

Lindenwold Public School District

Preschool to Grade 4 Registration Packet

PRESCHOOL ONLY: Lindenwold residents who are interested in enrolling their three-year-old and/or four-year-old child in the Lindenwold Public Schools' tuition-free, five-day integrated preschool program are encouraged to register for an upcoming lottery for a seat in our 2024-2025 program. **The DEADLINE to register for the Preschool lottery is 4pm on May 1, 2024.**

Students selected in the lottery will be notified by May 8, 2024. For more information please visit our website at www.lindenwold.k12.nj.us and choose Preschool Registration and Lottery information under the District Central Registration Page. You will only need to **COMPLETE** this packet, along with Proof of residency and Medical forms if you are selected in the lottery for a Preschool seat in the 2024-2025 school year.

Lindenwold Public School District
CENTRAL REGISTRATION STEPS

1. Please contact Vanessa Rivera for K-12 registration appointment @ (856) 784-4071 ext. 3126 or vrivera@lindenwold.k12.nj.us
 - **For Preschool registrations**, please contact Nora Franco @ (856) 783-1499 ext. 6000 or nfranco@lindenwold.k12.nj.us
2. **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](#)

PRESCHOOL registration appointments will be held at:

Lindenwold Preschool Bldg.

100 South Avenue
Lindenwold, NJ 08021
(856) 783-1499 ext. 6000

Hours for Registration:

Monday-Friday (Appointment ONLY)
9:30 - 11:30am & 1:00 - 3:00pm

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 (NJSA 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. Abby Ramirez, 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 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.
- I HAVE READ THE INTERNET POLICY & I **DO NOT** WISH TO HAVE MY CHILD UTILIZE THE INTERNET IN THE LINDENWOLD SCHOOL DISTRICT.

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 Preschool
100 South Avenue
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 make sure your child stays safe and healthy while in 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.*

Lindenwold Preschool

Sheila Taney, RN, MSN
School Nurse
(856) 783-1499, ext. 6003

Lindenwold School #4

Lisa Johnson, MSN, RN, CSN
School Nurse
(856) 783-0405, ext. 4008

Lindenwold School #5

Marietta Canavan, RN, BSN, CSN
School Nurse
(856) 784-4063, ext. 5005

Lindenwold Middle School

Sheila Taney, RN, BSN, CSN
School Nurse
(856) 346-3330, ext. 2322

Lindenwold High School

Sara Barry, RN, BSN, CSN
School Nurse
(856) 741-0320, ext. 1507

Preschool –Grade 4

Student's Name:	Grade:
	Confidential Health History
	Medical Questionnaire
	Immunization Record
	PPD Test needed (Tuberculosis)
	Physical Form
	Blue Card
	Dental Examination (Kindergarten ONLY)
	Influenza Vaccine Notification (PreK ONLY)

Student is NEW or RETURNING Realtime ID# _____

Transferring from: _____

LINDENWOLD PUBLIC SCHOOLS
PRE-SCHOOL / KINDERGARTEN / 1st-4th GRADE REGISTRATION
CONFIDENTIAL HEALTH HISTORY

Child's Name: _____ Sex: M ___ F ___ Date of Birth: _____

Parent/Guardian: _____ Main Number: _____

Address: _____

Health Care Provider: _____ Phone Number: _____

I. Pregnancy & Birth (Check One)

1. Did mother have any illness during pregnancy with this child? _____ Yes _____ No
2. Did you deliver on your due date?
If not, explain _____ _____ Yes _____ No
3. Did mother have any difficulty during delivery?
If yes, explain _____ _____ Yes _____ No
4. Did your child have any difficulty during or after delivery?
If yes, explain _____ _____ Yes _____ No
5. Did your baby have any trouble starting to breathe? _____ Yes _____ No
6. Did your child have any trouble in the hospital?
If yes, explain _____ _____ Yes _____ No
7. What did the child weigh at birth? _____ Lbs. _____ Ozs.

II. Family/Social

1. Are both parents in good health? _____ Yes _____ No
2. Are there any family members with serious health problems that we should be aware of? If so, please explain _____ _____ Yes _____ No

III. Development Milestones (Place Age or Check Mark)

- | | |
|-----------------------------------|-------------------------------|
| 1. Sitting Alone _____ months | 6. Dressed self _____ years |
| 2. Crawled _____ months | 7. Fed self _____ years |
| 3. Walked alone _____ months | 8. Ties shoes _____ years |
| 4. Spoke first words _____ months | 9. Toilet trained _____ years |
| 5. Spoke sentences _____ year | |
10. Does your child play with children other than brothers/sisters? _____ Yes _____ No
 11. Is your child independent _____? Shy _____?
 12. Which hand does your child use for most tasks? Right _____ Left _____ Both _____
 13. Ride a tricycle? _____ years
 14. Are you concerned about any of the following (Check)

Bad tempered _____	Will not mind _____	Holds his/her breath _____
Jealous _____	Sleep problems _____	Thumb sucking _____
Nail biting _____	Stuttering _____	Understanding speech _____

IV. Medication

- Is the student on any type of medication at this time? _____ Yes _____ No
- If yes, please list medicine, dosage and reason for administration of same: _____ _____ Yes _____ No

V. Infections, Illnesses, and Other Problems

Has your child:

- 1. Had more than six (6) colds or throat infections each year? Yes No
- 2. Had more than three (3) ear infections? Yes No
- 3. Had trouble hearing? Yes No
- 4. Had his/her hearing tested? Yes No
- 5. Had any trouble seeing? Yes No
- 6. Had his/her eyes tested? Yes No
- 7. Had any trouble with his/her teeth? Yes No
- 8. Seen a dentist recently? Yes No
- 9. Had any trouble passing his/her urine? Yes No

10. Check any of the following that your child has had?

- | | | | | | |
|-----------------|--------------------------|-----------------|--------------------------|--------------------|--------------------------|
| Strep Infection | <input type="checkbox"/> | Rheumatic Fever | <input type="checkbox"/> | Speech Impediment | <input type="checkbox"/> |
| 10-Day Measles | <input type="checkbox"/> | Headaches | <input type="checkbox"/> | Bedwetting | <input type="checkbox"/> |
| 3-Day Measles | <input type="checkbox"/> | Blackouts | <input type="checkbox"/> | Poor Concentration | <input type="checkbox"/> |
| Mumps | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | Abnormal Movements | <input type="checkbox"/> |
| Scar Latina | <input type="checkbox"/> | Convulsions | <input type="checkbox"/> | Over-activity | <input type="checkbox"/> |
| Pneumonia | <input type="checkbox"/> | Vision Problems | <input type="checkbox"/> | Temper Tantrums | <input type="checkbox"/> |
| Whooping Cough | <input type="checkbox"/> | Un-coordination | <input type="checkbox"/> | Aggressiveness | <input type="checkbox"/> |
| Chicken Pox | <input type="checkbox"/> | Hearing Loss | <input type="checkbox"/> | Brain Trauma | <input type="checkbox"/> |
| Concussion | <input type="checkbox"/> | | | | |

11. Had other diseases:

If so, name them _____

Had to stay in the hospital overnight? Yes No

Age: _____ Hospital: _____

Reason: _____

12. Had your child had any serious accidents? Operations Yes No

If yes, explain _____

Allergies (Check if applicable)

- | | | | | | |
|----------|--------------------------|--------------------------|--------------------------|------------------------|--------------------------|
| Wheezing | <input type="checkbox"/> | Sinus trouble | <input type="checkbox"/> | Hives | <input type="checkbox"/> |
| Eczema | <input type="checkbox"/> | Reaction to medication | <input type="checkbox"/> | Hay Fever | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | Reaction to insect bites | <input type="checkbox"/> | Reaction to Penicillin | <input type="checkbox"/> |

Nutrition

Food allergies _____

Food likes _____ Food dislikes _____

Appetite – good _____ poor _____ snack eater _____

Unusual weight gain or weight loss _____

Summary

Is there anything in regard to your child’s habits, health or behavior that you would like to comment upon?

PARENT’S/GUARDIAN’S SIGNATURE: _____ DATE: _____

LINDENWOLD PUBLIC SCHOOLS

Medical Questionnaire

Student's Name _____ Date of Birth _____ Gr. _____

Allergic to food, medication or insect stings? _____ If yes, please explain: _____

Did or does your child have a history of any of the following? If yes, indicate the year the problem occurred.

YES	NO		YEAR
_____	_____	Experienced loss of consciousness after an injury?	_____
_____	_____	Significant hearing loss in one or both ears? Rt. _____ Lt. _____	_____
_____	_____	Weakness or loss of consciousness or heat exposure?	_____
_____	_____	Have to stop when running a half mile?	_____
_____	_____	Wear glasses or contacts during play?	_____
_____	_____	Serious eye injury or retinal detachment?	_____
_____	_____	Tubes in the ears or a perforated ear drum?	_____
_____	_____	Foot/ankle problem, including sprains or recurrent pain or swelling?	_____
_____	_____	Recurrent shoulder pain? Rt. _____ Lt. _____	_____
_____	_____	Wrist problems, including sprains or recurrent swelling or pain? Rt. _____ Lt. _____	_____
_____	_____	Wears dental appliances (braces, retainer/s, false teeth)?	_____
_____	_____	Asthma or significant problem with allergies?	_____
_____	_____	Health problems, chest pain, palpitations?	_____
_____	_____	Lightheadedness or fainting with strenuous activities?	_____
_____	_____	Muscle pulls or strains? If yes, where? _____	_____
_____	_____	Epilepsy?	_____
_____	_____	Thyroid or adrenal problem?	_____
_____	_____	Skin problem or rash?	_____
_____	_____	Low back pain or strain?	_____
_____	_____	High blood pressure?	_____
_____	_____	Neck or spine injury?	_____
_____	_____	Any Fracture? Where _____	_____
_____	_____	Bleed easily/take long to stop?	_____
_____	_____	Diabetes?	_____
_____	_____	Hip problems? Rt. _____ Lt. _____	_____
_____	_____	Undescended or absent testicle? Rt. _____ Lt. _____	_____

Explain any significant health problem: _____

Is there a history of sudden death in the family? Yes _____ No _____

List all hospitalization and/or surgery: _____

If the student is now under the care of a physician, please explain: _____

If the student has been advised against participation in physical activities due to medical reasons, please explain: _____

List any medications your child takes regularly: _____

Female students:

Does your daughter have problems with menstrual regularity? Yes _____ No _____

Does she have disabling cramps with her periods? Yes _____ No _____

➤ I do _____ I do NOT _____ give the school nurse permission to share medical information on a need to know basis with appropriate school staff.

➤ I hereby state that to the best of my knowledge, my answers to the above questions are correct.

Signature of Parent/Guardian

Print Name of Parent/Guardian

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 <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 () -	
<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. <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)	

IMMUNIZATIONS	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____
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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>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.</i>	
Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

Intentionally left blank.

**Intencionalmente dejado en
blanco.**

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

Lindenwold Public School District

A REMINDER FOR PRESCHOOL PARENTS:

According to the New Jersey Department of Health and Senior Services:

Children six months through 59 months of age attending a preschool facility or licensed child-care center **must annually receive** at least one dose of influenza vaccine between **September 1 and December 31 of each year.**

Please make sure your child receives a flu shot before December 31 and provide your school nurse with documented proof of immunization. If you are unsure of your child's status or have any questions, please do not hesitate to call the school nurse. **Failure to comply** with this requirement will be cause for **exclusion from school**. In addition, any child born outside the United States must have had a PPD (Mantoux Test) to rule out Tuberculosis. This test must be completed on or before the first day of school.

Thank you for your assistance with this requirement for attendance at school.

Sincerely,

Michelle Westenberger, RN, BSN, CSN
Lindenwold Preschool
School Nurse
(856) 783-1499, ext. 6003