



**Mendham Township Elementary School**  
1 8 West Main Street, Brookside, NJ 07926  
973-543-7107

**REGISTRATION/TRANSPORTATION FORM K-4/2026-2027**

Please include your child's birth certificate for our files  
One per student

STUDENT'S NAME \_\_\_\_\_  
LAST FIRST MI

GRADE ENTERING \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

DOMINANT LANGUAGE SPOKEN IN THE HOME \_\_\_\_\_

FULL NAME OF MOTHER OR GUARDIAN \_\_\_\_\_

FULL NAME OF FATHER OR GUARDIAN \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NEAREST INTERSECTION \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

MOTHER'S CELL/WORK # \_\_\_\_\_

FATHER'S CELL/WORK# \_\_\_\_\_

IF PARENT OR GUARDIAN LIVES IN A SEPARATE DWELLING

Request for separate important document copies/and or mailing YES \_\_\_\_\_ NO \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS AND PHONE: \_\_\_\_\_

PREVIOUS SCHOOL \_\_\_\_\_

PREVIOUS SCHOOL ADDRESS \_\_\_\_\_

PREVIOUS SCHOOL PHONE NUMBER/FAX NUMBER \_\_\_\_\_

I AUTHORIZE THE RELEASE OF ALL RECORDS FROM \_\_\_\_\_

NAME OF SCHOOL

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_

**OFFICE USE ONLY;**

LOCAL ID. # \_\_\_\_\_

NJ SMART ID # \_\_\_\_\_

Copy/Fax to Transportation: \_\_\_\_\_ Date: \_\_\_\_\_



**Mendham Township Elementary School**  
 18 West Main Street, Brookside, NJ 07926  
 973-543-7107

**HOMEOWNER/RENTER  
 CERTIFICATE OF RESIDENCY**

PLEASE ANSWER ALL QUESTIONS

I CERTIFY THAT THE INFORMATION PROVIDED BELOW IS CORRECT.

Parent/Guardian Name \_\_\_\_\_

Last

First

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Student Name(s) and  
 Grade(s) \_\_\_\_\_

1. Do you reside at the above address? \_\_\_\_\_
2. Do you own or rent a home in Mendham Township? \_\_\_\_\_
3. Date moved in \_\_\_\_\_
4. Former Address \_\_\_\_\_

5. Appropriate Documents – Please submit two (2) of the following:
- |                          |          |                   |
|--------------------------|----------|-------------------|
| Mortgage Statement       | Tax Bill | Gas/Electric Bill |
| Certificate of Occupancy | Lease    | Telephone Bill    |
| Homeowner’s Insurance    | Deed     | Contract          |

6. I fully understand that I will be held responsible for the full payment of tuition in the following amounts, if the residency requirements have been found to be falsely reported:
- |              |                                    |
|--------------|------------------------------------|
| Kindergarten | \$21,357.00 (\$2,135.70 per month) |
| Grades 1-4   | \$22,123.00 (\$2,212.30 per month) |
| Grades 5-8   | \$25,473.00 (\$2,547.30 per month) |

Tuition costs are based on 2022-2023 estimated tuition calculation. These rates are subject to adjustment billings and are based on state certified tuition rates which are available 18 months after the end of the school year.

\_\_\_\_\_  
 Parent/Guardian

Sworn and subscribed before me  
 This \_\_\_ day of \_\_\_\_\_ 2025/2026

\_\_\_\_\_  
 NOTARY PUBLIC OF NEW JERSEY

\_\_\_\_\_  
 Signature of staff member reviewing proof of residency

\_\_\_\_\_  
 Date





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**QUESTIONNAIRE FOR KINDERGARTEN PARENTS ONLY**

Dear Parents,

Please take a few minutes to answer the questions below. This will help us to get to know your child better. Please refrain from any teacher requests.

Child' Name \_\_\_\_\_ Child's Birthday \_\_\_\_\_  
\_\_\_\_\_

What do you want your child's materials to be labeled in school? \_\_\_\_\_

1. Please list the names and ages of your child's brothers/sisters.

\_\_\_\_\_  
\_\_\_\_\_

2. Has your child had preschool or play-group experience? (Please give name of school and number of years attended.)

\_\_\_\_\_ (school) \_\_\_\_\_ (years)

3. Does your child have any difficulties with speech? \_\_\_\_\_

4. Does your child have any health problems? \_\_\_\_\_

5. Does your child have any food allergies? \_\_\_\_\_

6. What time does your child go to bed? \_\_\_\_\_

7. Can your child tie their own shoes? \_\_\_\_\_ button clothes? \_\_\_\_\_ dress self? \_\_\_\_\_

Recognize letters? \_\_\_\_\_ know numbers to ten? \_\_\_\_\_

8. How does your child feel about entering kindergarten? \_\_\_\_\_

9. Would you be interested in helping in the classroom? Yes No

10. Please list the names of a few friends attending our kindergarten program \_\_\_\_\_  
\_\_\_\_\_

11. If your child is a twin, triplet, etc., would you like them to be in the same class or in separate classes?  
\_\_\_\_\_

12. Is there any other information you feel is important?  
\_\_\_\_\_

This will be an exciting year! We look forward to getting to know you and your child.





## Mendham Township Elementary School

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### **KINDERGARTEN STUDENTS ONLY 2026-2027 School Year**

Registration is underway for the 2026-2027 school year. Prospective Kindergarten students must turn 5 on or before October 1, 2026.

#### **Medical requirements for Kindergarten students:**

1) **Physical Exam & Child Health History-within prior year of starting the program** (*for Doctor clearance and any medical considerations/exceptions*)

2) **Immunization Documentation** (Minimum immunizations required by the State prior to starting):

**DTap** - any child entering **Pre-K** & **\*Kindergarten** needs a minimum of **\*4** doses:

**\*Kindergarten** - one of the doses needs to be done on or after the 4<sup>th</sup> birthday and by the 5<sup>th</sup> birthday.

**Polio** – minimum 3 doses

**Measles/Mumps/Rubella** – any child > 15 mo. entering Pre-K or Kindergarten needs 2 doses live vaccine

**Varicella** – 1 dose or parent verification of having Varicella disease acceptable

**Haemophilus Influenzae B (HIB)** -3 doses

**Pneumococcal** – 3 doses

**Influenza** – 1 dose annually (between September 1 and December 31) for students <5 yrs.

**Hepatitis B** - 3 doses

3) **Asthma Treatment Plan Student - IF APPLICABLE**

4) **Food Allergy & Anaphylaxis Emergency Care Plan - IF APPLICABLE**

5) **Seizure Action Plan (SAP) - IF APPLICABLE, REQUEST FROM NURSE**

6) **Emergency Card completed with physician/medical group name**  
(Sign consent and check off if your student may or may not have Tylenol or Advil.)

7) **Physician orders for any medications to be taken in school**  
The School Nurse may not give any prescription medication without a doctor's order.

8) **Epi Pen and Inhalers** must be in the original container, labeled with the student's name and the expiration date current

***If you have any questions or to deliver and discuss any of these points, please contact the Health Office.***



Every Student, Every Day

<http://www.mendhamtp.org>



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## CHILD HEALTH HISTORY

(To be filled out by parent)

Student's Name: \_\_\_\_\_

Allergies (Describe reaction)

\_\_\_\_\_

### Prenatal and Birth History

Any problems during pregnancy? \_\_\_\_\_ Full term? \_\_\_\_\_

Length of labor: \_\_\_\_\_ Delivery: Vaginal Delivery \_\_\_\_\_ C-section \_\_\_\_\_ Use of forceps \_\_\_\_\_ Birth weight \_\_\_\_\_

Condition at birth: Normal \_\_\_\_\_ Jaundiced \_\_\_\_\_ Cyanotic \_\_\_\_\_

**Developmental History** (Please record any developmental problems, delays, i.e. speech delays or poor coordination)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical History** (Check all that apply and include dates or age if possible)

Chicken Pox \_\_\_\_\_ Scarlet fever \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Strep Infections \_\_\_\_\_ Tonsillitis \_\_\_\_\_

Lyme Disease \_\_\_\_\_ Frequent colds \_\_\_\_\_ Ear Infections \_\_\_\_\_ Other: \_\_\_\_\_

Surgical Procedures (include dates/age)

\_\_\_\_\_

Significant Injuries (fractures, concussion, etc) \_\_\_\_\_

Does your child have any problems with their: Hearing \_\_\_\_\_ Speech \_\_\_\_\_ Vision \_\_\_\_\_ Wears glasses/contacts \_\_\_\_\_

Does your child see an eye specialist? \_\_\_\_\_ If so, who: \_\_\_\_\_ Last eye exam: \_\_\_\_\_

Date of most recent dental check-up: \_\_\_\_\_ Dentist's Name: \_\_\_\_\_

Is your child up to date with vaccinations? \_\_\_\_\_ If not, please explain: \_\_\_\_\_

**Health Habits** (please check any that causes parental concern)

Elimination \_\_\_\_\_ Bedwetting \_\_\_\_\_ Diet \_\_\_\_\_ Appetite \_\_\_\_\_ Fears \_\_\_\_\_ Peer Relations \_\_\_\_\_ Sleep \_\_\_\_\_ Temper tantrums \_\_\_\_\_

Please Specify:

\_\_\_\_\_

### Medications

Does your child take daily medications? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

\_\_\_\_\_

I give the school nurse permission to share pertinent health information with other essential staff members when necessary to assist in meeting the health and educational needs of my child.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_



Every Student, Every Day

<http://www.mendhamtwp.org>

# 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 ( ) - _____	
<b>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</b>					
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 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 _____					



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**MENDHAM TOWNSHIP SCHOOL DISTRICT EMERGENCY CARD**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade/Homeroom \_\_\_\_\_

Home/Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_

With whom does the student reside? \_\_\_\_\_

Duplicate Document Copies Requested if a Parent/Guardian lives in separate dwelling YES \_\_\_\_\_ NO \_\_\_\_\_

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

Mother's Name		Father's Name	
Cell #		Cell #	
Work #		Work #	
Email Address		Email Address	

May we share the above information with the H.S.A. for publication in their directory? Yes No

Would you like to receive news from the Mendham Township Education Foundation? Yes No

Please list your three primary emergency contacts in the order you wish them to be called:

NAME	RELATION TO STUDENT	PHONE

**HEALTH INFORMATION**

List any health concerns or allergies your child has: \_\_\_\_\_

As a parent/ guardian of the above named student, I hereby authorize the release of pertinent medical information (ie; conditions, allergies, and treatment regimes) to be exchanged among appropriate professional staff involved in the care of my child. This consent is intended to allow the staff to better serve my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If unwilling to document, but have concerns to share with the school nurse, please call.

Is your child covered by Health Insurance? Yes, name of insurance company \_\_\_\_\_ No \_\_\_\_\_

NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online. You may release my name and address to NJ FamilyCare Program to contact me about health insurance.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_





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**Minimal Immunization Requirements for School Attendance in New Jersey**

VACCINE	AGE	DOSES REQUIRED	NOTES
<b>DTaP</b>	Pre-K	4 doses	
	K	4 doses	4 doses with 1 on or after 4th birthday OR any 5 doses
<b>Polio (IPV)</b>	Pre-K	3 doses	
	K	3 doses	3 doses with one dose on or after the 4th birthday OR any 4 doses
<b>MMR</b>	Pre-K	1 dose	
	K	2 doses	
<b>Varicella</b>	Pre-K and older	1 dose	
<b>HIB (Haemophilus Influenzae B)</b>	2-11 Months	2 doses	minimum of 2 age-appropriate doses
	12-59 Months	1 dose	minimum of 1 dose on or after 1st birthday
<b>Hepatitis B</b>	K-12th Grade	3 doses	
<b>Pneumococcal</b>	2-11 Months	2 doses	minimum of 2 age-appropriate doses
	12-59 Months	1 dose	minimum of 1 dose on or after 1st birthday
<b>Influenza</b>	6-59 Months	1 dose annually	given between Sept 1 and Dec 31st of each year

I have read the minimum vaccination requirements for my child to be able to attend school, as required by the New Jersey Department of Health (N.J.A.C. 8:57-4), and will provide my child's most updated vaccination records signed by a physician, or any medical or religious exemptions, to the health office by the start of the school year.

Parent/Guardian Signature \_\_\_\_\_

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

Student's Name: \_\_\_\_\_ Age : \_\_\_\_\_

Grade: \_\_\_\_\_







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**AUTHORIZATION FOR PRESCRIPTION MEDICATIONS TO BE TAKEN DURING SCHOOL HOURS**

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Parent/Guardian Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

---

**This section for completion by Licensed Medical Provider:**

Diagnosis for which medication is prescribed: \_\_\_\_\_  
Name of medication: \_\_\_\_\_ Route: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Frequency: \_\_\_\_\_ Time(s): \_\_\_\_\_ May self-administer: Y\_\_\_\_\_ N\_\_\_\_\_  
If PRN, for signs & symptoms: \_\_\_\_\_  
Significant side effects and/or contraindications: \_\_\_\_\_  
Start date: \_\_\_\_\_ Discontinue date: \_\_\_\_\_

**A pupil is only permitted to self-administer medication for asthma or other potentially life-threatening illnesses. Every pupil that is authorized to use self-administered asthma medication MUST have their MDI accessible during the school day and have an Asthma Treatment Plan prepared by the pupil's LMP which shall identify, at a minimum, asthma triggers, the treatment plan and other such elements as required by the Department of Education (N.J.A.C. 6A:16-2.3(b)). Students with medication orders for anaphylaxis must have an Allergy Action Plan completed by their LMP and epinephrine auto-injectors submitted to Health Office.**

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (STAMP)

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**This section for completion by Parent/Guardian:**

I request that the above medication be administered to my child. I understand and assume the responsibilities as required.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please Note\*\*** This completed form, along with the medication, must be hand delivered to the school nurse by the parent/guardian. The medication must be in the original container appropriately labeled by the pharmacy or medical provider.





# Asthma Treatment Plan – Student Parent Instructions



The PACNJ Asthma Treatment Plan is designed to help everyone understand the steps necessary for the individual student to achieve the goal of controlled asthma.

- 1. Parents/Guardians:** Before taking this form to your Health Care Provider, complete the top left section with:
  - Child's name
  - Child's doctor's name & phone number
  - Parent/Guardian's name & phone number
  - Child's date of birth
  - An Emergency Contact person's name & phone number
- 2. Your Health Care Provider will complete the following areas:**
  - The effective date of this plan
  - The medicine information for the Healthy, Caution and Emergency sections
  - Your Health Care Provider will check the box next to the medication and check how much and how often to take it
  - Your Health Care Provider may check "OTHER" and:
    - ❖ Write in asthma medications not listed on the form
    - ❖ Write in additional medications that will control your asthma
    - ❖ Write in generic medications in place of the name brand on the form
  - Together you and your Health Care Provider will decide what asthma treatment is best for your child to follow
- 3. Parents/Guardians & Health Care Providers together will discuss and then complete the following areas:**
  - Child's peak flow range in the Healthy, Caution and Emergency sections on the left side of the form
  - Child's asthma triggers on the right side of the form
  - Permission to Self-administer Medication section at the bottom of the form: Discuss your child's ability to self-administer the inhaled medications, check the appropriate box, and then both you and your Health Care Provider must sign and date the form
- 4. Parents/Guardians:** After completing the form with your Health Care Provider:
  - Make copies of the Asthma Treatment Plan and give the signed original to your child's school nurse or child care provider
  - Keep a copy easily available at home to help manage your child's asthma
  - Give copies of the Asthma Treatment Plan to everyone who provides care for your child, for example: babysitters, before/after school program staff, coaches, scout leaders

## PARENT AUTHORIZATION

I hereby give permission for my child to receive medication at school as prescribed in the Asthma Treatment Plan. Medication must be provided in its original prescription container properly labeled by a pharmacist or physician. I also give permission for the release and exchange of information between the school nurse and my child's health care provider concerning my child's health and medications. In addition, I understand that this information will be shared with school staff on a need to know basis.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

**FILL OUT THE SECTION BELOW ONLY IF YOUR HEALTH CARE PROVIDER CHECKED PERMISSION FOR YOUR CHILD TO SELF-ADMINISTER ASTHMA MEDICATION ON THE FRONT OF THIS FORM.**

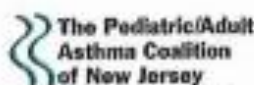
**RECOMMENDATIONS ARE EFFECTIVE FOR ONE (1) SCHOOL YEAR ONLY AND MUST BE RENEWED ANNUALLY**

- I do request that my child be **ALLOWED** to carry the following medication \_\_\_\_\_ for self-administration in school pursuant to N.J.A.C. 6A-16-2.3. I give permission for my child to self-administer medication, as prescribed in this Asthma Treatment Plan for the current school year as I consider him/her to be responsible and capable of transporting, storing and self-administration of the medication. Medication must be kept in its original prescription container. I understand that the school district, agents and its employees shall incur no liability as a result of any condition or injury arising from the self-administration by the student of the medication prescribed on this form. I indemnify and hold harmless the School District, its agents and employees against any claims arising out of self-administration or lack of administration of this medication by the student.
- I **DO NOT** request that my child self-administer his/her asthma medication.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date



Your Pathway to Asthma Control  
Also approved Plan available at  
www.pacnj.org

Disclaimer: The use of this Asthma Treatment Plan is intended for use only for the purpose of providing information to the parent/guardian and the child. It is not intended to be used as a substitute for medical advice or treatment. The use of this Asthma Treatment Plan is intended for use only for the purpose of providing information to the parent/guardian and the child. It is not intended to be used as a substitute for medical advice or treatment. The use of this Asthma Treatment Plan is intended for use only for the purpose of providing information to the parent/guardian and the child. It is not intended to be used as a substitute for medical advice or treatment.

The Pediatric/Adult Asthma Coalition of New Jersey, sponsored by the American Lung Association in New Jersey, this publication was prepared as a part of the New Jersey Department of Health and Senior Services, with funds provided by the U.S. Centers for Disease Control and Prevention under Cooperative Agreement #5U49CE001111. It is intended as a guide to the responsibility of the authors and does not necessarily represent the official views of the New Jersey Department of Health and Senior Services or the U.S. Centers for Disease Control and Prevention, although it is based on information received from the U.S. Department of Health and Senior Services. The use of this Asthma Treatment Plan is intended for use only for the purpose of providing information to the parent/guardian and the child. It is not intended to be used as a substitute for medical advice or treatment.

Sponsored by



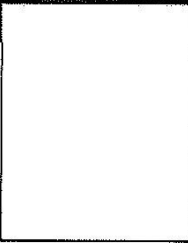
# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  Yes (higher risk for a severe reaction)  No

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**



Extremely reactive to the following allergens: \_\_\_\_\_

THEREFORE:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

## FOR ANY OF THE FOLLOWING: SEVERE SYMPTOMS



### LUNG

Shortness of breath, wheezing, repetitive cough



### HEART

Pale or bluish skin, faintness, weak pulse, dizziness



### THROAT

Tight or hoarse throat, trouble breathing or swallowing



### MOUTH

Significant swelling of the tongue or lips



### SKIN

Many hives over body, widespread redness



### GUT

Repetitive vomiting, severe diarrhea



### OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A COMBINATION** of symptoms from different body areas.



1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having \_\_\_\_\_ is and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

## MILD SYMPTOMS



### NOSE

Itchy or runny nose, sneezing



### MOUTH

Itchy mouth



### SKIN

A few hives, mild itch



### GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

## MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose:  0.1 mg IM  0.15 mg IM  0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_



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**DESIGNATION OF ADMINISTRATION OF EPINEPHRINE**

The certified school nurse may designate, in consultation with the building administrator, another employee of the district to administer a pre-filled single auto-injector mechanism containing epinephrine when the school nurse is not physically present at the scene, including sponsored after-school activities.

The employee(s) will be trained using the "Training Protocols for the Implementation of Emergency Administration of Epinephrine" issued by the New Jersey Department of Education.

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

A list of employee(s) designated to administer epinephrine for your child in the event the school nurse is not physically present at the scene may be obtained from your building school nurse.

I give consent for the district's designated delegate to administer epinephrine in the event the school nurse is not present at the scene. I understand that the District and its employees or agents shall incur no liability as a result of any injury arising from the administration of a pre-filled single dose auto-injector mechanism containing epinephrine and that I indemnify and hold harmless the District and its employees or agents against claims arising from the administration of a pre-filled single dose auto-injector mechanism containing epinephrine.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Year





**Mendham Township Elementary School**  
 18 West Main Street, Brookside, NJ 07926  
 973-543-7107

**NJ SMART DATA**

**STUDENT NAME:** \_\_\_\_\_ **DATE** \_\_\_\_\_

All information should correspond to child's birth certificate or other legal documentation

DATA ELEMENT	EXPLANATION
Last Name	
First Name	
Middle Name	
Generation Suffix – if any	
Gender	
Date of Birth	
City of Birth	
State of Birth	
Country of Birth	
City of Residence	
Ethnicity * Please circle either Yes or No “Yes” = Hispanic or Latino “No” = Not Hispanic or Latino	“Yes”  “No”
Race * Please circle either Yes or No Note: More than one race category may be reported	
American Indian or Alaskan Native	“Yes”  “No”
Asian	“Yes”  “No”
Black	“Yes”  “No”
Pacific	“Yes”  “No”
White	“Yes”  “No”
Health Insurance	“Yes”  “No”
Health Insurance Provider – name	
Date of last medical exam	
Date of last lead test	
Lead level (Range of values: 2 – 100.00)	
Date of first polio immunization	

\*The categories reflect the revised Standards for the Classification of Federal Data on Race and Ethnicity by the US Office of management and Budget – Statistical Policy Directive No. 15 (1997)





**Mendham Township Elementary School**  
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**CONSENT FOR PUBLICITY FORM  
 SCHOOL YEAR 2026-2027**

Dear Parent/Guardian:

Each school year, with the permission of parents and guardians, the school district celebrates the accomplishments of students and staff by publishing the names, photographs, videos and schoolwork of students. This is done using the district and individual school websites and by permitting students to be interviewed and photographed (by both still and video photographers) by representatives of various media, including newspapers, magazines and other written publications, websites, blogs, local and national TV stations, and motion picture productions.

Concerning website postings, the State of New Jersey requires us to provide you with the following information:

*As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child. Pursuant to law, the district will not release any personally identifiable information without prior written consent from you as parent or guardian.*

The purpose of this form is for you to grant or deny the district permission to use your child's name, image (whether in a photograph or video) or school work for the above purposes. If a child is on a team or in a club, it is very likely that his/her photo or name will be in the media since school events are often covered by the press. ***Please fill out the form below and return it to your child's homeroom teacher.***

-----  
 **I WILL PERMIT** my child to be interviewed, to have his/her name, photo and/or school work, in print, on video, on TV, in motion pictures, or on district and/or school websites for publicity purposes.

**I WILL NOT PERMIT** my child to be interviewed, to have his/her name, photo and/or school work, in print, on video, on TV, in motion pictures, or on district and/or school websites for publicity purposes.

Student Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_





**Mendham Township Elementary School**  
*18 West Main Street, Brookside, NJ 07926*  
 973-543-7107

**Mendham Township Elementary School**

**Acceptable Use Policy- 2026-2027 School Year**

Mendham Township Elementary School would like to utilize our computer lab, our networked environment and Internet capabilities as effective learning tools in order to achieve our academic goals in a safe and controlled environment. This policy has been reviewed in your child’s computer class. We are asking all parents to discuss the following rules with their children. Please return this signed agreement to your child’s classroom teacher.

- I will get permission from an adult...
- before I start to use any computer equipment
- before I print anything
- before I view or conduct any google or other internet search
- I will tell an adult immediately if...
- I see someone using a computer incorrectly
- I have a problem with a computer
- I see something on the computer that I think is wrong or makes me feel uncomfortable.

I will only use the computer to print or copy something if I have permission from the person who wrote it. I will never give out my last name, address or phone number to anyone on the Internet. I promise to follow these computer rules. I understand that if I break the computer rules, I will lose computer privileges for a period of time. I have discussed these rules with my parents.

Family name (please print clearly) \_\_\_\_\_

Teacher: \_\_\_\_\_

Student’s Name: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

**Date:** \_\_\_\_\_

**School Year AND grade level** \_\_\_\_\_





**Mendham Township Elementary School**  
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973-543-7107

**CHROMEBOOK ACCEPTABLE USE POLICY**

**MENDHAM TOWNSHIP ELEMENTARY SCHOOL**

All students Grades 2-4 of Mendham Township Elementary School will be issued Google Chromebooks for use in school. This document provides students and their parents/guardians with information about taking care of the equipment, using it to complete assignments, and being a good digital citizen.

Students and their parents/guardians are reminded that use of technology is a privilege and not a right and that everything done on any device, network, or electronic communications device may be monitored by the school authorities. Inappropriate use of the technology can result in limited or banned computer use, disciplinary consequences, removal from school, receiving a failing grade, and/or legal action.

Students and their parents/guardians are responsible for reviewing/signing the Chromebook Acceptable Use Policy and returning it to their classroom teacher prior to use.

**OWNERSHIP of the CHROMEBOOK:**

Mendham Township Elementary School retains sole right of possession of the Chromebook. MTES administration and faculty retain the right to collect and/or inspect Chromebooks at any time.

**TRAINING:**

Students will be trained on how to use the Chromebook by their technology teacher and classroom teacher.

**RESPONSIBILITY for the CHROMEBOOK:**

1. Students are solely responsible for the Chromebooks issued to them.
2. Must comply with the Chromebook Acceptable Use Policy and all policies of the school when using their Chromebook.
3. Must treat their device with care and never leave it unattended.
4. Must promptly report any problems with their Chromebook to the teacher leading the lesson.
5. May not remove or interfere with the serial number or other identification.
6. May not attempt to remove or change the physical structure of the Chromebook, including the keys, screen cover or casing.
7. May not attempt to install or run any operating system on the Chromebook other than the ChromeOS operating system supported by the school.
8. Must keep their device clean and must not touch the screen with anything (e.g., your finger, pen, pencil, etc.) other than approved computer screen cleaners.
9. No food or drink is allowed next to your Chromebook while the screen is open.
10. Chromebooks should be shut down when not in use to conserve battery life.
11. Chromebooks should never be shoved into a locker or wedged into a book bag or desk as this may break the screen.
12. Do not expose your Chromebook to extreme temperatures or direct sunlight for extended periods of time.

Student's Initials \_\_\_\_\_

Parent/Guardian Initials \_\_\_\_\_





# Mendham Township Elementary School

18 West Main Street, Brookside, NJ 07926

973-543-7107

## **RESPONSIBILITY for ELECTRONIC DATA:**

Users of school technology have no rights, ownership, or expectations of privacy to any data this is, or was, stored on the Chromebook, school network, or any school-issued applications and are given no guarantees that data will be retained or destroyed.

## **COPYRIGHT and FILE SHARING:**

Students are required to follow all copyright laws around all media including text, images, programs, music, and video. Downloading, sharing, and posting online illegally obtained media is against the Acceptable Use Policy.

## **MANAGING YOUR FILES and SAVING YOUR WORK:**

Students may save documents to their Google Drive which will make the files accessible from any computer with Internet access. Students using Google Drive to work on their documents will not need to save their work, as Drive will save each keystroke as the work is being completed. Students will be trained on proper file management procedures.

## **SPARE EQUIPMENT and LENDING:**

If a student's Chromebook is inoperable, the school has a limited number of spare devices for use while the student's Chromebook is repaired or replaced. This agreement remains in effect for loaner Chromebooks. Loss of privileges and/or disciplinary action may result for failure to turn in the Chromebook.

## **ORIGINALLY INSTALLED SOFTWARE:**

Chromebook software is delivered via the Chrome Web Store. These are web-based applications that do not require installation space on a hard drive. Some applications, such as Google Drive, are available for offline use. The software originally installed on the Chromebook must remain on the Chromebook in usable condition and easily accessible at all times. From time to time, the school may add software applications for use in a particular area of study. This process will be automatic with virtually no impact on students. Applications that are no longer needed will automatically be removed by the school. Students are not permitted to add apps or extensions to their Chromebooks and are blocked from this type of function. A list of applications currently being used on the chrome books are available on the 4th Grade Teachers' Home Webpage.

## **INSPECTION:**

Students may be selected at random to provide their Chromebook for inspection. The purpose for inspection will be to check for proper care, maintenance and inappropriate use.

## **DIGITAL CITIZENSHIP:**

Students must follow the six conditions of begin a good digital citizen:

1. **RESPECT YOURSELF** I will show respect for myself through my actions. I will select online names that are appropriate. I will consider the personal information and images that I post online. I will NOT be inappropriate. I will not visit sites that are inappropriate.
2. **PROTECT YOURSELF** I will ensure that the information, images, and materials I post online will not put me at risk. I will not publish my personal details, contact details, or schedule of my activities. I will report any inappropriate behavior directed at me. I will protect passwords, accounts, and resources.
3. **RESPECT OTHERS** I will show respect to others. I will not use electronic mediums to antagonize, bully, harass, or bother other people. I will show respect for other people in my choice of websites.
4. **PROTECT OTHERS** I will protect others by reporting abuse, not forwarding inappropriate materials or communications; I will moderate unacceptable materials and conversations.



*Every Student, Every Day*

<http://www.mendhamtp.org>



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5. **RESPECT INTELLECTUAL PROPERTY** I will request permission to use resources. I will cite any and all use of websites, books, media, etc. I will acknowledge all primary sources. I will validate information.
6. **PROTECT INTELLECTUAL PROPERTY** I will request to use the software and media others produce. I will use free and open source alternatives rather than pirating software. I will act with integrity.

**CONSEQUENCES FOR VIOLATIONS OF THE STUDENT CHROMEBOOK ACCEPTABLE USE POLICY**

1. Violations of these policies may result in one of the following but not limited to these disciplinary actions:
  - Restitution (money paid in compensation for theft, loss, or damage)
  - Student/Parent Conference with school administrator/principal or other school official
  - Removal of unauthorized files and folders
  - Restriction of Internet and Chromebook privileges\*
  - Detention, suspension, alternative school placement or expulsion
  - Police referral
2. If a violation of the Student Chromebook Acceptable Use Policy violates other rules of the MTES Student Code of Conduct, consequences appropriate for violation of those rules may also be imposed.

\*If a student's Internet privileges are restricted, this means that for the period of the restriction, the student may only access the Google Drive offline and will not be permitted to access the Internet without strict teacher supervision.

**Student's Initials:** \_\_\_\_\_

**Parent/Guardian Initials:** \_\_\_\_\_





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**CHROMEBOOK ACCEPTABLE USE POLICY SIGNATURE FORM**

By signing below, the student and their parent/guardian understand, accept, and agree to follow:

1. Chromebook Acceptable Use Policy
2. Website and Social Media Guidelines (Below)
3. The Chromebook and software is owned by Mendham Township Elementary School

**WEBSITE and SOCIAL MEDIA GUIDELINES:**

**THINK** before you act because your virtual actions are real and **permanent!**

GUIDELINES	Student Initials	Parent Initials
Be aware of what you post online. Website and social media venues are very public. What you contribute leaves a digital footprint for all to see. Do not post anything you wouldn't want friends, parents, teachers, future colleges, or employers to see.		
Follow the school's code of conduct when writing online. It is acceptable to disagree with other's opinions; however, do it in a respectful way. Make sure that criticism is constructive and not hurtful. What is inappropriate in the classroom is inappropriate online.		
Be safe online. Never give out personal information, including, but not limited to, last names, phone numbers, addresses, exact birthdates, and pictures. <u>Do not</u> share your password with anyone besides your teachers and parents.		
Do your own work! Do not use other people's intellectual property without their permission. Be aware that it is a violation of copyright law to copy and paste other's thoughts. It is good practice to hyperlink to your sources.		
Be aware that pictures may also be protected under copyright laws. Verify that you have permission to use the image or that it is under Creative Commons attribution.		
How you represent yourself online is an extension of yourself. Do not misrepresent yourself by using someone else's identify.		
Online work should be well written. Follow writing conventions including proper grammar, capitalization, and punctuation.		
If you run across inappropriate material that makes you feel uncomfortable or is not respectful, tell your teacher right away.		

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT PARENT/GUARDIAN NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_





**Mendham Township Elementary School**  
18 West Main Street, Brookside, NJ 07926  
973-543-7107

We utilize the Pick Up Patrol Program for all student after school pick-ups and after school programs



The better safer way to get kids home from school. No Notes. No Phone calls. No Problem.


**PickUp Patrol is Coming to Your School!**  
Tired of writing notes and calling the school when plans change? Now you can send in dismissal requests by computer or smart phone.

**How It Works**  
Choose a DATE, your CHILD and Plan Option. HIT SUBMIT. That's it!

**PLAN CHANGE** - A change from your child's regular everyday plans. Ex - Sam is getting picked up today instead of taking the bus.

**REPEATING PLAN CHANGE** - Sam is staying after for band every Friday for the next 3 weeks.

**Helpful Tips**

- Make plan changes at your convenience and submit them days, weeks or months in advance.
- To log in, look for a PickUp Patrol link on the school website or go to <http://apps.pickuppatrol.net>. Bookmark the site for easy access.
- **IMPORTANT** - for plans to process correctly select each calendar date that the change occurs (don't just click 1 date and add the rest in the notes section).
- If a plan repeats over and over, use the repeat tool to speed things up. How to: Make a plan change, but before submitting it, click this button: then select each date that the  change affects and submit.

**\*\*PLEASE CHECK OUT THE PICK UP PATROL WEB-SITE FOR FURTHER INFORMATION:**

<https://www.pickuppatrol.net/Default>

**PICK UP/DROP OFF PROCEDURE**

As we begin a new school year, I would like to notify those of you who are new to the district and remind our 'veteran' parents of the arriving and departing procedure in order to ensure the safety of our children. To make this process safe, orderly and efficient, I respectfully request that you carefully follow the established procedure detailed below. It is imperative that the traffic flow in each instance of morning arrival and afternoon departure is precisely adhered to.

All morning arrivals and afternoon departures by car will take place at the rear of the building. You should be aware **that supervision is unavailable prior to 8:45 a.m.** Therefore, it is essential that you drop off your child at or after this time. Once on the property, please proceed along the drive and bear to the right, both as you approach the circle and upon reaching the side parking lot. The line will proceed around the perimeter of the side lot, along the soccer field, and approach the entrance to the new gym.

In order to ensure that the car line moves along smoothly we kindly request, upon arriving and departing, that you remain in your vehicle throughout the process. The staff member on duty will assist your child with entering your vehicle. To support us with expediting this procedure we would greatly appreciate you placing a placard clearly identifying your last name on the passenger side window when picking up so that your child (ren) can be called quickly from the gymnasium.

With your assistance, I'm sure we will make this procedure as safe and efficient as possible. I thank you in advance for your anticipated cooperation and look forward to working with you as the year progresses.





## **Mendham Township Elementary School**

*18 West Main Street, Brookside, NJ 07926*

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### *Attendance Procedures & Potentially Missing Children (5113)*

**The Mendham Township Elementary School remains committed to ensuring the safety of each and every one of our students. The following outline represents the procedures that parents, students, teachers, and office staff should utilize in order to expediently detect and report “potentially missing children”:**

1. Parents: If for any reason a student is going to be absent from school, it is critical to contact the Elementary School office at any time of day or night before 9:15 AM on the day of the absence.
2. Office / School Staff: Flag Salute/daily announcements commence at 9:00 AM.
3. Teachers: Prior to daily announcements, homeroom teachers utilize a “structured roll call procedure” to take attendance. Enter an ‘X’ (absent) next to every absentee student. Once a student’s status is officially entered onto the attendance sheet during roll call, it should not be changed – the office staff will rectify discrepancies via the student tardy sign-in sheet.
4. Teachers: Tardy students must have a pass signed by the office staff. If the student does not have a pass the office should be contacted to confirm the late arrival.
5. Teachers / Office Staff: OnCourse Attendance needs to be taken ASAP but no later than 9:15 AM.
6. Office Staff: Account for all absences. If a student is absent and the parent or guardian has not notified the office, all emergency contact numbers must be utilized to locate the student. If the student cannot be located by 9:30 AM, contact the Mendham Township Police Department and request a “locator check” (no later than 10 AM).
7. Teachers / Office Staff: Office will provide Daily Attendance Report to all instructional staff no later than 9:45 AM.
8. Teachers: Take attendance at beginning of every period – notify office of discrepancies.
9. Office Staff: Immediately upon securing update from MTPD, inform Superintendent via email copied to principal. Detail event in Administrators Plus and include “welfare check report” in Superintendent’s monthly report.



*Every Student, Every Day*

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