January, 2019

KINDERGARTEN 2019-2020 REGISTRATION

Dear Parent/Legal Guardian:

Welcome to Edison Township Public Schools! We are pleased to offer you the opportunity to begin your child’s enrollment process at your convenience. The following forms, which make up the Kindergarten packet, should be filled out neatly and accurately in black ink. (Packets are available at the Enrollment Center or online at www.edison.k12.nj.us/enrollment.) You will need to bring your completed packet to the Enrollment Center to complete the enrollment process. See enclosed schedule for list of schools and dates.

Please note: Your child will not need to be present for this special kindergarten pre-registration enrollment process. At a later date, you and your child will report to the school to meet with the nurse and possibly the Reading Specialist.

On the designated enrollment date, please bring the completed forms and all required documents (see enclosed list of requirements) to the Enrollment Center. At that time, all documentation will be reviewed and the enrollment process completed.

NOTE: Kindergarten Registration will take place at the Enrollment Center – not at the school – on the designated dates. Hours are from 9:00 AM – 3:00 PM.

Below are instructions for completing the forms. If you have any questions, please feel free to call 732-452-4570 for assistance.

Student Enrollment Data Form: Leave the top portion of the form blank. Start with the student’s Name. Complete all of the items on the front and back of the form. Please remember to sign and date the form.

Health History, Form #16: Please read each item on the front carefully and indicate yes or no on the lines provided. Be specific with any “yes” answers, providing dates and details when possible. Complete the back of the form and sign.
KINDERGARTEN REGISTRATION 2019-2020

Children must be 5 years of age on or before October 1, 2019 to be eligible for Kindergarten

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>REGISTRATION DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>MENLO PARK</td>
<td>February 5 through February 8, 2019</td>
</tr>
<tr>
<td>LINCOLN</td>
<td>February 11 through February 15, 2019</td>
</tr>
<tr>
<td>LINDENEAU</td>
<td>February 19 through February 22, 2019</td>
</tr>
<tr>
<td>BEN FRANKLIN</td>
<td>February 19 through February 22, 2019</td>
</tr>
<tr>
<td>JAMES MADISON PRIMARY</td>
<td>February 25 through March 1, 2019</td>
</tr>
<tr>
<td>WASHINGTON</td>
<td>March 4 through March 8, 2019</td>
</tr>
<tr>
<td>JOHN MARSHALL</td>
<td>March 11 through March 15, 2019</td>
</tr>
<tr>
<td>JAMES MONROE</td>
<td>March 18 through March 22, 2019</td>
</tr>
<tr>
<td>M L KING</td>
<td>March 18 through March 22, 2019</td>
</tr>
<tr>
<td>WOODBROOK</td>
<td>March 25 through March 29, 2019</td>
</tr>
</tbody>
</table>

Registration will take place at the Enrollment Center, 312 Pierson Ave., Edison, NJ 08837, NOT at the school.

Registration hours are from 9:00 AM - 3:00 PM.

Only the parent or legal guardian may enroll the child. The child does NOT need to be present for this special registration. Please go to the district website at www.edison.k12.nj.us/enrollment and click “Kindergarten Registration Packet 2019-2020” under site shortcuts on the left hand side of the page or you can pick up a Kindergarten registration packet at the Enrollment Center beginning January 8, 2019. The packet contains a requirement sheet and the forms that can be filled out prior to coming in for the scheduled registration date.

Please call the Enrollment Center at 732-452-4570 if you need any further assistance.
ENROLLMENT REQUIREMENTS

* PARENT OR GUARDIAN MUST ENROLL A STUDENT (UNLESS STUDENT IS AN ADULT)
* STUDENT MUST LIVE IN EDISON
* STUDENT MUST BE PRESENT IN ORDER TO ENROLL OR RE-ENROLL

THE FOLLOWING DOCUMENTS SHOULD BE PRESENTED AT THE TIME OF ENROLLMENT:

PREFERRED PROOFS OF RESIDENCY:
FOUR (4) OF THE FOLLOWING PROOFS OF RESIDENCY MAY BE SUBMITTED:

Current property tax bill, deed, lease, lease renewal or signed letter from landlord, indicating residency
Current utility bill with name and address
Photo ID of parent/guardian with current address (Driver’s License, Permanent Resident Card, etc.)
Paid rent receipts or cancelled rent checks
Current automobile registration or insurance card
Bank or credit card statement
Documents pertaining to military status and assignment
Court orders, State agency agreements and other evidence of court or agency placements or directives

(Note: Alternate documentation of residency will be considered.)

PROOF OF STUDENT’S DATE OF BIRTH
Birth Certificate / Passport / Other Official Document Indicating Age

UPDATED IMMUNIZATION RECORD
Document in English, with student’s name, doctor or clinic name, and month, date & year of shots

SCHOOL RECORDS (if available) – Transfer Card / Withdrawal or Leaving Certificate / Report Card / Letter from previous school, confirming attendance and grade level / Test Scores / IEP

PROOF OF CUSTODY, if applicable, may be requested.

FOR MORE INFORMATION, VISIT US ON THE WEB AT: http://www.edison.k12.nj.us/enrollment

Nothing Less Than Excellence
**Public Schools of Edison Township**

**Enrollment Center**
312 Pierson Avenue * Edison, New Jersey 08837
Telephone (732) 452-4570 Fax (732) 452-4576

Paul J. Saxton
Superintendent of Schools

**Student Enrollment Form:**

<table>
<thead>
<tr>
<th>Enrolled by:</th>
<th>Date:  /  /</th>
</tr>
</thead>
</table>

**Office Use Only** (Rev. 2/17) Input By:  /  /  |

**NEW ENROLLMENT:** YES | NO **RE-ENROLLMENT:** YES | NO **CHANGE OF ADDRESS:** YES | NO

SSID# __________________ LOCAL ID# ________________ PCC CODE ________________ FAMILY CODE ________________


Edison School: ______________ Grade: _____ Previous School: ______________ Grade: _____

Previous School Address: __________________________ School Records Submitted: YES | NO

Custody Document Submitted: YES ___ NO ___ Basic Skills: _____ Speech: _____ ESL: _____

**SPECIAL EDUCATION:** YES | NO [IEP Submitted: YES | NO] Copy sent to Special Services: YES ___ NO ___

Does Qualify under McKinney-Vento Act: _____ Does NOT Qualify under McKinney-Vento Act: _____

**Student Information (PLEASE PRINT CLEARLY)**

<table>
<thead>
<tr>
<th>First Name ________________</th>
<th>Last Name ________________</th>
</tr>
</thead>
</table>

Middle Name ________________ Birthdate:  /  /  Gender: Male | Female (Circle one)

Ethnicity

- [ ] Hispanic
- [x] Non-Hispanic

Race

- [ ] White
- [ ] Black
- [ ] American Indian / Alaskan
- [ ] Asian
- [ ] Hawaiian native/other Pacific Islander

Birth City: ____________________________ Birth State: ____________________________ Birth Country: ____________________________

If born outside of the U.S., ____________________________ (Country of Origin)

Original Entry in U.S.:  /  /  MM DD YYYY First Entry in U.S. School:  /  /  MM DD YYYY

Student’s Primary Language: ____________________________ Home Language: ____________________________

Which language did your child learn first? ____________________________

In which language do you prefer to receive information from the school? ____________________________

**SPECIAL EDUCATION:** YES | NO [IEP Submitted: YES | NO] **Basic Skills:** _____ Speech: _____ ESL: _____

Current Legal Home Address in Edison ____________________________ Apt #: _____

Home Phone Number (_____) _______ - ______________ Email: ____________________________

Mother/Guardian 1 Mobile: (_____) _______ - ______________ Father/Guardian 2 Mobile: (_____) _______ - ______________

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Previous Legal Address: ____________________________ Street Address / City / Zip Code

Apt #: ____________________________

CHECK HERE IF CURRENT ADDRESS IS THE SAME AS THE STUDENT ADDRESS: ______

Note: If the parents are divorced or separated, or someone other than the parents has legal custody of the child, you are required to submit legal proof of residential custody.

Parent/Legal Guardian Information (PLEASE PRINT CLEARLY)

Mother/Legal Guardian 1 Name ____________________________ Relation to Student: ____________________________

Apt #: ____________________________

Street Address / Zip Code

Home Phone Number (_____ ) ______ - ____________ Mobile (_____ ) ______ - ____________

Work Phone (_____ ) ______ - ____________ Email: ____________________________

Language Spoken: ____________________________ This parent/legal guardian has residential custody: ___ YES ___ NO

Father/Legal Guardian 2 Name ____________________________ Relation to Student: ____________________________

Apt #: ____________________________

Street Address / Zip Code

Home Phone Number (_____ ) ______ - ____________ Mobile (_____ ) ______ - ____________

Work Phone: (_____ ) ______ - ____________ Email: ____________________________

Language Spoken: ____________________________ This parent/legal guardian has residential custody: ___ YES ___ NO

Emergency Contact (NOT parent/legal guardian)

Name ____________________________ Name ____________________________

Relation to Student ____________________________ Relation to Student ____________________________

Phone Number (_____ ) ______ - ____________ Phone Number (_____ ) ______ - ____________

PLEASE LIST ANY CHILD RESIDING AT THIS ADDRESS ELIGIBLE TO ATTEND SCHOOL

<table>
<thead>
<tr>
<th>NAME</th>
<th>GENDER</th>
<th>BIRTHDATE</th>
<th>CURRENT SCHOOL</th>
<th>GRADE</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

I/we fully understand that the Edison School District retains the full right to verify any information contained in this application at any time during the period for which enrollment is pending or after enrollment has actually taken place. If at any time the pupil registered no longer qualifies as an Edison pupil, I/we shall forthwith advise the office of the Superintendent of Schools, 312 Pierson Avenue, Edison, NJ 08837. I/we fully understand that failure to do so shall hold me/us legally responsible for all tuition costs, legal costs, and any other expenses incurred by the Edison School District during that period of time for which the pupil was not so qualified for enrollment. I/we understand that no documents or pupil records, awards, or diplomas shall be issued to the pupil or to his parent/guardian or be forwarded to any other school district or school until such costs have been settled with the Edison School District. I/we swear that the information contained herein is true. Any false information concerning residency shall be penalized according to N.J. Statute 18A:38-1.

__________________________  ____________________________
Parent/Legal Guardian Signature  Date

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REGISTRATION HEALTH HISTORY

Student's Name: ____________________________  Date of Birth: ________
School: ____________________________________  Grade: ________

IMMUNIZATION RECORD

Immunization Document Received  Date ________________
Requested from parents/guardian  Date ________________

CHILDHOOD ILLNESSES, INJURIES, OPERATIONS, ORTHOPEDIC CONDITIONS:
Please give age of child when illness, injury, occurred explain:

Asthma ____________________  Measles ____________________
Chicken Pox ________________  Mononucleosis ____________
Diabetes ________________  Ear Infection ____________
Heart Condition ____________  Pneumonia/Bronchitis ____________
Kidney/Bladder Condition ____________  Rheumatic Fever ____________
Strep Infection ____________  Seizure(s) ____________

Other

Any known speech/hearing problem: ____________________
Any known Visual Problem: ____________________
Allergies or Eczema: ____________________
Behavioral Difficulties: ____________________
Gastrointestinal Problem: ____________________
Toileting Difficulties: ____________________
Neurological Disorders: ____________________
Muscle or Bone Problems: ____________________
Other Medical Conditions: ____________________
Previous Injuries/Accident: ____________________
Sleeping Problems: ____________________
Significant or Frequent Illness: ____________________
Surgery: ____________________
Breathing Difficulties: ____________________
Nutritional/Eating Problems: ____________________
Other difficulties: ____________________

Has the child ever had prolonged use of medication, or is any medication or therapy being given at this time? If so, please explain: ____________________
Physical Limitations:

________________________________________________________________________

________________________________________________________________________

Has your child ever been confined to a hospital? If so, please explain:

________________________________________________________________________

________________________________________________________________________

Has your child ever been advised not to participate in a sport or to reduce activity? If so, please explain:

________________________________________________________________________

________________________________________________________________________

Has your child had a loss of, or serious impairment of a paired organ such as a kidney, eye, lung, etc. If so, please explain:

________________________________________________________________________

________________________________________________________________________

List additional health information.

________________________________________________________________________

________________________________________________________________________

I/we give permission for the nurse to share any health-related information with principal, guidance counselors & teachers on a "need to know" basis for as long as my child is a student in Edison Public Schools.

My child is covered by health insurance ___yes  ___no

My child receives his/her health care at: ____________________________

Name of health care provider or clinic

________________________________________  __________________________
Signature of Parent/Guardian                  Date

8196, 5/98,6/99,3103,1/05
KINDERGARTEN PHYSICAL EXAM FORM (#16)

The front of the next form is to be completed by your child’s doctor, following a physical exam.

Exam date must be within 365 days of the child’s first day of school in September, 2019.

The back of the form is to be completed and signed by the parent.

If the Physical Exam Form is completed before your kindergarten enrollment date, please bring the form with you to the Enrollment Center.

If the Physical Exam Form is completed by the first week of June, please return it to the nurse at your child’s school as soon as possible so that your child’s file may be completed before schools close for the summer.

DENTAL HEALTH FORM (#15)

This form should be completed by the child’s dentist, and returned to school in September, 2019.
PUBLIC SCHOOLS OF EDISON TOWNSHIP
EDISON, NEW JERSEY 08837
HEALTH SERVICES

HEALTH CARE PROVIDER EXAMINATION (Grades Pre K-12, Excluding Sports or Intramurals)
RETURN TO THE SCHOOL NURSE

N.J.A.C. 6A:16-2.2 requires all medical examinations must be done by the student's family physician or clinic where the student receives his/her healthcare.
If you do not have a family physician or clinic who provides medical care for your child, please contact the school nurse for a school physician exam request form.

Student: ___________________ Grade: ___________ School: ___________________

Male/Female (circle one) Date of Birth: ______________________

IMMUNIZATIONS ADMINISTERED LABORATORY TESTS DONE

__________________________ __________________________

T.B. Mantoux Test: (date) __________________ Result _______ mm.

RECORD OF PHYSICAL EXAMINATION:

Hearing R: _______ L _______

Height: _________ Weight: _______ BMI Percentile: __________ Blood Pressure: __________ Pulse: __________

Vision R: _______ L _______ Vision correction (glasses/contacts): __________________________

Hearing/Ears (tubes/hearing aids): __________________________

Skin and scalp: Abdomen: __________________________

Rashes Jaundice Infection Hepatomegaly Splenomegaly Mass

Head and neck: Lymph nodes: __________________________

Nose and throat: Teeth: __________________________

Extremities: Inguinal area (hernia): __________________________

Mobility ___________ Deformity ___________ Joint Instability __________________________

Lungs: Reflexes Spine (scoliosis, etc.): __________________________

Neurological: Balance Coordination __________________________

Females: Normal Menstruation Males: Hernia: Testes Descended __________________________

Heart (any irregularity? If yes, please explain): Murmurs Rhythm/Rate __________________________

Injuries, operations? Explain: __________________________

Chronic Illness Condition or Disease: __________________________

Orthopedic defects: Yes ______ No ______ Accommodations necessary? __________________________

Mobility Instability Deformity __________________________

Medications being taken by the student? No ______ Yes ______ If yes, please list: __________________________

Assessment of Physiologic Maturation:

General condition of student: __________________________

Are there any health findings which might have an effect on the educational management of the student? If yes, please explain: __________________________

In your opinion, is the student capable of carrying a full program in physical education, and field trips?

Yes ______ No ______. Explain: __________________________

Restrictions of Activity Recommended: __________________________

Name of Healthcare Provider (please print) __________________ Signature of Healthcare Provider __________________ Telephone Number __________________

Address __________________ Date of Exam __________________

Revised: 12/03, 4/04, 8108, 9/10
file:NHSM Form 16

(over)
PUBLIC SCHOOLS OF EDISON TOWNSHIP
EDISON, NEW JERSEY 08837

HEALTH HISTORY
(TO BE COMPLETED BY PARENT OR GUARDIAN)

Student's Name: ____________________________ Grade/Section: _______ School: _______

1. Has student ever been hospitalized or had surgery? Y N

1a Significant illness or injury in past year or less? (sprain, mononucleosis, etc.) Y N

2. Is student presently taking any medication? (daily or occasionally) Y N

3. Does student have any severe allergies to (medicines, foods, or insects)? Y N

3a. Does student have an Epi-Pen for severe allergic reaction? Y N

4. Has student ever passed out during or after exercise? Y N
Has student ever been dizzy during exercise? Y N
Has student ever had chest pain during or after exercise? Y N
Has student ever had high blood pressure? Y N
Has student ever been told you had a heart murmur? Y N
Has student ever had racing of your heart or skipped beats? Y N
Has anyone in your family died of heart problems or sudden death before the age of 50? Y N

5. Does student have any skin problems under treatment (itching, rashes, acne)? Y N

6. Has student ever had a head injury or concussion? Y N

7. Has student ever been dizzy or passed out in the heat? Y N

8. Does student have any problems with hearing loss? Y N

9. Does student have trouble breathing during or after exercise? Y N

9a. Does student have asthma? Y N

9b. Does student use asthma inhaler(s)? Y N

10. Has student had any problems with eyes or vision? Y N

10a. Does student wear contact lenses or glasses during sports? Y N

11. Does student have any medical conditions (diabetes, seizure disorder, severe headaches, etc.) Y N

12. Has student ever fractured or dislocated any of the following?
   Skull Neck Shoulder Arm Elbow Wrist Hand Thigh Leg Knee Ankle Foot Y N

13. Does student wear orthodontic braces or retainer? Y N

14. Explain any YES answers (include dates): __________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

Signature of Parent/Guardian: ____________________________ DATE: ____________________________

Revised: 12/03/4/04, 8/08
file: NHSM Form 16
DENTAL HEALTH FORM

Dear Parent/Guardian:

An important part of your child's total well-being is the care of the teeth and prevention of decay. In order to promote positive dental health maintenance at an early age, we are asking you to have your family dentist complete the dental form below and return it to the school. This dental form then becomes an essential part of your child's school and health records.

The condition of a child's teeth often affects not only attendance at school but also performance including speech development, in school. Statistics demonstrate that many children have not achieved as well as their capabilities indicate because of discomfort and pain due to cavities and discomfort, pain and illness from teeth that are abscessed.

All parents are interested in the scholastic achievement, health and welfare of their children. In order to improve the dental health of the children of our township, especially those who will be entering kindergarten in September, you are urged to arrange for dental examination of your child's teeth by your family dentist without appreciable delay. The preventive measure of determining tooth defects and decay and obtaining early corrective treatment will help protect permanent teeth and assist in their proper development.

Following the dental examination, please ask your dentist to complete the attached form and return it to school as soon as possible.

Respectfully,

__________________________________________
School Nurse

__________________________________________
School

__________________________________________
Phone

=================================================================
TO BE COMPLETED BY FAMILY DENTIST

I have examined ____________________________________ D.O.B. ___________

Please check one: Patient under treatment.

____ Dental treatment completed.

____ No treatment necessary.

Remarks: ____________________________________________

__________________________________________
Signature of Dentist

__________________________________________
Date