

BRIELLE ELEMENTARY SCHOOL 605 UNION LANE

BRIELLE, NEW JERSEY 08730 www.brielleschool.org

PHONE: 732-528-6400

FAX: 732-528-0810

CHRISTINE CARLSON Superintendent/ Principal COLIN SABIA
Vice Principal/
Director of Special Services

DAWN CHERRY School Business Administrator/ Board Secretary

February 2021

To All Parents/Guardians:

Brielle Elementary School will be accepting registration forms for children who will be entering Kindergarten in September 2021 on Tuesday, March 2, 2021. Eligible students must be five (5) years of age on or before October 1, 2021

Parents and/or Guardians should register online. The registration form can be located under the News & Events portion of our homepage: brielleschool.org. 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 packets will be available to download on March 2nd on our school website's homepage - brielleschool.org - under News & Events

- > 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 July 15, 2021.

Please return all registration packets to: registration@brielleschool.org

Keeping Children First,

Mrs. Christine Carlson
Superintendent/Principal

BRIELLE ELEMENTARY SCHOOL

605 Union Lane Brielle, New Jersey 08730



2021-2022 SCHOOL YEAR KINDERGARTEN REGISTRATION

Eligible students must be 5 years of age on or before October 1, 2021

Tuesday, March 2, 2021

REGISTRATION FORMS AVAILABLE ONLINE:

brielleschool.org

Registration packets will be available online on our school homepage under News & Events

REQUIRED DOCUMENTATION

- > 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

Please return registration packets to: registration@brielleschool.org

For additional information please call 732-528-6400 or check the school website: <u>WWW.BRIELLESCHOOL.ORG</u>

BRIELLE ELEMENTARY SCHOOL STUDENT REGISTRATION / INFORMATION RECORD

Date					GRADE
SID#					
		IT INFORMATI ase print legibly	<u>ON</u>		
Student Last Name .	Fi	rst Name	-	-	Middle Name
Home Address					
Sex (circle one) Male Female	Date of Birth	MM/DD/YEA	Pro	oof	
Place of Birth	If bo	orn outside U.S	S date enter	ed U.S.	
City/State/Country	~ .		,, date enter	cu o.o	Month/Year
Language spoken at home (other than	English)				_
Ethnic Origin*(circle one) White (no America	an Indian/Alask		Asi		
Name & Address of last school atte	nded				
Telephone Number of last school a	ttended				
Has student received Special S (Example: Special Education, IEP, Spee	Services from	previous Scl		-	
Does your child currently receive F	ree/Reduced lu	nch? (Circle one)	Yes	No
Student resides with (Circle one):	Parent(s)	Father	Mother	Guardi	an
	Other (specify)				
Parent Marital Status (Circle one):	Married	Separated	Widow/er	Divorce **Atta	ed** Other** ch Custody Papers
SIBLING (s) NAMI		Sex (N	1/F) DA	TE OF BIRTH	GRADE

PARENT/GUARDIAN INFORMATION

Name:	-				
Address:					
Street	City	State	Zip Code		
Cell #:	Work Telephone:				
E-Mail Address		Relationship: Mother F	Father Guardian		
Name:	Н	ome Telephone:			
Address:	25				
Street	City	State	Zip Code		
Cell #:	Work Tele	phone:			
E-Mail Address		Relationship: Mother F	ather Guardian		
Military Status: <i>Indicate Mother, Father or Both</i>	Active Duty	National Guard/Res	erve		
IF EITHER PARENT CANNOT BE REACHED IN THE NAME	PHONE	RELATIONSHIP T	O <u>STUDENT</u>		
Family Doctor Name	965 	Doctor Telephone	Number		
Proof of Residency (2)					
I certify that the information provided in this to legal resident of Brielle may result in criminal			esenting myself as		
Signature of Parent/Guardian completing r	ecord	Da	te		
Signature of School Staff processing recor	rd	÷			
Records Requested	Records Re	eceived			
Date		Da			



BRIELLE ELEMENTARY SCHOOL 605 UNION LANE BRIELLE, NEW JERSEY 08730

www.brielle.k12.nj.us

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	Date	Date of Birth	
Address	Home Phone	Cell	Phone
Exam Date	Allergies		
Pulse BP Height	Weight	Vision R	L
HEENT			
Heart & Lungs			
Abdomen			
Genitalia			
Extremities			
Skin			
Significant PMH			
·			
Remarks/Significant Findings:			
	16		·
Physician's/Provider's Stamp**	, a		
	**Provider	r's Signature & Date of	PE
•	 Please attach immunization 	~ -	d'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 4^{th} 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.