _____ Yes No

III. Medication

Is the student on any type of medication at this time? Yes No

If yes, please list medicine, dosage and reason for administration of same: _____

IV. Infections/Illnesses, and Other Problems

Had your child:

1. Had more than six (6) colds or throat infections each year? Yes No
2. Had more than three (3) ear infections? Yes No
3. Had trouble hearing? Yes No
4. Had his/her hearing tested? Yes No
5. Had any trouble seeing? Yes No
6. Had his/her eyes tested? Yes No
7. Had any trouble with his/her teeth?
Date of last dental visit? _____ Yes No
8. Had any trouble passing his/her urine? Yes No

CONFIDENTIAL HEALTH HISTORY CONTINUED

Student Name: _____

9. Check any of the following that your child has had:

- | | | |
|--|--|---|
| <input type="checkbox"/> Strep Infection | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Speech Impediment |
| <input type="checkbox"/> 10-Day Measles | <input type="checkbox"/> Headaches | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> 3-Day Measles | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Poor Concentration |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Concussion |
| <input type="checkbox"/> Scarletina | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Over-activity |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Temper Tantrums |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Un-coordination | <input type="checkbox"/> Aggressiveness |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Brain Trauma |

10. Has your child had any other diseases or problems? Yes No
If yes, please list them: _____

11. Has your child had to stay in the hospital overnight? Yes No
Age: _____ Hospital: _____
Reason: _____

12. Has your child had any operations or serious accidents? Yes No
If yes, explain: _____

V. Allergies/Asthma (check if applicable)

- | | | |
|-----------------------------------|---|------------------------------------|
| <input type="checkbox"/> Wheezing | <input type="checkbox"/> Reaction to Penicillin | <input type="checkbox"/> Hives |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Reaction to medication | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Reaction to insect bites | |

Additional information on any of the above: _____

VI. Nutrition

Food allergies: _____
Food likes: _____ Food dislikes: _____
Appetite: Good Fair Poor
Unusual weight gain or weight loss: _____

VII. Summary

Is there anything in regard to your child's health and/or behavior you would like to comment upon?

I hereby give permission for my child to receive the following medical attention as part of the school health program in the Collingswood Public Schools. (Please initial "yes" or "no" for all items listed.)

- Treatment by the school nurse or designee in case of illness or injuries. Yes No
- Annual vision and hearing screening. Yes No
- Scoliosis screening by the school nurse for students ages 10-18. Yes No

May we share this information with the necessary school staff? Yes No
Yes, all but: _____

Parent/Guardian Signature: _____

Date: _____



NJ Department of Health Vaccine Preventable Disease Program

New Jersey Minimum Immunization Requirements for Kindergarten-Grade 12 Attendance
N.J.A.C. 8:57-4 Immunization of Pupils in School

Guide for checking compliance

- Step 1: Each child attending/enrolling must present documentation of immunizations or valid medical or religious exemption to vaccines. In order to allow a child to enter school, he/she must have at least one dose of each age-appropriate required vaccine.
- Step 2: Determine child's present grade level.
- Step 3: Compare the child's record with the requirements listed on the chart below.

Grade/level child enters school:	Minimum Number of Doses for Each Vaccine						
	DTaP Diphtheria, Tetanus, acellular Pertussis	Polio Inactivated Polio Vaccine (IPV)	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)	Hepatitis B	Meningococcal	Tdap (Tetanus, diphtheria, acellular pertussis)
Kindergarten – 1 st grade	A total of 4 doses with one of these doses on or after the 4 th birthday <u>OR</u> any 5 doses*	A total of 3 doses with one of these doses given on or after the 4 th birthday * <u>OR</u> any 4 doses	2 doses†	1 dose	3 doses	None	None
2 nd – 5 th grade	3 doses <i>NOTE: Children 7 years of age and older, who have not been previously vaccinated with the primary DTaP series, should receive 3 doses of Tetanus, diphtheria (Td)</i>	3 doses	2 doses	1 dose	3 doses	None	None
6 th grade and higher	3 doses	3 doses	2 doses	1 dose required for children born on or after 1/1/98§	3 doses¶	1 dose required for children born on or after 1/1/97 given no earlier than ten years of age**	1 dose required for children born on or after 1/1/97**

UNIVERSAL CHILD HEALTH RECORD

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

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 give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
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)		
IMMUNIZATIONS		<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 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.					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					



OAKLYN PUBLIC SCHOOL

**DENTAL EXAMINATION FORM
(To be completed by family dentist)**

Name of Child: _____

Address: _____

Date of Dental Checkup: _____

Name of Dentist: _____
(Please Print)

Address: _____

Signature of Dentist: _____