GLEN RIDGE PUBLIC SCHOOLS

PRE-KINDERGARTEN AND KINDERGARTEN

REGISTRATION FOR 2020-2021 SCHOOL YEAR

Week of January 6, 2020
8:30 AM – 3:30 PM

Registration Locations:

FOREST AVENUE SCHOOL
excluding lunch hour 12:30 pm-1:30 pm

LINDEN AVENUE SCHOOL
excluding lunch hour 11:30 am -12:30 pm

ALSO

EVENING REGISTRATION: Wednesday, January 8, 2020 - 7:00-8:00 pm

EVENING LOCATIONS: FOREST AVENUE & LINDEN AVENUE SCHOOLS

To enter **Pre-K**, children must be **4 years old** by October 1, 2020
To enter **Kindergarten**, children must be **5 years old** by October 1, 2020

2020-2021 School Information:
Kindergarten at Forest Avenue, Linden Avenue, and Central Schools
Full-Day Program 8:30 am – 3:00 pm
(Students registered for Kindergarten will be informed of school placement at a later date)

Pre-Kindergarten at Central School
Full Day Program 8:20 am - 2:30 pm

Required at registration: 1) original birth certificate; 2) student health records; 3) two proofs of residency*

*Supporting documentation of proof of residency includes: property tax bill, deed, settlement statement or lease. **PLUS** one of the following: current utility bill, credit card receipt, bank statement, or voter registration card and court orders or agreements with state agencies.

Registration documentation can be downloaded on the Glen Ridge Public Schools website at www.glenridge.org, or picked up at Forest Avenue and Linden Avenue schools on January 2, 2020.

Students currently in Pre-K need not re-register for Kindergarten

GLEN RIDGE PUBLIC SCHOOLS
NEW STUDENT REGISTRATION FORM

STUDENT INFORMATION

Do you currently reside in Glen Ridge? Yes___No___

Registration Date: _____ Grade Entering: _____

School Entering: _____ Date Entering: _____

Student's Name: _____ Circle One: Male / Female

Student's Address: _____

City, State, Zip: _____

Home Phone: _____ Primary email: _____

Date of Birth: _____City, State **&** Country of Birth: _____

Ethnicity - *This is mandated by the State for reporting purposes only* (please circle one)

AA	H	B	A	W	M	P
(American Indian/Alaskan)	(Hispanic)	(Black, not Hispanic)	(Asian)	(White, not Hispanic)	(Multiracial)	(Pacific Islander)

First Language (if other than English): _____ Language Spoken at Home: _____

PREVIOUS SCHOOL INFORMATION

Other School(s) Attended:

School	Location	Grade(s)	School	Location	Grade(s)

HAS THE STUDENT BEEN CLASSIFIED OR RECEIVED SPECIAL EDUCATION CLASSES? • Yes • No
HAS THE STUDENT BEEN RECEIVING ACCOMMODATIONS THROUGH A 504 PLAN? • Yes • No
HAS THE STUDENT BEEN RECEIVING EARLY INTERVENTION SERVICES? • Yes • No

FAMILY INFORMATION

• MOTHER • FATHER • GUARDIAN	• MOTHER • FATHER • GUARDIAN
Name	Name
Home Address (if different from above)	Home Address (if different from above)
Home Phone (if different from above)	Home Phone (if different from above)
Employer	Employer
Address	Address
Work Phone	Work Phone
Cell Phone	Cell Phone
Email Address	Email Address

Number of Children in Family: _____ Name and Birthdates of all Children:

Name	Birthdate	Name	Birthdate

Other relatives in home (grandparent, aunt, etc.)

Whom to call in CASE OF EMERGENCY (if no one is at home) Name: _____

Phone: _____

Physician to call in CASE OF EMERGENCY Name: _____

Phone: _____

HAS YOUR CHILD EVER HAD ANY OF THE FOLLOWING? If so, when?

Chicken Pox ___	Heart Disease ___	Frequent Colds ___
Measles ___	Asthma ___	Frequent Headaches ___
German Measles ___	Pneumonia ___	Operations ___
Mumps ___	Tuberculosis ___	Serious Injury ___
Diphtheria ___	Scarlet Fever ___	Whooping Cough ___
Mantoux Test ___	Rheumatic Fever ___	Ear Infection ___
Seasonal Allergy ___	Food Allergy/Anaphylaxis ___	

List any food allergies: _____

List Other Health Conditions/Concerns: _____

The following original documents must be inspected and photocopied by school staff in order to enroll:

1. **Original Birth Certificate**
2. **Student Health Records**
   - **Most recent completed physical examination form** *is required for new students. The examining physician is responsible for informing the school of any health problems which may hinder this child from full participation in the school health education program.* ***An updated physical form will be required upon completion of the child's 2020 physical examination.***
   - **Current record of immunizations** *is required for new students.* ***No child may start school without certified proof of required immunizations.***
3. **Current Transcript**
4. **Support Documentation for Proof of Residency:**
   - *One of the following:*
     - *Property Tax Bill* or
     - *Deed* or
     - *Settlement Statement* or
     - *Lease*

plus

- *Voter Registration (if one is available)*
- *Evidence of Expenditures for Necessities: credit card receipt, itemized bills, pharmaceuticals, bank statements, utility bills, etc*. (Originals)
- *Court Orders, Permits or Agreements with State Agencies* (Originals)
- *Employment documents*

No registration is complete until all information is verified.

All of the information above is accurate and complete. The student being registered is a resident of Glen Ridge. I understand that falsifying information concerning residency will result in expulsion and tuition charges.

Signature of Parent/Guardian: _____ Date: _____

For Office Use

Academic Records from Previous School _____ Health Records from Previous School _____ IEP from Previous School

504 Plan from Previous School _____ I.D.# ___ Locker # _____ Schedule

Attendance Card _____ Memo to Teachers _____ Business Office notified _____ TUITION: • Yes • No

Rec'd/Reviewed by School

Glen Ridge Public Schools

"Where Excellence Begins"

January 2020

Dear Parents and/or Guardians:

The New Jersey Department of Education recommends periodic physical examinations for all students. The Glen Ridge School District, in complying with this recommendation, requires a physical examination for **all students when entering the school district** as well as in the 3rd and 7th grades.

According to NJAC 6A:16-2.2(h), student medical examinations must be conducted at the medical home of the student and a full report must be sent to the school. A medical home is defined as meaning a health care provider and a provider's practice site chosen by the student's parents or guardian for the provision of health care. If a student does not have a medical home or should you have any questions, kindly contact the school nurse.

This examination must be a **current** physical examination. If your child is not scheduled for a physical examination until after September 2020, (perhaps due to insurance regulations**), please submit the most recent physical examination prior to September 2, 2020.** This form must be received in order for your child to attend the first day of school.

An updated form signed by your physician must then be submitted when the 2020 physical examination is completed. A copy from the patient portal is not acceptable. The physician must indicate if your child has any known allergies or if there are any restrictions regarding participation in physical education.

Please return it to the "School Nurse" at:

Forest Avenue School	Linden Avenue School	Central School
287 Forest Avenue	205 Linden Avenue	180 Hillside Avenue
Glen Ridge, New Jersey 07028	Glen Ridge, New Jersey 07028	Glen Ridge, New Jersey 07028
973-429-3481	973-429-3351	973-707-5080
creilly@glenridge.org	pbartin@glenridge.org	btrignano@glenridge.org

Thank you for your assistance.

Sincerely,

Charlene Reilly, MS, NJ-CSN, RN, Forest Avenue School Nurse
Pamela Barton, RN, BS, Linden Avenue School Nurse
Brienne Trignano, RN Central School

APPENDIX H

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: *American Academy of Pediatrics, New Jersey Chapter*
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name *(Last)* *(First)*	Gender ☐ Male ☐ Female	Date of Birth / /
Does Child Have Health Insurance? ☐Yes ☐No	If Yes, Name of Child's Health Insurance Carrier	
Parent/Guardian Name	Home Telephone Number ( ) -	Work Telephone/Cell Phone Number ( ) -
Parent/Guardian Name	Home Telephone Number ( ) -	Work Telephone/Cell Phone Number ( ) -

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC. ☐Yes ☐No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination: | Results of physical examination normal? ☐Yes ☐No

Abnormalities Noted:

Weight *(must be taken within 30 days for WIC)*	
Height *(must be taken within 30 days for WIC)*	
Head Circumference *(if <2 Years)*	
Blood Pressure *(if ≥3 Years)*	

IMMUNIZATIONS

☐ Immunization Record Attached
☐ Date Next Immunization Due: _____

MEDICAL CONDITIONS

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

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ ***I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.***

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

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 child care 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, Vaccine Preventable Diseases Program at 609-826-4860. The Immunization record must be attached for the form to be valid.
   - "Date next immunization is due" is optional but helps child care 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 child care 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.nj.gov/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 child care (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 child care provider as to dosage, route, frequency, and possible side effects. Many child care 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, child care settings, and some other programs. This section can provide valuable data for public heath 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.

   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.

Glen Ridge Public Schools

"Where Excellence Begins"

January 2020

TO: Parents of Students entering Pre-Kindergarten in September 2020

FROM: Joseph Caravela, Principal, Linden Avenue School
Matthew J. Murphy, Principal, Forest Avenue School

SUBJECT: Immunization requirements for students entering Pre-Kindergarten

Children must be appropriately immunized for their age to be enrolled in school. To be in compliance with current New Jersey Immunization Regulations as stated in Chapter 14 of the State Sanitary Code (NJAC 8:57-4.1 to 8:57-4.17), children's immunization records must document month, date and year of the following vaccines:

1. Four doses of Diphtheria, Tetanus, Pertussis (DTaP), one dose given on or after the 4th birthday, OR any 5 doses
2. Three doses of Oral Polio Vaccine (OPV or IPV), one dose given on or after the 4th birthday OR any 4 doses
3. One dose of Measles, Mumps, Rubella (MMR)
4. Appropriate dose(s) of Haemophilis influenza type B vaccine (HIB) – one dose is needed after the first birthday
5. One dose of Varicella (Chicken Pox) given after first birthday (Laboratory evidence of immunity, physician or parental statement of previous Varicella disease is also acceptable.)
6. Pneumococcal vaccine (PCV), one dose after the first birthday
7. Influenza vaccine – one dose between September 1st and December 31st, 2020

Documents accepted as evidence of immunization include:

- Official school/Childcare records
- Records from any health department
- Physician's certificate/letterhead stationery/prescription pad listing specific vaccines and administration dates signed by a licensed physician or advanced practice nurse
- Laboratory evidence of immunity

NO PUPIL WILL BE PERMITTED TO ATTEND SCHOOL WITHOUT PROOF OF IMMUNIZATIONS.

Glen Ridge Public Schools

"Where Excellence Begins"

January 2020

TO: Parents of Students entering Kindergarten in September 2020

FROM: Joseph Caravela, Principal, Linden Avenue School
Matthew J. Murphy, Principal, Forest Avenue School

SUBJECT: Immunization requirements for students entering Kindergarten

Children must be appropriately immunized for their age to be enrolled in school. To be in compliance with current New Jersey Immunization Regulations as stated in Chapter 14 of the State Sanitary Code (NJAC 8:57-4.1 to 8:57-4.17), children's immunization records must document month, date and year of the following vaccines:

8. Four doses of Diphtheria, Tetanus, Pertussis (DTaP), one dose given on or after the 4th birthday, OR any 5 doses
9. Three doses of Oral Polio Vaccine (OPV or IPV), one dose given on or after the 4th birthday OR any 4 doses
10. Two doses of Measles vaccine, one dose of Mumps and Rubella vaccine (Laboratory evidence of immunity to Measles is also acceptable.)
11. One dose of Varicella (Chicken Pox) given after first birthday (Laboratory evidence of immunity, physician or parental statement of previous Varicella disease is also acceptable.)
12. Three doses of Hepatitis B vaccine

Documents accepted as evidence of immunization include:

- Official school/Childcare records
- Records from any health department
- Physician's certificate/letterhead stationery/prescription pad listing specific vaccines and administration dates signed by a licensed physician or advanced practice nurse
- Laboratory evidence of immunity

NO PUPIL WILL BE PERMITTED TO ATTEND SCHOOL WITHOUT PROOF OF IMMUNIZATIONS.

GLEN RIDGE PUBLIC SCHOOLS

Department of Student Services
12 High Street
Glen Ridge, NJ 07028
Phone (973)429-8305 FAX (973) 743-7079

LANGUAGE SURVEY
NEW ENTRANT REGISTRATION INFORMATION

Student's Name: _____ Date: _____

Address: _____

Place of Birth: _____ Phone: _____

Language First Spoken by Child: _____

Family Information:

	NAME	BIRTH PLACE	LANGUAGE SPOKEN
Parent			
Parent			
Guardian			

Entry Date into United States: _____

Did child attend daycare/school in U.S.: YES_____ NO_____

Transferring From: _____
School Address

Last Grade Completed: _____ Grades Repeated: _____

*Please **write in or circle** the correct answer to the following questions. This information is needed in order to provide the most appropriate instructional program for your child.*

1.	What language did your child first learn to speak?	_____	English
2.	What language do you use most often when speaking to your child at home?	_____	English
3.	What language does your child use most often when speaking to you, his parents, at home?	_____	English
4.	What language does your child use most often when speaking to brothers and sisters?	_____	English
5.	What language does your child use most often when speaking to other relatives?	_____	English
6.	What language does your child use most often when speaking to friends?	_____	English
7.	What language does your child use most often in public places (at the store, park, playground, etc.?)	_____	English

Glen Ridge Public Schools

"Where Excellence Begins"

I understand that according to Board of Education policy, the Superintendent may review existing boundary lines and recommend to the Board such changes as may be justified by an educationally sound balance of student populations.

Date: _____ Signature: _____