

Lindenwold Public School District

Kindergarten to Grade 5

Registration Packet

Lindenwold Public School District
CENTRAL REGISTRATION STEPS

1. Please contact Jacqueline Huertas for K-12 registration appointment @ (856) 784-4071 ext. 3126 or jhuertas@lindenwold.k12.nj.us
Prior to your appointment please complete the Pre-Registration Application located on the Lindenwold Public School District website @:

www.lindenwold.k12.nj.us

On the right side on the home page please click on the
[Central Registration Link](#)

K-12th grade registration appointments will be held at:

Lindenwold Administration Bldg.

801 Egg Harbor Road
Lindenwold, NJ 08021
(856) 784-4071 ext. 3126

Hours for Registration:

Monday-Friday (Appointment ONLY)

9:30 - 11:30am & 1:00 - 3:00pm

Required documents for Registration:

- Registration Packet (***must be completed prior to your registration appointment**)
- Child(ren) Original Birth Certificate
- ID of Parent/Legal guardian OR Court Order Foster Placement Document
- Transfer Card & Grades (Transcripts—for High School students)
- Copy of IEP (Special Education)—if applicable
- Immunization Record
- Physical Exam
- Dental Form (**Kindergarten ONLY**)
- **3 current proofs of residency (1 Primary and 2 secondary) with parent/guardian's name**
 - **PRIMARY:** Valid Rental/Lease Agreement or Mortgage/Tax Bill/Settlement Papers
 - **SECONDARY:** 2 Utility Bills within the last 30 days (electric, gas, water, cable, internet or ID w/ current address, etc.)

PRELIMINARY INFORMATION: PLEASE READ BEFORE PROCEEDING

The questions asked in the following pages will enable us to determine your student's eligibility to attend school in this district in accordance with New Jersey law. Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:22 require that a free public education be provided to students between the ages of 5 and 20, and to certain students under 5 and over 20 as specified in other applicable law, who are:

- Domiciled in the district, i.e., the child of a parent or guardian, or an adult student, whose permanent home is located within the district. A home is permanent when the parent, guardian or adult student intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes or residences elsewhere
- Living with a person, other than the parent or guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship
- Living with a person domiciled in the district, other than the parent or guardian, where the parent/guardian is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered into active military service in the U.S. armed forces in time of war or national emergency
- Living with a parent or guardian who is temporarily residing in the district
- The child of a parent or guardian who moves to another district as the result of being homeless
- Placed in the home of a district resident by court order pursuant to N.J.S.A. 18A:38-2
- The child of a parent or guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency, resulting in relocation of the student, pursuant to N.J.S.A. 18A:38-3(b)
- Residing on federal property within the State pursuant to N.J.S.A. 18A:38-7.7 et seq.

Note that "guardian" means a person to whom a court of competent jurisdiction has awarded guardianship or custody of a child, provided that a residential custody order shall entitle a child to attend school in the residential custodian's school district subject to a rebuttable presumption that the child is actually living with such custodian; it also means the Department of Children and Families for purposes of N.J.S.A. 18A:38-1(e). Also note that a student is entitled to attend school in the district of domicile notwithstanding that the student is qualified to attend school in a different district as an "affidavit" student or temporary resident.

*Note that the following do **not** affect a student's eligibility to enroll in school:*

- Physical condition of housing or compliance with local housing ordinances or terms of lease
- Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition basis in a United States public secondary school
- Absence of a certified copy of birth certificate or other proof of a student's identity, although these must be provided within 30 days of initial enrollment pursuant to N.J.S.A. 18A: 36-25.1
- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, N.J.A.C. 8:57-4.1 et seq.
- Absence of a student's prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district

The following forms of documentation may demonstrate a student's eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency
- Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location
- Court orders, State agency agreements and other evidence of court or agency placements or directives
- Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student
- Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, guardian, person keeping an "affidavit student," adult student, person(s) with whom a family is living, or others as appropriate
- Documents pertaining to military status and assignment
- Any business record or document issued by a governmental entity
- Any other form of documentation relevant to demonstrating entitlement to attend school

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

You will *not* be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may *voluntarily* disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but *we may not, directly or indirectly, require or request:*

- Income tax returns
- Documentation/information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa
- Documentation/information relating to compliance with local housing ordinances or conditions of tenancy
- Social security numbers

Please be aware that any initial determination of the student's eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is later found ineligible. If your student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.

LINDENWOLD PUBLIC SCHOOL DISTRICT
STUDENT REGISTRATION FORM
Please Print All Information

Date of Application: _____ Enrollment year: _____ Anticipated Grade: _____

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: ____/____/____

Ethnicity: ☐ Black ☐ Asian ☐ White ☐ Pacific ☐ Hispanic
☐ Native Am. Indian/Alaska ☐ Hawaiian/Pac Island

Gender: ☐ Male ☐ Female

Was your child ever enrolled in Lindenwold School District before? ☐ Yes ☐ No

Birth City & State: _____

US Born Students Only

*Birth Country: _____ Date entered into the U.S. _____

*Foreign Born Students Only

Foreign Born Students Only

What Grade & Date did your child start school in a U.S. School System? Gr. _____ Date _____

Student's Current Addr.: _____ City: _____ State/Zip: _____

Student's Previous Addr.: _____ City: _____ State/Zip: _____

Student Lives with: ☐ Mother & Father ☐ Mother only ☐ Father only ☐ Guardian
☐ Mother & Stepfather ☐ Father & Stepmother ☐ Relative w/custody

→Mother's Name: _____ Main Phone: _____

Address: _____ City: _____ State/Zip: _____

Work #: _____ Email: _____

☐ Student resides here? ☐ Mail goes here? ☐ Medical contact? ☐ Allowed to pick up student?

→Father's Name: _____ Main Phone: _____

Address: _____ City: _____ State/Zip: _____

Work #: _____ Email: _____

☐ Student resides here? ☐ Mail goes here? ☐ Medical contact? ☐ Allowed to pick up student?

→Legal Guardian: _____ Relationship to student: _____

** (If other than Mother or Father) **

Address: _____ City: _____ State/Zip: _____

Main Phone: _____ Work #: _____ Email: _____

☐ Student resides here? ☐ Mail goes here? ☐ Medical contact? ☐ Allowed to pick up student?

☐ Not active military connected ☐ Active military connected

**Does your child receive SPECIAL EDUCATION SERVICES / IEP? ☐ Yes ☐ No

Are there any Alerts / Special Situations that we need to be aware of? ☐ Yes ☐ No

If yes, please explain: _____

LINDENWOLD PUBLIC SCHOOL DISTRICT
Student Enrollment Residency Questionnaire/Verification

Student's Name: _____

In accordance with New Jersey State law (NJS 18A:38-1 and 18A:7B-12), it is necessary to determine the residence of students entering the school district.

Please indicate which situation best describes the student's CURRENT residence:

_____ 1. Student lives with parent/guardian in their own home or apartment (rent or own).
(For #1; also please complete next page Residency Information: PERMANENT)

_____ 2. Student was placed in a _____ Foster Home or _____ Treatment/Group Home by
DCP&P or a similar agency.

Caseworker: _____ Phone Number: _____
(For #2; also please complete next page Residency Information: PERMANENT)

_____ 3. Student lives with parent/guardian/self in a family member's or friend's home due to
economic hardship or family crisis situation.
**(For #3; also please complete Residency Information: McKinney Vento Homeless Assistance Act
& Residency Affidavit*)**

_____ 4. Student lives with parent/guardian/self in a family member's or friend's home by choice.
(For #4; also please complete the Residency Affidavit*)

_____ 5. Student is an unaccompanied child or youth who meets the definition of the McKinney Vento
Act and is not in the physical custody of a parent or guardian.
**(For #5; also please complete Residency Information: McKinney Vento Homeless Assistance Act
& Residency Affidavit*)**

Parent/Guardian Signature: _____ Date: _____

- Note: Immigration/visa status shall not affect eligibility to attend school. Any student who is domiciled in the school district or otherwise eligible to attend school there pursuant to N.J.A.C. 6A:22-3.2 shall be enrolled without regard to, or inquiry concerning, immigration status.

LINDENWOLD PUBLIC SCHOOL DISTRICT

Residency Information: PERMANENT

Student Name: _____ Date: _____

I, _____ swear under oath that the following is true:

1. On _____, I moved into the Borough of Lindenwold, in the State of New Jersey.
2. My address is: _____
and I will be residing here on a **permanent** basis with the above-mentioned student.
3. I am the _____ mother _____ father _____ legal guardian of the Student listed above and he/she lives with me at the address listed in Statement 2.
4. I am not the mother; father; and /or legal guardian but this student is living with me because

5. In order to document the validity of this living arrangement. I am providing the Lindenwold Board of Education with a copy of my current property tax bill, mortgage papers, or rental/lease agreement or affidavit from landlord AND **two proofs** of residency from the list below:

____ Valid driver's license or voter's registration card with correct name and address
____ Current utility bill with correct name and address
____ State agency agreements and other evidence of court or agency placements
____ Other: _____

Other forms of documentation accepted – please see the Preliminary Information sheet or contact Ms. Betsy Martinez, Central Registrar, at (856) 784-4071 extension 3126 to inquire.

If the student's parents are domiciled in different districts, regardless of which parent has custody, please answer the following questions:

6. Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy of this document.) _____

7. Does the student reside with one parent for the entire year? If so, with which parent and at what address? _____

If not, for what portion of time does the student reside with each parent and at what addresses?

PARENT/GUARDIAN _____
Print Your Name Signature

Witnessed on this _____ day of _____, 20_____

Print Name (Witness) Signature of Witness

LINDENWOLD PUBLIC SCHOOL DISTRICT
Residency Information: McKINNEY VENTO HOMELESS ASSISTANCE ACT

Student Name: _____ **Date:** _____

I, _____, swear under oath that the following is true:

1. On _____, I moved into the Borough of Lindenwold due to a loss of housing, economic hardship or similar reason, I am currently unable to provide a permanent residence of my own and I am temporarily staying in the home of _____
whose address is: _____
2. I am the _____ mother _____ father _____ legal guardian of the Student listed above and he/she lives with me at the address listed in Statement #1.
3. My previous address was: _____

and I moved from this address because _____
4. The Student listed above _____ was _____ was not enrolled in school prior to moving to Lindenwold.
Name of previous school: _____
Address of previous school: _____

PARENT: _____
Print Your Name Signature

****You will be asked to submit a separate Residency Affidavit to be completed by the parent/legal guardian and owner of the Lindenwold property.**

Witnessed on this _____ day of _____, 20_____

Print Name (Witness) Signature of Witness

LINDENWOLD PUBLIC SCHOOL DISTRICT (Distrito Escolar Público de Lindenwold)

RESIDENCY AFFIDAVIT (Declaración Jurada de Residencia)

I, _____, am currently residing at the following
Lindenwold Resident (Yo, residente de Lindenwold) (,estoy residiendo en la siguiente

address: _____
dirección:)

The following people currently reside with me (las siguientes personas actualmente residen conmigo):

Parent/Legal Guardian (padre/madre/tutor legal)

Parent/Legal Guardian (padre/madre/tutor legal)

Student Name (nombre de estudiante)

Student Name (nombre de estudiante)

Student Name (nombre de estudiante)

Student Name (nombre de estudiante)

****In order to meet the guidelines for registration in this district, I have attached copies of documents verifying my address which is listed above. (A fin de cumplir con los requisitos para la inscripción en este distrito, he adjuntado copias de documentos que verifican mi dirección, la cual aparece arriba.)**

Lindenwold Resident's Signature
(Firma de residente de Lindenwold)

Date
(Fecha)

Parent(s)/Legal Guardian's Signature
(Firma de padre/madre/tutor legal)

Date
(Fecha)

The above individuals appeared before me on this the _____ day of _____, 20_____
(Los individuos arriba mencionados comparecieron ante mí el) (día de)

Notary Public (Notario Público)

****Please return this form along with Lindenwold Resident's current Rental/Lease Agreement, tax bill or mortgage statement **AND** 2 additional proofs of residency such as recent utility bill, bank statement, county ID, cell phone bill, etc. (Favor devolver este formato junto con el contrato de alquiler/arrendamiento actual, factura de impuestos o estado de cuenta hipotecario del residente de Lindenwold **Y** 2 pruebas adicionales de residencia reciente como recibo de servicios, estado de cuenta bancario, identificación del condado, cuenta de teléfono celular, etc.)**

Lindenwold Public School District

Special Education Medicaid Initiative (SEMI) Parental Consent Form

Our 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 Individual 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 insurance to pay for special education or related services under Part 300 (services under the IDEA).

Child's Name: _____

Child's Date of Birth: ____/____/____

Parent/

Legal Guardian's Signature: _____ Date: ____/____/____

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.

Please return to:

Lindenwold Special Services Department
Diane Palogruto, Medicaid Semi Coordinator
801 Egg Harbor Road
Lindenwold, NJ 08021
856-627-8686

Lindenwold Public Schools

Home Language Survey Form

Introduction

This survey is the first of three steps to identify whether or not a student is eligible to be an English language learner (ELL).

Instructions

Start with "Question 1" and continue until the HLS is complete. Select the answer for each question and follow the instructions. When you arrive at a decision ("Proceed to Records Review Process" or "Do not proceed to Records Review Process"), the Home-Language Survey is complete.

Student Information

Student name: _____ Date of birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone number: _____

Survey Questions

Question 1

What was the first language used by the student?

-A language other than English: Proceed to question 2a.

-English: Proceed to question 2b.

Question 2a

At home, does the student hear or use a language other than English more than half of the time?

-Yes. Proceed to question 7

-No. Proceed to question 4

Question 2b

At home, does the student hear or use a language other than English more than half of the time?

-Yes. Proceed to question 4

-No. Proceed to question 3

Question 3

Does the student understand a language other than English?

-Yes. Proceed to question 4

-No. Proceed to # 9

Question 4

When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?

-Yes. Proceed to question 7

-No. Proceed to question 5

CONTINUE TO PAGE 2



Home Language Survey Form (page2-cont.)

Question 5

When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?

- Yes. Proceed to # 8
- No. Proceed to question 6

Question 6

Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?

- Yes. Proceed to # 8
- No. Proceed to # 9

Questions 7

What are the home languages spoken? List below and proceed to # 8.

1. _____
2. _____
3. _____

8. Proceed to Step 2: Records Review Process (To be completed by NJ Certified Staff only – Reference ESSA ELL Entry and Exit Guidance, p. 4).

****Home Language Survey is complete.****

9. Do not proceed to Step 2: Records Review Process.

****Home Language Survey is complete. Student is not an English-Language Learner (ELL)****

MEDIA/INTERNET OPT OUT FORM

****FILL THIS FORM OUT ONLY IF YOU DO NOT WISH
YOUR CHILD TO PARTICIPATE****

"Lindenwold Public Schools is proud of the many accomplishments of our students. Whether they are involved in academics or social activities, our students make us proud. We often film and take pictures at these events. These photos and videos are used for the district Channel 192, our district website and other publications. If you do not wish to have your child's likeness included in these publications, you must contact us in writing by completing the media release policy form located in the forms to return packet.

Our school also offers a wide variety of academic opportunities which include the use of the internet. Many of our classes plan activities utilizing the internet. Teachers vigilantly watch the students as they use the internet and a firewall is set up to block inappropriate sites. If you do not wish to have your child take advantage of this opportunity, you must fill out the internet use policy form located in the forms to return packet. "

☐

I **DO NOT** WISH TO HAVE MY CHILD'S PHOTOGRAPH OR LIKENESS APPEAR ON THE LINDENWOLD SCHOOL WEBSITE (WWW.LINDENWOLD.K12.NJ.US) OR IN MEDIA.

STUDENT NAME: _____ GR/TEACHER _____

PARENT NAME: _____

PARENT SIGNATURE: _____

DATE: _____ (Permission is revoked for a period of ONE year)

**LINDENWOLD PUBLIC SCHOOL DISTRICT
PERMISSION TO RELEASE ALL STUDENT RECORDS**

Lindenwold School 4

900 E. Gibbsboro Road
Lindenwold, NJ 08021
PHONE: 856-783-0405
FAX: 856-782-2299

☐

Lindenwold School 5

550 Chews Landing Road
Lindenwold, NJ 08021
PHONE: 856-784-4063
FAX: 856-782-2293

Lindenwold Middle School

40 White Horse Avenue
Lindenwold, NJ 08021
PHONE: 856-346-3330
FAX: 856-346-1601

☐

Lindenwold High School

801 Egg Harbor Road
Lindenwold, NJ 08021
PHONE: 856-741-0320
FAX: 856-566-6532

Lindenwold ECC

809 Egg Harbor Road
Lindenwold, NJ 08021
PHONE: 856-783-1499
FAX: 856-783-1665

☐

Lindenwold Dept. of Sp. Services

801 Egg Harbor Road
Lindenwold, NJ 08021
PHONE: 856-784-4071
FAX: 856-782-2292

RELEASE OF RECORDS

Last School Attended: _____

Address: _____

City, State, Zip: _____

School's Phone Number: _____ School's Fax: _____

The following student has registered in the Lindenwold School District on _____

NAME: _____ GRADE _____ DOB: _____

* * * * *

I give permission for you to release all records for the student indicated above (note: permission not required under NJAC).

I understand under the Federal No Child Left Behind requirements, I must now also authorize the release of my child's discipline records to be included with the release of my child's permanent records, and my signature below indicates my authorization and permission to release the records to the above-mentioned school as soon as possible.

Parent/Guardian Signature

Date

According to New Jersey Administrative Code 6:3-2.1 to 2.8, "Mandated pupil records shall be forwarded to the receiving district..." Please send the cumulative folder, the health records, grade-to-date, and any other mandated records on the pupil listed above as soon as possible.

MEDICAL INFORMATION PACKET

Welcome to Lindenwold School District. In order to safely admit your child to school, we require the following information to be submitted at the time of registration. In addition, if your child has a chronic health condition, such as asthma, diabetes, seizures, etc, please notify your school nurse immediately, as additional information will be required.

Kimberly Ryan, RN, BSN
School Nurse
Lindenwold ECC
(856)783-1499, ext. 6003

Brigid Gallagher, RN, BSN, CSN
School Nurse
Lindenwold ECC
(856)783-1499, ext. 6003

Marietta Canavan, RN, BSN,
CSN School Nurse
Lindenwold School #4
(856)783-0405, ext. 4008

Kayla Cain, RN, BSN, CSN
School Nurse
Lindenwold School #5
(856)784-4063, ext. 5005

Stephanie Reilly, RN, BSN, CSN
School Nurse
Lindenwold Middle School
(856)346-3330, ext. 2322

Sarah Mervine, RN, BSN, CSN
School Nurse
Lindenwold High School
(856)741-0320, ext. 1507

INTERNAL USE ONLY

Student Name - _____

Student Realtime ID# (if returning) _____

Documents Required at Registration:

- () Confidential Health History
- () Immunization record
- () Physical Evaluation Form
- () Proof of PPD (Only out of Country)

ALL STUDENTS MUST COMPLETE A MEDICAL EMERGENCY CARD ANNUALLY



LINDENWOLD PUBLIC SCHOOLS

Confidential Student Health History

Student's Name: _____ Grade: _____ D.O.B.: _____

Parent/Guardian #1 (to be contacted in the event of an illness or emergency):

Name: _____ Relationship: _____

Preferred phone: _____

Parent/Guardian #2:

Name: _____ Relationship: _____

Preferred phone: _____

1. **Allergies:** ☐ No known allergies.

Student is allergic to: ☐ Food ☐ Medicine ☐ Insect stings ☐ Seasonal Allergies ☐ Other
(Please describe below what the student is allergic to, and the reaction seen.)

2. **Asthma:** ☐ Yes* ☐ No

*if yes, does student have medication? _____

3. **Diabetes:** ☐ Yes* ☐ No

4. **Does student take any medications daily or regularly?** ☐ Yes* ☐ No

*if yes, please list medication(s): _____

5. **Does student wear glasses?** ☐ Yes* ☐ No

*if yes, for what reason (distance, reading, etc) : _____

*if yes, when they are worn (always, for reading, as needed, etc): _____

6. **Date of last medical physical/wellness exam** _____

- Are your child's immunizations up to date ☐ Yes* ☐ No
- If no, please explain



LINDENWOLD PUBLIC SCHOOLS

Confidential Student Health History

7. Has student had any:

	Yes	No	Please explain any "yes" answers
Chronic/serious health conditions			
Recent injuries			
Convulsions, epilepsy or seizures			
Surgeries/Hospitalizations			

8. Does student have any history of the following?

	Yes*	No		Yes*	No
ADHD			Kidney or urinary problems		
Bleeding disorder			Menstrual concerns		
Bowel problems (constipation, frequent diarrhea, etc.)			Mental/emotional health concerns		
Cardiac (heart) condition			Muscular problems or diseases		
Chest pain during exercise			Neurological problems or diseases		
Ear conditions or recurrent ear infection			Orthopedic problems or diseases, joint issues		
Skin conditions such as eczema, psoriasis, molluscum, etc.			Speech problems		
Fainting or unexplained dizziness			Hearing problems		
Genital condition			Any condition currently under the care of a doctor		
Headaches/migraines			Any condition for which a doctor has advised student not to participate fully in gym.		

* Please explain any "yes" answers: _____



LINDENWOLD PUBLIC SCHOOLS Confidential Student Health History

9. Developmental History – Were there any problems during:

	Yes*	No	*Please explain if “yes.”
Pregnancy			
Labor & delivery			
Infancy (1st year of child's life)			
Childhood			

Do you authorize your child's medical information to be shared with appropriate school staff? ☐ Yes* ☐ No

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

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 ☐ Male ☐ Female	Date of Birth / /
Does Child Have Health Insurance? ☐ Yes ☐ 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. ☐ Yes ☐ No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? ☐ Yes ☐ 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

- ☐ Immunization Record Attached
☐ Date Next Immunization Due: _____

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☐ None ☐ Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☐ None ☐ 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: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ 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	

LINDENWOLD PUBLIC SCHOOLS

KINDERGARTEN DENTAL EXAMINATION



A dental exam is required for each child entering kindergarten. All students can achieve and benefit from a healthy mouth. Regular dental examinations, good oral hygiene habits, healthy diets, and modern advances in dental disease prevention and control can benefit everyone. Please return this completed form to the school.

Child's Name _____ D.O.B _____

REPORT OF DENTAL EXAMINATION:

- ☐ No dental treatment is necessary at this time
- ☐ All necessary dental treatment has been completed
- ☐ Treatment is in progress
- ☐ A regular preventative care program is recommended

Further recommendations:

Signature of Dentist

Date

Office Stamp