

Kindergarten

PRE-REGISTRATION CHECKLIST

- Proof of Age – Birth Certificate**
- Proof of Residency (must have 2)**
- Physical Form – completed by Physician**
- Health History Form**
- Immunization Records**
- Settlement agreement and/or court orders (if applicable)**
- Affidavit of Residency forms**
- Student Registration Form**
- Kindergarten Parent Questionnaire**
- Pre-School Experience Form**
- Home Language Survey**
- Sibling Form**

REGISTRATION REQUIREMENTS

The following items are required when you appear to register your child:

1. **PROOF OF AGE** – bring a certified birth certificate from the Bureau of Vital Statistics with a raised seal. **Baptismal certificates, hospital notices and photocopies are not acceptable.**

Your child must be 5 YEARS OLD on or before October 1 of the current year and live in the Old Bridge Township School District attendance area to register for Kindergarten.

2. **PROOF OF RESIDENCY** –

Please bring two of the following items.

- Mortgage/Deed or copy of Lease Contract (if renting)
- A recent utility bill (two recent utility bills if renting)

OR

- Property Tax Bill (if you own your home)

3. **PHYSICAL EXAMINATION** – State statute 18A:40-4 requires all Kindergarten students to have a physical examination by a physician. Your physician will need to complete this form upon the conclusion of your child's physical. Universal Health Form – **Attachment A - complete and print**. **This physical examination and completed report must be submitted to the school within 30 days of initial entrance.** If you already have a copy of your child's most recent physical, please bring it with you to registration.

4. **HEALTH HISTORY FORM** – **Attachment B - complete and print**

5. **IMMUNIZATION RECORD** – bring a copy of your child's immunization records consisting of dates of Primary Series and booster doses. **N.J.S.S.C. Chapter 14** requires that immunizations must be complete and up to date otherwise, the student may be excluded from school. ****Please bring completed and signed immunization form with you to the in-person appointment at Central Registration. ** - Attachment C - complete and print**

6. **SETTLEMENT AGREEMENT AND/OR COURT ORDERS (If Applicable)** – This requirement only applies in situations regarding parental rights, limitations due to divorce or separation.

7. **AFFIDAVIT OF RESIDENCY FORMS:**

- **Parent/Guardian Affidavit of Residency (new form)** – **Attachment D - complete and print**

To be completed by the child's parent/guardian when the child is residing with that parent/legal guardian in Old Bridge.

- **Host Family Affidavit of Residency (replaces Affidavit of Residency)** – **Attachment E - complete and print**

This form is to be used where a family is residing with extended family / friends in Old Bridge. In a case where the students and their parents move in with family members in Old Bridge, and those family members are renting the home in which they live, you would need both the Host Family Affidavit of Residency from the family; and the Landlord Affidavit from the landlord

- **Landlord Affidavit of Residency (new form) – Attachment F - complete and print**

The Landlord Affidavit is to be completed by the landlord or non-family individual who owns/manages the address that the family is using for admission to Old Bridge Public Schools in the following instances:

- the child and his parent/legal guardian are residing in a dwelling managed by a landlord in Old Bridge when there is no written lease, or
- the child and his parent/legal guardian have submitted a Host Family Affidavit of Residency and it is determined the Host Family rents / leases the Old Bridge home in which they live.

8. STUDENT REGISTRATION FORM - Attachment G - complete and print

9. HOME LANGUAGE SURVEY – Attachment H - complete and print, even if English is the primary language spoken at home.

10. KINDERGARTEN PARENT QUESTIONNAIRE – Attachment I - complete and print

11. PRE-SCHOOL EXPERIENCE FORM - Attachment J - complete and print

12. SIBLING FORM – Attachment K - complete and print

IMPORTANT REMINDER

ALL DOCUMENTS HAVE TO BE BROUGHT TO REGISTRATION IF THEY ARE NOT BROUGHT IN A NEW APPOINTMENT WILL NEED TO BE MADE AND STUDENT WILL NOT BE REGISTERED UNTIL ALL DOCUMENTS ARE RECEIVED.

**UNIVERSAL
CHILD HEALTH RECORD**

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physician's
New Jersey Department of Health and Senior Services

THIS FORM MUST BE COMPLETED BY A PHYSICIAN FOR ALL NEW STUDENTS REGISTERING IN GRADES K THROUGH 5

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)	(First)	Gender check one Male <input type="checkbox"/> Female <input type="checkbox"/>	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			
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>					
Signature/Date			This form may be released to WIC. Yes <input type="checkbox"/> No <input type="checkbox"/>		
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:		Results of physical examination normal?		Yes	
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>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 childcare/school activities, including physical education and competitive contact sports, unless noted above.</i>					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the childcare provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast-feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health and Senior Services, Immunization Program at 609-588-7512.

- The Immunization record must be attached for the form to be valid.
- "Date next immunization is due" is optional but helps childcare providers to assure that children in their care are up to date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well-being in the childcare or school setting.

- a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.state.nj.us/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
- b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in childcare (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over the counter (OTC) medications you recommend and include information for the parent and childcare provider as to dosage, route, frequency, and possible side effects. Many childcare providers may require separate permissions slips for prescription and OTC medications.

- c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.
- d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.
- e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.
- f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.
- g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.
- h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, childcare settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.

- For lead screening state if the blood sample was capillary or venous and the value of the test performed.
- For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
- Scoliosis screenings are done biennially in the public schools beginning at age 10.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

***Please be specific about what over the counter (OTC) medications you recommend and include information for the parent and childcare provider as to dosage, route, frequency, and possible side effects. Many childcare providers may require separate permissions slips for prescription and OTC medications.*

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
 - Print the health care provider's name
 - Stamp with health care site's name, address and phone number

Attachment B



Old Bridge Township Public Schools

Patrick A. Torre
 Administration Building
 4209 Route 516
 Matawan, New Jersey 07747
 Phone: 732-566-1000

THIS FORM MUST BE COMPLETED FOR STUDENTS IN KINDERGARTEN THROUGH 5th GRADE

Student Health History

Child's name (print) _____ **DOB** _____

Transfer from _____ **Birthplace** _____

To update your child's health record, please fill out the following and return to the health office.

Please do not leave any blanks.

student medical history	yes	no	year	student medical history	yes	no	year
ADD/ADHD				hepatitis			
allergies				hypertension			
asthma				lyme disease			
bleeding problems				migraines			
cancer				mononucleosis			
chicken pox				strep throat (chronic)			
depression/mental health disease				scoliosis			
Diabetes				seizures (epilepsy)			
dietary preferences				skin conditions			
eating disorder or appetite problems				sleep problems			
ear infections (chronic)				surgeries			
fractures/broken bones				vision/ hearing issues			
heart disease or condition				Does your child have any activity restrictions?			

Please explain all yes answers

Does your child take any medication? yes no (please circle)

Medication name:	Dosage:

If your child requires any medication in school or has severe allergies, please speak to the school nurse directly.

Any additional information you feel we should know:

Your signature on this form means that you agree that medical conditions identified during school enrollment can & will be shared with appropriate school personnel as needed, during their school enrollment.

Parent/Guardian Signature _____ **Date** _____

Contact number _____ **Email** _____



IMMUNIZATION REQUIREMENTS

Dear Parent/Guardian:

At the time of registration, please submit proof of the following information to the Health Office.

1. **Physical Examination Record:** A physical must be provided to your child's school within thirty (30) days of initial entrance. You are encouraged to go to your "medical home" (private M.D.) to complete this physical.
2. **Immunization Record** consisting of dates of Primary Series and booster doses. N.J.S.C. Chapter 14 requires that immunizations must be complete and up to date, otherwise, the student may be excluded from school.

DPT: Diphtheria and Tetanus Toxoids and Pertussis (DTP) Vaccine

- a) FOUR (4) doses for children less than 7 years of age. One dose must have been administered on or after the fourth birthday.... Or 5 doses.
- b) THREE (3) doses for children 7 years of age or older.
- c) Tdap: Required on all sixth-grade students born on or after January 1 1. 1997 effective 9/01/08

Polio Virus Vaccine

- a) THREE (3) doses for those children less than 7 years of age OPV or enhanced IPV is required provided at least one dose is given on or after the fourth birthday... or any 4 doses.
- b) THREE (3) doses for children 7-17 years old, OPV or 'PV will satisfy the polio vaccine requirement.

Measles Vaccine

TWO (2) doses of a measles-containing vaccine given on or after the first birthday.
 (Preschool requires a minimum of one (d) dose).

Rubella Vaccine: Mumps Vaccine

- ONE (1) dose rubella and mumps vaccine administered on or after the first birthday.

Hepatitis B Vaccine — Kindergarten through Grade 12

- Appropriate 2 or 3 dose Hepatitis Vaccine with appropriate interval spacing, or laboratory evidence of immunity

Varicella (Chicken Pox) Vaccine

- a) ONE (1) dose after the first birthday is required starting Sept. 2004 for all pre-school, Kindergarten and Grade one students... OR...
- b) Statement of past history of chicken pox or laboratory evidence of immunity is required for all students born after 1/1/1998.

Meningococcal Vaccine

ONE(I) dose required on all sixth-grade students born on or after January 1 1997, effective 9/1/08, administered after age 10

PRE-SCHOOL ONLY

Haemophilus Influenzae B (HIB)- ONE(I) dose required after 1st birthday

Pneumococcal — minimum ONE(I) dose after first birthday

Flu (Influenza) Vaccine — ONE(I) dose annually between Sept. 1st and Dec. 31st

3. **Mantoux Tuberculin Test:** Required ONLY on those students entering the Old Bridge School System coming directly from a high TB incidence country, according to the most current NJ State guideline.

Students entering this district are REQUIRED to provide appropriate immunization records prior to entry

I have read and I understand the rules or registration concerning immunization requirements.

Signature of applicant:

Date:

Attachment D



Old Bridge Township Public Schools

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Administration Building
4207 Route 516
Matawan, New Jersey 07747
Phone 732-566-1000

PARENT/GUARDIAN AFFIDAVIT OF RESIDENCY

To be completed by the child's parent/legal guardian when the child is residing with that parent/legal guardian in Old Bridge, per N.J.S.A. 18A:38-1(a) and N.J.A.C. 6A:22.3.1(a).

NAME(S) OF CHILD/CHILDREN:

PARENT/LEGAL GUARDIAN:

I, _____, hereby certify to the following:

1. My date of birth is

2. My telephone number is

3. My email address is

4. I reside in Old Bridge at

(Street Address, Apt. #, City, State, Zip Code)

a. I have resided at the above address since _____
(Approx. Date)

b. This residence (**circle one**) is is not my permanent home.

c. I (**circle one**) own rent do not own/rent this residence.

i. If I own this residence, I will provide a copy of my property tax bills and/or mortgage statements.

ii. If I am renting this residence, I will provide a copy of my lease or a sworn statement by my landlord of my tenancy if I do not have a written lease.

PARENT/GUARDIAN AFFIDAVIT OF RESIDENCY

d. I reside with the following individuals at this residence:

- (1) _____
(Full Name) (Relationship to Me)
- (2) _____
(Full Name) (Relationship to Me)
- (3) _____
(Full Name) (Relationship to Me)
- (4) _____
(Full Name) (Relationship to Me)
- (5) _____
(Full Name) (Relationship to Me)
- (6) _____
(Full Name) (Relationship to Me)

(Continue on back of page if needed)

5. My previous residence was _____
(Street Address, Apt. #, City, State, Zip Code)
and I resided there from approximately _____ to _____

I am the (circle one): natural parent legal guardian of the above-listed student(s)

6. The following individuals have custody of the above-listed student(s):

- _____
(Name) (Address) (Relationship to Child)
- _____
(Name) (Address) (Relationship to Child)

(Continue on back of page if needed)

7. I will provide any custody orders or agreements involving the student(s), including Orders of the Superior Court of New Jersey, and Property Settlement Agreements, or other documents regarding the legal and residential custody of the student(s).

8. The student(s) is or will be (1) sleeping at my residence, (2) leaving from my residence in the morning, and (3) returning to my residence from school in the afternoon on a continuous and ongoing basis.

9. I am not enrolling these student(s) for the sole purpose of receiving a free public education in the Old Bridge Public Schools.

10. In submitting this Affidavit, I understand that it a violation of N.J.S.A. 18A:38-1(c) and N.J.A.C. 6A:22-3.2(a)(5) for a person to fraudulently allow a child of another person to use his residence for school purposes. A person also violates N.J.S.A. 18A:38-1(c) and N.J.A.C. 6A:22-3.2(a)(5) when he fraudulently claims to have given up custody of his child to a person in another school district. I am aware that tuition for all period of ineligible attendance by each child may be pursued, at the daily rate of \$ _____ (Pre-school and Kindergarten), \$ _____ (Primary / Elementary), \$ _____ (Middle School), or \$ _____ (High

PARENT/GUARDIAN AFFIDAVIT OF RESIDENCY

School). (Daily rate is based on 2018-2019 school year and is subject to change in subsequent years).

- 12. If the student(s) no longer resides with me at the address listed in Paragraph 4 or when the student(s)' residence changes, I will immediately notify the school district.
- 13. If I no longer reside at the address listed above, I will immediately notify the school district.
- 14. I will immediately notify the school district of any change in the facts provided in this Affidavit.
- 15. I agree to supply the school district all relevant information and documentation to support the statements contained in this Affidavit.
- 16. I have reviewed all of the information above, and in submitting this Affidavit, I swear or affirm that all the information provided, and the statements made in this Affidavit and in any attachments are true.

(Signature of Parent or Legal Guardian)

(Date)

(Printed Name of Parent or Legal Guardian)

Sworn to and subscribed

before me this _____

day of _____

in the year _____

Notary Public or Attorney-at-Law of
the State of New Jersey

Attachment E



Old Bridge Township Public Schools

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Matawan, New Jersey 07747
Phone 732-566-1000

HOST FAMILY AFFIDAVIT OF RESIDENCY

This is to certify that I (check one): own rent/lease ** property at:

No.	Street
-----	--------

in Old Bridge Township and that the _____ family is residing there. *

**if temporary, please give approximate date: ____/____/____*

***if rent/lease is checked above, the Landlord Affidavit must also be submitted.*

It is my understanding that the making and/or submission of knowingly false information will constitute a violation of Section 2C:28-2 and 2C:28-3 of the New Jersey Criminal Code for which violation a penalty may be imposed.

Also, it is my understanding that In submitting this Affidavit, I understand that it a violation of N.J.S.A. 18A:38-1(c) and N.J.A.C. 6A:22-3.2(a)(5) for a person to fraudulently allow a child of another person to use his residence for school purposes.

NAME (Please Print)

Signature

Date

Address 1

Address 2

Phone

Sworn and Subscribed to before me
this _____ day of _____, 20____.

Notary Public of New
Jersey/ Attorney at Law of
New Jersey

Attachment F



Old Bridge Township Public Schools

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Administration Building
4207 Route 516
Matawan, New Jersey 07747
Phone 732-566-1000

LANDLORD AFFIDAVIT

Per N.J.A.C. 6A:22-3.4(a) The Landlord Affidavit is to be completed by the landlord or non-family individual who owns/manages the address that the family is using for admission to Old Bridge Public Schools in the following instances:

- *the child and his parent/legal guardian are residing in a dwelling managed by a landlord in Old Bridge when there is no written lease, or*
- *the child and his parent/legal guardian have submitted a Host Family Affidavit of Residency and it is determined the Host Family rents / leases the Old Bridge home in which they live.*

NAME(S) OF CHILD/CHILDREN:

LANDLORD/PROPERTY MANAGER:

I, _____, hereby certify to the following:
(Name of Landlord/Property Manager)

1. My telephone number is: _____
2. My Address is: _____
(Street Address, Apt. #, City, State, Zip Code)
3. I am the Landlord/Property Manager of: _____
(Name of Building/Complex)

which is located in Old Bridge at _____ .
(Street Address, Apt. #, City, State, Zip Code)

4. _____ and the child/children listed above have resided at
(Name of Parent/Legal Guardian) the building listed above, at unit _____ under a
written or unwritten lease since _____ .
(Date)

5. If the lease is written, I am attaching a current, signed copy.

6. If the lease is not written, its term and expiration date are as follows:

7. In signing and providing this Certification on behalf of the child / children named above, I understand that it is a violation of N.J.S.A. 18A:38-1(c) and N.J.A.C. 6A:22-3.2(a)(5) for a person to fraudulently allow a child of another person to use his residence for school eligibility purposes, and that a person also violates N.J.S.A. 18A:38-1(c) and N.J.A.C. 6A:22-3.2(a)(5) when he fraudulently claims to have given up custody of his child to a person in another school district. I also understand that parents / legal guardians of students are liable for tuition for all periods of ineligible attendance at the daily rates provided annually by the Old Bridge School District.

8. In the event that the child/children and/or parent/legal guardian no longer resides at the address listed above; I will immediately notify the school district.

(Signature of Landlord)

(Date)

(Printed Name of Landlord)

Sworn to and subscribed

before me this _____

day of _____

in the year _____.

Attachment G



Old Bridge Township Public Schools STUDENT REGISTRATION FORM

ALL INFORMATION MUST BE PROVIDED. PLEASE DO NOT LEAVE ANY BLANKS. PLEASE IGNORE GRAY AREAS.

SCHOOL			DATE	STUDENT LOCAL ID		STUDENT STATE ID	
STUDENT LAST NAME			STUDENT FIRST NAME (LEGAL)		M.I.	NICKNAME	
STUDENT STREET ADDRESS			TOWN		STATE	ZIP	
STUDENT TELEPHONE NUMBER (AREA CODE) - NUMBER			STUDENT RESIDES WITH (RELATIONSHIP):				
IF DIVORCED OR SEPARATED, WHO HAS LEGAL CUSTODY?			WHO HAS RESIDENTIAL CUSTODY?				
DO YOU HAVE RESIDENCE(S) ELSEWHERE? IF SO, WHAT IS THE FULL ADDRESS?			WHEN DO YOU LIVE THERE?				
STUDENT'S DATE OF BIRTH (MONTH) (DATE) (YEAR)		AGE	GENDER		GRADE		
			MALE FEMALE				
CITY OF BIRTH	STATE OF BIRTH		COUNTRY OF BIRTH: (IF BORN OUTSIDE OF US, ENTRY DATE OF US SCHOOL BELOW IS MANDATORY)				
HAS STUDENT EVER ATTENDED A SCHOOL IN THE UNITED STATES? YES NO			APPROXIMATE ENTRY DATE OF US SCHOOL:				
			(MONTH)		(DATE)	(YEAR)	
HAS STUDENT PREVIOUSLY BEEN ENROLLED IN OLD BRIDGE TOWNSHIP PUBLIC SCHOOLS? YES NO			IF YES, WHAT YEAR?				
COLLECTION OF THE FOLLOWING INFORMATION IS REQUIRED FOR STATE AND FEDERAL REPORTS							
ETHNICITY – PLEASE CHECK ONE							
AMERICAN INDIAN OR ALASKAN NATIVE A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH OR SOUTH AMERICA INCLUDING CENTRAL AMERICA AND WHO MAINTAIN A TRIBAL AFFILIATION OR COMMUNITY ATTACHMENT.				ASIAN A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, OR THE INDIAN SUBCONTINENT INCLUDING CAMBODIA, CHINA, INDIA, JAPAN, KOREA, MALAYSIA, PAKISTAN, THE PHILIPPINE ISLANDS, THAILAND, AND VIETNAM.			
HISPANIC/LATINO A PERSON CUBAN, MEXICAN, PUERTO RICAN, SOUTH OR CENTRAL AMERICAN, OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE.				NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF HAWAII, GUAM, SAMOA, OR OTHER PACIFIC ISLANDS.			
BLACK OR AFRICAN AMERICAN A PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.				WHITE A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, THE MIDDLE EAST, OR NORTH AMERICA.			
IS STUDENT CLASSIFIED BY CHILD STUDY TEAM? YES NO IN BASIC SKILLS? YES NO IN ESL? YES NO HAVE A 504 PLAN? YES NO							
WHAT IS NATIVE (HOME) LANGUAGE*:							
*NATIVE LANGUAGE IS THE LANGUAGE FIRST LEARNED BY THE STUDENT, OR THE LANGUAGE SPOKEN BY THE STUDENT, OR THE LANGUAGE SPOKEN TO THE STUDENT AT HOME.							
PARENT/GUARDIAN INFORMATION							
PARENT/GUARDIAN #1 INFORMATION				PARENT/GUARDIAN #2 INFORMATION			
NAME				NAME			
RELATIONSHIP				RELATIONSHIP			
ADDRESS (IF DIFFERENT FROM STUDENT)				ADDRESS (IF DIFFERENT FROM STUDENT)			
TOWN		STATE	ZIP	TOWN		STATE	ZIP
HOME PHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS		HOME PHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS	
BUSINESS PHONE NUMBER		OCCUPATION		BUSINESS PHONE NUMBER		OCCUPATION	
EMPLOYER'S NAME		EMPLOYER'S ADDRESS		EMPLOYER'S NAME		EMPLOYER'S ADDRESS	
I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THEM ARE WILLFULLY FALSE, I WILL BE SUBJECT TO LEGAL ACTION. AS PER STATE LAW AND BOARD POLICY, IF IT IS DISCOVERED THAT MY CHILD (CHILDREN) IS (ARE) ILLEGALLY ATTENDING THE OLD BRIDGE PUBLIC SCHOOL AND NOT LIVING IN OLD BRIDGE TOWNSHIP, I WILL BE RESPONSIBLE FOR THE PAYMENT OF ALL ACCRUED TUITION FEES. IN ADDITION, I ACKNOWLEDGE THAT I WILL BE RESPONSIBLE FOR ANY LEGAL EXPENSES INCURRED BY THE OLD BRIDGE TOWNSHIP BOARD OF EDUCATION IN RELATION TO THE SITUATION.							
PRINT NAME				SIGNATURE		DATE	

Attachment H



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4207 Route 516
Matawan, New Jersey 07747
Phone 732-566-1000

**ELL PROGRAMS
HOME LANGUAGE SURVEY**

If your child speaks another language, he/she may be tested for ELL Program. This survey is the first of three steps to identify whether a student is eligible to be an English language learner (ELL). **PLEASE PRINT** all answers and fill out the form completely.

Student Name (please print):

Grade:

School:

Street Address:

Email:

City:

State:

Zip Code

Telephone Number:

SURVEY

1. What was the first language used by the student? (Please check one answer below)

A language other than English (proceed to question 2A) English (proceed to question 2B)

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)

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)

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

Yes (proceed to question 4) No (proceed to bottom of form for name and signature)

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)

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 No

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

Yes Name of School: _____ Dates Attended: _____
 No

7. Please list home languages spoken:

Please Print Name of Person Completing Form

Signature

Date

FOR OFFICE USE ONLY

Proceed to Records Review Process

Student is not an English Language Learner

Date: _____ Reviewed By: _____

Attachment I



Old Bridge Township Public Schools

Patrick A. Torre
 Administration Building
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Kindergarten Parent Questionnaire

Please take a few moments to introduce your child to us through this questionnaire. The information you provide will be shared with the classroom teacher and other school staff members who will be working with your child. Thank you for providing this information; we look forward to meeting and working with your child.

Child's name:	Child's Date of Birth:	Today's Date:
Name of Person Completing this form: First Name: Last Name:		Relationship to Child:
Please select the response that best applies:		
My child will ask for help when needed from a familiar adult:		
often	sometimes	seldom/never
My child separates easily from a parent:		
often	sometimes	seldom/never
My child takes care of bathroom needs independently:		
often	sometimes	seldom/never
Has your child had previous experience in a preschool or daycare setting? YES* NO		
*If YES, please include the name of the center or school and how many days a week:		
If the child attended preschool or daycare, what observations did the childcare/preschool share with you about your child?		
What comforts your child when he/she is upset?		
Are there any recent life events that have occurred in your family? Please check any that apply:		
Move	New Sibling	Divorce Other:
What skills have you helped your child acquire?		
<input type="checkbox"/> Saying Address	<input type="checkbox"/> Saying Phone Number	<input type="checkbox"/> Dressing: Zip, Tie, Button, Snap, Buckle, Velcro
<input type="checkbox"/> Recognizing numbers 1 to 10	<input type="checkbox"/> Follow two-step directions	<input type="checkbox"/> Printing first name
<input type="checkbox"/> Recognizes basic shapes	<input type="checkbox"/> Shows interest in books	<input type="checkbox"/> Can play independently
<input type="checkbox"/> Counting (Up to?)	<input type="checkbox"/> Recognizing Letters of Alphabet	<input type="checkbox"/> Naming colors
<input type="checkbox"/> Shares/Takes turns		
Please indicate the area(s) you feel your child needs extra attention:		
<input type="checkbox"/> Participation in a group	<input type="checkbox"/> Socialization in group setting	<input type="checkbox"/> Exposure to Literature
<input type="checkbox"/> Language Skills	<input type="checkbox"/> Counting	<input type="checkbox"/> Fine Motor Skills
<input type="checkbox"/> Self-help skills	<input type="checkbox"/> Boosting self-confidence	



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PRE-SCHOOL EXPERIENCE SURVEY

Please provide this pre-school information to make us aware of your child's school experience prior to kindergarten. Please do not be concerned if your child has not attended preschool.

CHILD'S NAME		TELEPHONE NUMBER
ADDRESS:		
DID YOUR CHILD ATTEND PRE-SCHOOL?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF YEARS ATTENDED:
NAME OF PRESCHOOL ATTENDED:		
ADDRESS OF PRE-SCHOOL:		
Length of sessions (HOURS)	Year	Number of Days per Week:
Length of sessions (HOURS)	Year	Number of Days per Week:

Attachment K



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SIBLING FORM

CHILD'S NAME	TELEPHONE NUMBER
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ADDRESS:

ARE THERE SIBLINGS ATTENDING ANOTHER SCHOOL IN THE OLD BRIDGE SCHOOL DISTRICT:

YES NO

IF YES, LIST SCHOOLS, SIBLING'S NAME AND GRADE BELOW:

School	Sibling's Name	Grade	Date of Birth