

REGISTRATION FORM

For Office Use

STUDENT: _____ NAME USED: _____
Last Name First Name

GENDER: _____ HOME PHONE: _____ PHYSICAL ADDRESS: _____

BIRTHDATE: ____/____/____ MAILING ADDRESS: _____

BIRTHPLACE: _____

RESIDES WITH: (Please inform the school regarding any restrictions on access.) RACIAL/ETHNIC GROUP: (Required for federal and state annual reporting purposes.)

- Both Parents
- Mother
- Father
- Guardian
- Stepmother
- Stepfather
- Other _____

- White (Non-Hispanic)
- Black (Non-Hispanic)
- Hispanic
- American Indian/Alaskan Native
- Asian
- Pacific Islander
- Other _____

MOTHER: _____ Occupation: _____
Last Name First Name

Home Address: _____ Phone: _____ Cell: _____

Business Address: _____ Phone: _____

FATHER: _____ Occupation: _____
Last Name First Name

Home Address: _____ Phone: _____ Cell: _____

Business Address: _____ Phone: _____

DOMINANT LANGUAGE IN HOME: _____ FIRST LANGUAGE LEARNED: _____

OTHER LANGUAGES (please list): _____

CHILD'S PHYSICIAN: _____
Name Phone Number

MOST RECENT SCHOOL: _____
School Name District Name

MOST RECENT GRADE COMPLETED: _____

OTHER CHILDREN AT HOME:			
Name _____	Gender _____	DOB _____	Grade _____
Name _____	Gender _____	DOB _____	Grade _____
Name _____	Gender _____	DOB _____	Grade _____

School:	CP	JP	LB	RS	JW	HS								
Grade:	PreK	K	1	2	3	4	5	6	7	8	9	10	11	12
Teacher:	_____													
Student ID#:	_____													
<input type="checkbox"/> Borough <input type="checkbox"/> Township <input type="checkbox"/> Private Tuition <input type="checkbox"/> Staff Child <input type="checkbox"/> Cranbury														
VERIFICATION OF: Residence _____ Date of Birth _____ In U.S. Schools less than 3 years: Y ___ N ___														

PRINCETON PUBLIC SCHOOLS

25 Valley Road
Princeton, NJ 08540

t 609-806-4206
f 609-806-4226

ELIGIBILITY FOR REGISTRATION

Public schools are required to provide a free education to all persons over age 5 and under age 20 who are domiciled in the district. Domiciled means that the student is living with a parent or guardian whose permanent home is located within the boundaries of the district. According to state regulations:

- A home is permanent when the person intends to return to it when absent and has no present plan to move from it, even though he/she has existence of homes or residences elsewhere.
- Residency requires bodily presence as an occupant in a given district.
- There are special circumstances in which a child may be allowed to attend school in a district other than the one in which the parents or guardians are domiciled. Exceptions must be sought through Dr. Agnes Golding, Director of Student Services (609-806-4206).

If, at any time, you or your child changes domicile or residence, you must report this information immediately to the school building secretary.

It is the policy of the Board that should the district discover that a child is not a legal resident of the district and is illegally attending the Princeton Regional Schools; the district will assess the parents the full cost of the tuition for such attendance. Any additional costs for special education services will be added to the regular education costs.

Parent/Guardian of: _____ School: _____ Grade: _____

By my signature, I am indicating that I have read the information above, understand it, and affirm that my child(ren) and I are legal residents of and are domiciled in Princeton Borough, Princeton Township, or Cranbury (Grades 9-12 only).

Signed: _____ Date: _____

PLEASE RETURN THIS FORM TO THE SCHOOL SECRETARY. THIS COPY IS TO BE MAINTAINED IN THE STUDENT'S CUMULATIVE FOLDER.

PRINCETON PUBLIC SCHOOLS
Princeton, New Jersey

To: Parents/Guardians

Re: School Health Services Requirements

It is the practice of the Princeton Public Schools to require a physical examination of all students new to the district (including those starting Pre-K or Kindergarten for the first time), and all students in the **third, sixth, ninth and eleventh grades**. A report from your private physician regarding a recent (within the last year) examination can be accepted in lieu of a new examination.

We recommend, and many parents prefer, that these required examinations be conducted by the family's physician because he/she is more familiar with the student's health history and a private office exam is more comprehensive. However, if your child does not have a physician you may request an examination be conducted by the school physician.

High school and middle school students participating in interscholastic sports must have a physical examination prior to the first practice session.

Chapter 14 of the New Jersey State Sanitary Code requires that all school children have certain immunizations. The Code calls for the exclusion of children who do not have the mandated immunizations. The following summarizes the required immunizations:

Mantoux Tuberculin Skin Test

Students in any grade who have transferred from a country with a high incidence of tuberculosis will be tested with the Mantoux Tuberculin skin test. This test will be considered valid if administered within the previous six months for those who are required to be tested.

Provisional Admission

Provisional admission allows a child to enter/attend school after having received a minimum of one dose of each of the required vaccines. Pupils must be actively in the process of completing the series. Pupils <5 years of age, must receive the required vaccines within 17 months in accordance with the ACIP recommended minimum vaccination interval schedule. Pupils 5-years of age and older, must receive the required vaccines within 12 months in accordance with the ACIP recommended minimum vaccination interval schedule.

Grace Periods

- **4-Day Grace Period** – All vaccine doses administered less than or equal to 4 days before either the specified minimum age or dose spacing interval shall be counted as valid and shall not require revaccination in order to enter or remain in a school, preschool or child care facility.
- **30-Day Grace Period** – Those children transferring into a New Jersey school, preschool, or child care center from out of state/out of country may be allowed a 30-day grace period in order to obtain past immunization documentations before provisional status shall begin.

NEW JERSEY DEPARTMENT OF HEALTH
MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE IN NEW JERSEY
N.J.A.C. 8:57-4: IMMUNIZATION OF PUPILS IN SCHOOL

Disease(s)	Meets Immunization Requirements	Comments
DTaP//DTP	<p><u>Age 1-6 years:</u> 4 doses, with one dose given on or after the 4th birthday, OR any 5 doses</p> <p><u>Age 7-9 years:</u> 3 doses of Td or any previously administered combination of DTP, DTaP, and DT to equal 3 doses</p>	<p>Any child entering pre-school, and/or pre-Kindergarten needs a minimum of 4 doses. A booster dose is needed on or after the fourth birthday, to be in compliance with Kindergarten attendance requirements. Pupils after the seventh birthday should receive adult type Td. Please note: there is no acceptable titer test for pertussis.</p>
Tdap	<p><u>Grade 6</u> (or comparable age level for special education programs): 1 dose</p>	<p>For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. A child is not required to have a Tdap dose until FIVE years after the last DTP/DTaP or Td dose.</p>
Polio	<p><u>Age 1-6 years:</u> 3 doses, with one dose given on or after the 4th birthday, OR any 4 doses.</p> <p><u>Age 7 or Older:</u> Any 3 doses</p>	<p>Any child entering pre-school, and/or pre-Kindergarten needs a minimum of 3 doses. A booster dose is needed on or after the fourth birthday to be in compliance with Kindergarten attendance requirements. Either inactivated polio vaccine (IPV) or oral polio vaccine (OPV), separately or in combination is acceptable. Polio vaccine is not required of pupils 18 years or older.*</p>
Measles	<p>If born before 1-1-90, 1 dose of a live measles-containing vaccine on or after the first birthday.</p> <p>If born on or after 1-1-90, 2 doses of a live measles-containing vaccine on or after the first birthday.</p>	<p>Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs a minimum of 1 dose of measles vaccine. Any child entering Kindergarten needs 2 doses. Intervals between first and second measles-containing vaccine doses cannot be less than 1 month. Laboratory evidence of immunity is acceptable.**</p>
Rubella and Mumps	<p>1 dose of live mumps-containing vaccine on or after the first birthday.</p> <p>1 dose of live rubella-containing vaccine on or after the first birthday</p>	<p>Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs 1 dose of rubella and mumps vaccine. Any child entering Kindergarten needs 1 dose each. Laboratory evidence of immunity is acceptable.**</p>
Varicella	<p>1 dose on or after the first birthday</p>	<p>All children 19 months of age and older enrolled into a child care/pre-school center after 9-1-04 or children born on or after 1-1-98 entering the school for the first time in Kindergarten or Grade 1 need 1 dose of varicella vaccine. Laboratory evidence of immunity, physician's statement or a parental statement of previous varicella disease is acceptable.</p>
Haemophilus influenzae B (Hib)	<p><u>Age 2-11 Months:</u> 2 doses</p> <p><u>Age 12-59 Months:</u> 1 dose</p>	<p>Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten. Minimum of 2 doses of Hib-containing vaccine is needed if between the ages of 2-11 months. Minimum of 1 dose of Hib-containing vaccine is needed after the first birthday.***</p>
Hepatitis B	<p><u>K-Grade 12:</u> 3 doses or</p> <p><u>Age 11-15 years:</u> 2 doses</p>	<p>If a child is between 11-15 years of age and has not received 3 prior doses of Hepatitis B then the child is eligible to receive 2-dose Hepatitis B Adolescent formulation.</p>
Pneumococcal	<p><u>Age 2-11 months:</u> 2 doses</p> <p><u>Age 12-59 months:</u> 1 dose</p>	<p>Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten. Minimum of 2 doses of pneumococcal conjugate vaccine is needed if between the ages of 2-11 months. Minimum of 1 dose of pneumococcal conjugate vaccine is needed after the first birthday.***</p>
Meningococcal	<p>Entering Grade 6 (or comparable age level for Special Ed programs): 1 dose</p>	<p>For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97.*** This applies to students when they turn 11 years of age and attending Grade 6.</p>
Influenza	<p><u>Ages 6-59 Months:</u> 1 dose annually</p>	<p>For children enrolled in child care, pre-school, or pre-Kindergarten on or after 9-1-08. 1 dose to be given between September 1 and December 31 of each year. Students entering school after December 31 up until March 31 must receive 1 dose since it is still flu season during this time period.</p>

REGISTRATION HEALTH HISTORY QUESTIONNAIRE
GRADES K - 5

****CONFIDENTIAL****

1. Student's Name: _____ Date of Birth: _____ School: _____
2. Allergies or allergic reactions including excema or anaphylaxis: (please explain) _____

3. Developmental History--Age began to: Sit _____ Walk _____ Talk _____ Toilet Train _____
4. Family history of: (indicate familial relationship to student) Diabetes _____ Seizure Disorder _____
Cancer _____ Scoliosis _____ Heart Disease _____ Kidney Disease _____ Sickle Cell Anemia _____
5. Is there any history of asthma/wheezing/reactive airway disease? (please explain) _____

6. Note unusual frequency of upper respiratory conditions:
Strep Throat _____ Sinusitis _____ Colds _____ Earaches _____ Other _____
7. Is there a history of a major injury, surgery, or hospitalization? (please explain on back of form)
8. Is there a need for medication to be administered during school hours? _____
9. Eating habits--vegetarian, unusual habits, special needs/allergies _____

10. Unusual sleeping patterns or problems? (please explain on back of form)
11. Problems with bed-wetting or controlling bowel movements? (please explain on back of form)
12. How does your child respond to separation from parents? _____

13. If applicable, how did your child adjust to nursery school? _____

14. How does your child interact with other children, e.g., active, passive, aggressive, timid, excitable? _____

15. Unusual behavior such as temper tantrums, nail biting? _____
16. How does your child respond when stressed? _____
17. Other information/comments: _____

Highlighted numbers (2), (5) and (8) must be discussed with the nurse.

Parent Signature/Date

Nurse Signature/Date

PRINCETON REGIONAL SCHOOLS PRIVATE PHYSICIAN REPORT

Name (Last, First) _____ Birth Date _____ Sex (M/F) _____ School _____ Grade _____

Parent/Guardian _____ Address _____ Phone No. _____ Cell Phone No. _____ Emergency No. _____

REQUIRED IMMUNIZATION DATES (Month, Day, and Year)

DPT #1 _____ #2 _____ #3 _____ #4 _____ #5 _____
*on or after 4th birthday

Polio #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

MMR #1 _____ Measles #1 _____ Rubella #1 _____ Mumps #1 _____
 MMR #2 _____ Vaccine #2 _____ Vaccine #2 _____ Vaccine #2 _____

Tuberculin Test: Date _____ Type _____ Result _____ X-ray _____ Result _____
 Mantoux test required only for new students from countries with a high incidence of TB. Mantoux test will be considered valid only if it was administered within the previous six months.

Hib _____ Varicella _____ Lead test date and result _____

Hepatitis B #1 _____ Hepatitis B #2 _____ Hepatitis B #3 _____

Multi-dose of HBV required for Kindergarten/Grade 1 and Grade 6.

Preschool/Pre-K only:

Pneumonia vaccine _____ Influenza vaccine _____

MEDICAL HISTORY

Please indicate significant details of familial disease, child's birth history, and medical history, including serious illnesses, operations, and accidents.

	Date		Date		Date		Date
Rubella*	_____	Otitis Media	_____	Chicken Pox	_____	Mononucleosis	_____
Measles*	_____	Strep Infection	_____	Convulsive Disorder	_____	Heart Condition	_____
Mumps*	_____	Rheumatic Fever	_____	Asthma	_____	Lyme Disease	_____
Diabetes	_____	Serious illness, injury, or surgery	_____	Allergies	_____		_____

*Valid only with documented laboratory proof.

REPORT OF EXAMINATION

Height _____ Weight _____ Vision: Rt _____ Lft _____ Hearing _____ BP _____
 Glasses _____ Contacts _____ Heart Rate _____

	Normal	Abnormal	Comments		Normal	Abnormal	Comments
Head				Heart			
Eyes				Abdomen			
Ears				Genito-urinary			
Nose				Muscle/Skeltn			
Mouth/Dental				Back			
Throat				Neuro			
Neck				Skin			
Lungs				Speech			
Other							

Is the student on any medication? If so, specify. Yes No

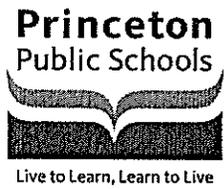
Will the student need medication during school hours for asthma, allergies, or other reasons? Yes No

Are there any restrictions on the student's physical activities? Yes No

Has the student had any physical limitations on his/her activities during the past years? Yes No

Examining Physician's Signature and Stamp

Date of Examination



OFFICE OF STUDENT SERVICES • 25 VALLEY ROAD
PRINCETON NJ 08540 • (609) 806-4206

Dear Parent:

Princeton Public Schools is required to participate in a system (SEMI) where the federal government's Medicaid will pay local school districts for a portion of the costs of health-related special education services provided to Medicaid eligible children. Under SEMI your child will continue to receive services at no cost to you. Please know that your participation in this program will not affect your Medicaid health coverage. This initiative simply allows the school district to obtain Medicaid funds to help cover the District's costs for the health services provided.

The District requests your permission to disclose certain personal information contained in your child's educational records. The information you permit the District to disclose by granting your permission will be used for the sole purpose of sharing with the State Medicaid agency information about the health services your child receives from the District. Sharing this information is necessary in order for the Princeton Public Schools to obtain Medicaid reimbursement for the health services it provides to your Medicaid eligible child.

Sincerely,
Micki Crisafulli
Micki Crisafulli,
Director of Student Services

Please fill-in the information below, sign the form and return it to your Child Study Team case manager or to the Office of Student Services at the address indicated below.

**CONSENT FOR RELEASE OF INFORMATION TO ACCESS MEDICAID
REIMBURSEMENT FOR HEALTH RELATED SUPPORT SERVICES**

Name of Parent/Guardian: _____

Child's Name: _____
(First) (Middle Initial) (Last)

Child's Social Security Number: ____ / ____ / ____

Child's Medicaid Number: _____

Child's Date of Birth: ____ / ____ / ____
(month) (date) (year)

As parents/guardian of the child named above, I give permission to Princeton Public Schools to share information from my child's educational records with the State Medicaid agency to allow the State Medicaid Agency to pay for health services provided to my child in accordance with New Jersey law. I understand that if I don't sign this form, my child will continue to receive necessary health services from the District and there will continue to be no cost to me. I also understand that I may cancel my permission at any time by notifying the School District.

Signature: _____ Date: _____

I do not give my permission to share information from my child's educational records for the purpose of claiming Medicaid reimbursement for health related support services in my child's Individualized Education Program (IEP).

Signature: _____ Date: _____

Please return this form your Child Study Team case manager or to:

PRINCETON PUBLIC SCHOOLS
ATTN: Office of Student Services - 25 Valley Road, Princeton, NJ 08540

PRINCETON REGIONAL SCHOOLS
Princeton, New Jersey

TO: _____
Name of School

Address

City State Zip

In accordance with the Family Educational Rights and Privacy Act of 1974 and New Jersey State Law, I hereby authorize the release of all academic records, including grades, health records, as well as any pertinent information from the school psychologist, speech therapist, etc. regarding the following pupil(s):

_____ Birthdate _____ Grade _____

_____ Birthdate _____ Grade _____

_____ Birthdate _____ Grade _____

_____ Signature of Parent of Guardian _____ Date _____

Please send records to: Littlebrook School
39 Magnolia Lane
Princeton, New Jersey 08540
ATTN: Linda Karch

PRINCETON REGIONAL SCHOOLS

Receiving School: Littlebrook School

39 Magnolia Lane
Princeton, NJ 08540

Nursery School: _____

Student: _____

Nursery School Information

Dear Nursery School Teacher:

The above named child has been registered for next year's kindergarten class. Would you kindly provide a short summary of some of the cognitive and affective characteristics which you believe would be helpful to the kindergarten teacher?

We appreciate your effort in cooperating with this request. Please return this sheet to your school's Director for mailing.

I grant my child's nursery school teacher permission to convey any information pertinent to understanding his/her needs and/or planning for the next school year.

Parent/Guardian Signature: _____ Date: _____

PRINCETON REGIONAL SCHOOLS

CURRICULUM OFFICE • 25 VALLEY ROAD • PRINCETON, NJ 08540 • (609) 806-4203

KINDERGARTEN REGISTRATION

Parent Questionnaire

Dear Parents:

We would like you to help us understand your child's needs by answering the questions listed below. Feel free to disregard any question you would prefer not to answer. If there is any question you would like to discuss in more detail with the kindergarten teacher, please indicate this on the form. This form should be returned to the school when your child comes in for the screening assessment.

1. Child's name: _____
Date of Birth: ____/____/____ Sex: () F () M
2. If your child has had previous nursery school experience, please list below, starting with the most recent school year:
20__ to 20__ _____ Number of days per week _____
20__ to 20__ _____ Number of days per week _____
20__ to 20__ _____ Number of days per week _____
3. What kind of play activities does your child like?

4. Does your child regularly play with other children of:
() the same age () older () younger
5. Is your child's home care shared by adults other than his/her parents? () No () Yes
If yes, by whom? _____

6. Does your child have any significant fears () or repeated nightmares ()? If so, would you explain: _____

7. Does your child ever sleep over at a playmate's house?
Never () Occasionally () Frequently ()

8. What language is spoken most at home? _____
Are any other languages spoken at home? _____

9. Is your child enrolled in any special group, e.g., art, dance, playgroup? () No () Yes
If yes, please specify: _____

10. What is the approximate amount of time your child watches TV each weekday? _____
Saturday? _____

11. Is there any other information about your child that you feel might be important for the school to know?

Completed By _____

Date _____

2013-2014 PRINCETON PUBLIC SCHOOLS

September 2013						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October 2013						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2013						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December 2013						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

January 2014						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February 2014						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March 2014						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April 2014						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May 2014						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June 2014						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

January (20 days)

- 1 New Year's Day
- 17 Staff Development
- 20 Martin Luther King, Jr. Day

February (18 days)

- 14 Staff Development
- 17 Presidents' Day

March (16 days)

- 4-5 PK-5 Conferences
- 11-12 PK-5 Conferences
- 17-21 Spring Recess
- 31 PK-8 Staff Development

April (20 days)

- 15 Passover
- 18 Good Friday

May (21 days)

- 5 PK-8 Staff Development
- 26 Memorial Day

June (14 days)

- 18 1 pm Dismissal PK-12
- 19 *Last Day 1 pm Dismissal PK-12

- Early Dismissal PK-12
- Schools Closed
- Staff Development Day
- First Day for Students
- 1 pm Dismissal for PK-5
- 1 pm Dismissal for PK-8

September (16 days)

- 2 Labor Day
- 3,4,6 Staff Development
- 5 Rosh Hashanah
- 9 First Day for Students

October (23 days)

- 7 PK-8 Staff Development

November (17 days)

- 7-8 NJEA Convention
- 12-13 PK-8 Conferences
- 19-20 PK-8 Conferences
- 27 1 pm Dismissal PK-12
- 28-29 Thanksgiving Recess

December (15 days)

- 2 PK-8 Staff Development
- 20 1 pm Dismissal PK-12
- 23-31 Winter Recess

180 Student Days
185 Staff Days

# Days used	Days Made Up	Last Day of School
0		6/19
1	6/20	6/20
2	6/23	6/23
3	6/24	6/24
4	3/21	6/24
5	3/20	6/24