Pre K - 8th Grade REGISTRATION

Please complete the following forms and
CALL to make an appointment with:
Linda Esposito

If you have any questions, please feel free to contact Linda at 201-641-5833 ext. 123 or email at LEsposito@Moonachieschool.org.

Thank you.

Linda Esposito
Robert L. Craig School
20 West Park Street
Moonachie, NJ 07074

ORIGINAL BIRTH CERTIFICATE, HEALTH RECORDS, A RECENT COPY OF STUDENT'S IMMUNIZATION RECORDS AND THE BELOW MENTIONED PROOFS:

REQUIRED PROOFS TO ESTABLISH RESIDENCY WITHIN THE MOONACHIE SCHOOL DISTRICT:

The following list contains documents which may be used to establish residency within the Moonachie School District:

1. Mortgage, lease or rental agreement evidencing an address within the District and
2. Two or more of the following, all of which must evidence an address within the District:

   a. Utility bill in your name and with Moonachie address
   b. Credit card bill in your name and with Moonachie address
   c. Voter Registration in your name and with Moonachie address
   d. Driver's License in your name and with Moonachie address
   e. Vehicle Registration in your name and with Moonachie address
   f. Bank Account in your name and with Moonachie address
   g. Federal or State Income Tax Return in your name and with Moonachie address
   h. Child Custody Order placing the child within the residence.

You must bring documents for us to copy, NO PHOTOCOPIES of these documents will be accepted.

Thank you.

Moonachie School District

Student Registration/Emergency Form

PLEASE PRINT ALL INFORMATION

Registration Date: _____

First Name: _____ Middle Name: _____ Last Name: _____

Birth Date: _____
Month/Day/Year

Ethnicity: _____ White _____ Black _____ Asian _____ Hispanic
_____ American Indian/Alaskan _____ Hawaiian Islander/Pacific Islander

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Grade Level Registering for: _____ Gender: _____ Male _____ Female

Birth City: _____

Birth State: _____

Birth Country: _____

Entry date in the United States - (Month/Day/Year): _____

Primary Language spoken at home: _____

Secondary Language spoken at home: _____

Registration Information (If applicable)

Previous Country: _____

Previous District: _____

Previous School: _____

Contacts

Female Guardian: _____ Male Guardian: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

City: _____ State:_____ City: _____ State:_____

Zip Code: _____ Zip Code: _____

Home Phone #: _____ Home Phone #: _____

Guardian's Cell #: _____ Guardian's Cell #: _____

Guardian's Work #: _____ Guardian's Work #: _____

Guardian's Email: _____ Guardian's Email: _____

_____ Own Home _____ Rent _____ Own Home _____ Rent

List any siblings attending Robert L. Craig School

Name: _____ Grade Level: _____

Name: _____ Grade Level: _____

Name: _____ Grade Level: _____

Emergency Contact #1

Name: _____
(First) (Last)

Relationship to the Student: _____

Address: _____
(Street, City, State, Zip Code)

Home Phone #: _____ Cell Phone #: _____

Can this child be picked up by this Emergency Contact Person? _____ Yes _____ No

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Emergency Contact #2

Name: _____
(First) (Last)

Relationship to the Student: _____

Address: _____
(Street, City, State, Zip Code)

Home Phone #: _____ Cell Phone #: _____

Can this child be picked up by this Emergency Contact Person? _____ Yes _____ No

Custody Issues / Security Alerts

(i.e., restraining orders, special situations, etc)

If yes, complete this page.

_____ Yes

If no, check no and continue to next page.

_____ No

If Yes, Please explain:

_____

_____

Mother's name: _____

(Please Circle)

Allowed to see mother? Yes No

Allowed to go with mother? Yes No

Allowed to speak with mother? Yes No

Provide additional information: _____

_____

Father's name: _____

(Please Circle)

Allowed to see father? Yes No

Allowed to go with father? Yes No

Allowed to speak with father? Yes No

Provide additional information: _____

_____

Does the non-custody parent request a copy of the child's report card? _____ Yes _____ No

Is your child currently enrolled in a Special Education Program?

_____ Yes

_____ No

Does your child currently participate in a 504 program?

_____ Yes

_____ No

Does your child currently participate in an ESL program?

_____ Yes

_____ No

If yes to any of the above, please explain: _____

_____

_____

_____

For School Use Only

Proof of Residency

PSE&G bill, utility bill, credit card, or loan statement: _____

Copy of rental agreement, listing both owners and renter's names: _____

If homeowner, tax bill or mortgage statement: _____

Document certifying birth date: _____

Is the student eligible for bus transportation? _____ Yes _____ No

First day attending Robert L. Craig School: _____

Health Information

Health Alert _____ Yes _____ No

If yes to any of the above, please explain: _____

_____

_____

Date of child's last medical Examination: _____

Family Physician: _____

Address: _____
(Street, City, State, Zip Code)

Phone #: _____

In case of an emergency, do you give permission to transport your child to the hospital?

_____ Yes _____ No

Is your child covered by health insurance?

_____ Yes _____ No

Robert L. Craig School

Moonachie, NJ

Health History

Name: _____ DOB: _____ Age: _____ Sex: Male Female Grade: _____

Past History (List with date and age)

1. Hospitalizations: _____

_____

2. Illnesses: _____

_____

3. Injuries: _____

_____

4. Medications: _____

_____

5. Allergies: _____

_____

6. Date of Last Health Care Visit: _____ Name of Physician: _____

7. Date of Last Dental Care Visit: _____ Name of Dentist: _____

Prenatal History

1. Maternal Age: _____ Length of Pregnancy: _____ Prenatal Care?: _____ Yes _____ No
2. Habits: Smoked cigarettes _____ Alcohol consumption: _____ Drugs: _____
3. High risk factors (circle all that apply) Infections, bleeding, high blood pressure, anemia, fever, trama, medications, weight gain, chronic disease, hospitalization, other: _____
4. Labor and delivery Length: _____ Type: _____ Birth weight _____
   Problems: _____
5. Neonatal problems (circle all that apply) breathing, infections, RH factor, jaundice, transfusions, bleeding, congenital anomaly, feeding difficulty, other: _____

Developmental (List dates)

1. Sat alone _____ 2. Crawled: _____ 3. Stood: _____ 4. Walked alone: _____

5. Combined words: _____ 6. Toilet trained: _____ 7. Other: _____

Family History

Biological mother's age: _____ Health: _____

Biological father's age: _____ Health: _____

Siblings: Name Sex Age Health

1. _____

2. _____

3. _____

4. _____

Maternal Grandparents:

Grandmother's age: _____ Health: _____

Grandfather's age: _____ Health: _____

Paternal Grandparents:

Grandmother's age: _____ Health: _____

Grandfather's age: _____ Health: _____

Familial diseases: (circle all that apply): Heart disease, stroke hypertension, diabetes, asthma, allergies, anemia, arthritis, sickle cell disease, cancer, epilepsy, cataracts, glaucoma, kidney disease, TB, mental problems, mental problems, mental retardation, learning problems, other: _____

Parent's Signature: _____

Date: _____

Moonachie Public School
Moonachie, NJ

Physical Examination:

Name: _____ Date of Birth: _____

Address: _____ Grade: _____ Exam Date: _____

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

Vision OD: _____ OS: _____ With / Without Correction

Eyelids: _____ Conjunctiva: _____ Pupils: _____

Ears: Hearing right: _____ Left: _____ Canals: _____ Eardrum: _____

Nasal Passage: _____ Teeth: _____ Throat: _____ Tonsils: _____

Neck: _____ Heart: _____ Lungs: _____

Abdomen: _____ Genitalia: _____ Tanner Stage: _____

Operations: _____ Spine: _____

Injuries: _____

Allergies: _____

Full Physical Education Program recommended?: _____ Yes _____ No

Medications currently taking: _____

DPT: _____ _____ _____ _____ _____ Tdap: _____

OPV/IPV: _____ _____ _____ _____

MMR: _____ _____ Meningococcal: _____

HBV: _____ _____ _____ HEP A: _____ _____

HIB: _____ _____ _____ _____

Varivax: _____ _____ Other: _____ _____ _____

Pneumo: _____ _____ _____ _____ _____

Educational relevance of findings, if any: _____

_____

_____ _____

Physician's Signature Physician's Stamp

Home Language Survey

Student Information:

Student Name: _____

Date of Birth: _____
Year/Month/Day

Current Address: _____

Survey Questions:

1. List all languages used in the student's home. _____

   _____

2. Was the first language used by the student a language other than English?

   _____ Yes _____ No

3. Does the student speak or understand a language other than English?

   _____ Yes _____ No

4. When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English **most of the time?**

   _____ Yes _____ No

5. When interacting with others outside of the home (example: friends, caregivers), does the student understand or use a language other than English **most of the time?**

   _____ Yes _____ No

Encuesta de Idioma en el Hogar

Información del Estudiante:

Nombre del Estudiante:
_____

Fecha de Nacimiento: _____
Año / Mes / Día

Dirección Actual: _____

Preguntas de la Encuesta:

Enumere todos los idiomas utilizados en el hogar del estudiante _____

_____

¿El primer idioma utilizado por el estudiante era un idioma diferente al inglés?

_____ Sí _____No

¿El estudiante habla o entiende un idioma que no sea el inglés?

_____ Sí _____ No

Al interactuar con otras personas en casa (ejemplo: padres, tutores, hermanos), ¿entiende o usa el estudiante un idioma que no sea el inglés la **mayor parte del tiempo**?

_____ Sí _____ No

Al interactuar con otras personas fuera del hogar (ejemplo: amigos, cuidadores), ¿entiende o usa el estudiante un idioma que no sea el inglés la **mayor parte del tiempo**?

_____ Sí _____ No