

BRIELLE ELEMENTARY SCHOOL 605 UNION LANE BRIELLE, NEW JERSEY 08730

<u>www.brielleschool.org</u> **PHONE 732-528-6400 FAX 732-528-0810**

JOHN RUSSO

JENNIFER LOVE

COLIN SABIA

DIANE QUIGLEY

Interim Superintendent/ Principal Supervisor of Curriculum & Instruction Director of Special Services/ Vice Principal Business Administrator/ Board Secretary

February 2023

To All Parents/Guardians:

Brielle Elementary School will be accepting registration forms for children who will be entering Kindergarten in September 2023 on Wednesday, February 22, 2023. Eligible students must be five (5) years of age on or before October 1, 2023.

Parents and /or Guardians should come to the main office between 9:00am - 11:00am (last name A-K), 1:45pm - 3:00pm (last name L-Z). Registration is strongly encouraged on this date so we can ascertain our anticipated enrollment numbers and class sizes to ensure adequate teacher placement.

REQUIRED DOCUMENTATION

Registration forms will be available the day of registration in the Main Office and on our website if you would like to have it ready when you arrive.

- > Original Birth Certificate (Raised seal)
- > Two (2) proofs of residency (Choose 1 from Column A and 1 from Column B)

Column A	Column B		
Tax Bill	Utility Bill		
Lease	Bank Statement		
Driver's License			

> Current Immunization Record reflecting the following:

DPT - Five (5) doses (5th dose must be after child's 4th Birthday)

POLIO(OPV/IPV) - Four (4) doses

MMR - Two (2) doses

HEPATITIS B - Series of three (3)

VARICELLA (Chicken Pox) Vaccine

MANTOUX Test is recommended for all entering students

Failure to provide the required documents will result in a delay in the registration process.

A pre-entry Physical Examination to be completed by your Pediatrician is also required and must be submitted to the school nurse no later than August 30, 2023.

Sincerely,

Mr. Iohn Russo

Interim Superintendent/Principal

BRIELLE ELEMENTARY SCHOOL STUDENT REGISTRATION / INFORMATION RECORD

Date				Gr	RADE
SID#			TEACHER		(
	***************************************	NT INFORMATIO	<u>МС</u>		
Student Last Name .		First Name		N	Iiddle Name
Home Address			Martin de la company de la com		MANAGEMENT THE STATE OF THE STA
Sex (circle one) Male Female	Date of Birt	h MM/DD/YEA	Pro	of	1
Place of Birth	If b	orn outside U.S	., date enter	≥d U.S	
Place of Birth City/State/Country				М	onth/Year
Language spoken at home (other than	English)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Ethnic Origin*(circle one) White (no America	an Indian/Alas		Asia	Hispanic an/Pacific Isla	nder
Name & Address of last school atte		magadada da a da a da a da a da a da a d			
Telephone Number of last school a	ittended		· · · · · · · · · · · · · · · · · · ·		
Has student received Special S (Example: Special Education, IEP, Spec	Services fror	n previous Scl			
Does your child currently receive F	ree/Reduced	lunch? (Circle one)	Yes N	o .
Student resides with (Circle one):	Parent(s)	Father	Mother	Guardian	
	Other (specif	y)			
Parent Marital Status (Circle one):	Married	Separated	Widow/er	Divorced* **Attach (* Other** Custody Papers
SIBLING (s) NAM	1ξ	SEX (N	1/F) DA	TE OF BIRTH	GRADE
				MONOR COLUMN TO THE COLUMN TO	
				<u></u>	

PARENT/GUARDIAN INFORMATION

Name:	ne:Home Telephone:				
Address:					
Street	City	State			
Cell #:	Work Telephone:				
E-Mail Address	And a second	Relationship: Mother F	ather Guardian		
Name:		lòme Telephone:			
Address:					
Street	City	State	Zip Code		
Cell #:	Work Tel	ephone:	,		
E-Mail Address		Relationship: Mother F	ather Guardian		
Military Status: <i>Indicate Mother, Father or</i> Both	Active Duty '	National Guard/Res	erve		
IF EITHER PARENT CANNOT BE REACHED IN TH	PHONE	RELATIONSHIP T	O STUDENT .		
Family Doctor Name	-	Doctor Telephone	Number		
Proof of Residency (2)	- Language Control of the Control of				
I certify that the information provided in this legal resident of Brielle may result in crimina	s form is true and accurate. I Il prosecution or legal attemp	understand that misreprosts to collect tuition.	esenting myself as		
Signature of Parent/Guardian completing	grecord	· Da	nte		
Signature of School Staff processing reco	ord				
Records Requested	Records	Received			
Date	•	Da	ate		





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PHONE 732/528-6400

FAX 732/528-0810

CHRISTINE CARLSON
Superintendent/
Principal

COLIN SABIA Vice Principal/ Director of Special Services EILEEN GORGA School Business Administrator/ Board Secretary

New Student Physical Examination Form

Student Name		Da	ite of Birth	Grade Entering	
Address		Home Phone _	Cell	Phone	
Exam Date		Allergies		2	
Pulse BP	Height	Weight	Vision R	L	
HEENT	A A A A A A A A A A A A A A A A A A A			•	
Heart & Lungs	and the second s			, t	
Abdomen		der story and de	b		
Genitalia				Market State Committee Com	
Extremities					
Skin	•				
Significant PMH					
		•			
Remarks/Significant Find	ings:				
Physician's/Provider's Sta	ump** .	,			
		**Prov	ider's Signature & Date o	of PE	
		 Please attac immunizati 		ld's most recent	

HEALTH REQUIREMENTS FOR KINDERGARTEN

Children entering Kindergarten in September are required by NJ State Law to have the

following:

1. Immunizations

DPT: Any five doses, or four doses with the last one given on or after the 4th Birthday.

Polio: (OPV/IPV)-Any four doses, or the third dose given on or after the 4th Birthday.

MMR: Two doses.

Hepatitis B: Series of three.

Varicella: (Chicken Pox) 1 dose

Mantoux: (TB skin test) is recommended for all entering students

The Immunization record MUST be presented at registration. Any vaccines NOT received at registration, must be received by July 1st to determine if there are any deficiencies. If any vaccines are administered between July 1st and the start of school please forward documentation before September 1st. At your request, physicians' offices may fax

immunization records to the school nurse at 732-528-0810.

2. Pre-entry Examination

This is also required by the State of New Jersey. Forms will be available at registration. Please have your child's physician complete the form. Completed forms must be received by

the school nurse by July 1st.