

# Audubon Public Schools

350 Edgewood Avenue, Audubon, New Jersey 08106-1545  
 Phone (856) 547-7695 • Fax (856) 546-8550  
 www.audubonschools.org

## REGISTRATION REQUIREMENTS

**REGISTRATION IS BY APPOINTMENT ONLY.**

**Parents / Legal Guardian and Student must meet with the Registrar with the following schedule:**

Regular Hours (School days)		Summer Hours	
Monday - Friday	9:00 am - 1:00 pm	Monday - Thursday	Friday
		9:00 am - 2:00 pm	<b>CLOSED</b>

*Joan Jackson, Registrar*  
 jjackson@audubonschools.org  
 350 Edgewood Avenue, Audubon, New Jersey 08106-1545  
 Tel. No. (856) 547-7695, Ext. 4122 • Fax No. (856) 546-8550

**Must bring completed forms and the following requirements upon registration:**

**TWO (2)** Proofs of Residency (**1 Primary & 1 Secondary**) must be submitted upon registration along with the **ORIGINAL Birth Certificate** and all other documents listed in column C and D (if applicable). If student is classified, please provide IEP. Supplemental documents (E) may be accepted if documents in A and B are not immediately available, however, **A and B have to be submitted within 30 days.**

A	and B	C	D	E
<p><b>*PRIMARY PROOF OF RESIDENCY</b> (must submit 1 of the following)</p> <p><input type="radio"/> Lease Agreement (current) must have <b>CURRENT DATE</b></p> <p><input type="radio"/> Property Mortgage bill</p> <p><input type="radio"/> Property Tax bill</p> <p><input type="radio"/> Property Deed (Mortgage &amp; Tax bill should be <b>less than 60 days</b>)</p> <p><input type="radio"/> Tuition Authorization (Mt. Ephraim)</p> <p><input type="radio"/> Housing Agreement (Aud. Park)</p> <p><input type="radio"/> School Choice – Not Applicable</p>	<p><b>*SECONDARY PROOF</b> (must submit 1)</p> <p>Recent Utility Bill (<b>less than 60 days</b>)</p> <p><input type="radio"/> electric</p> <p><input type="radio"/> gas</p> <p><input type="radio"/> water &amp; sewer</p> <p><input type="radio"/> cable</p> <p><b>Bills not listed above will NOT be accepted</b></p>	<p style="text-align: center;"><b>STUDENT RECORDS</b></p> <p><input type="radio"/> <b>ORIGINAL</b> Birth Certificate</p> <p><input type="radio"/> Transfer Card from previous school</p> <p><input type="radio"/> Report Card, Transcript of Records, &amp; Test Scores if applicable</p> <p><input type="radio"/> Immunization Records (must be up-to-date)</p> <p><input type="radio"/> Physical/Health Records</p>	<p style="text-align: center;"><b>CUSTODY</b> (if applicable)</p> <p><input type="radio"/> Custody</p> <p><input type="radio"/> Domicile</p> <p><input type="radio"/> State Agency Placement</p>	<p style="text-align: center;"><b>SUPPLEMENTAL</b></p> <p><input type="radio"/> Contract for Sale</p> <p><input type="radio"/> Settlement Papers</p> <p><input type="radio"/> Court Orders</p> <p><input type="radio"/> Voter's Registration</p> <p><input type="radio"/> Delivery Receipts</p> <p><input type="radio"/> Financial Account</p> <p><input type="radio"/> State Agency Agreement</p> <p><input type="radio"/> Affidavit</p>

**\* Proofs of Residency MUST SHOW Parents' or Legal Guardian's name. In addition, a lease MUST HAVE A CURRENT DATE consistent with the school year. If none of the residency requirements have the parents' or legal guardian's name, a notarized AFFIDAVIT, from both the district resident and the parents/legal guardian, must be submitted. For more information, please contact the registrar.**

**To complete the registration process, a new student MUST:**

1. Be accompanied by **PARENT/S** or **LEGAL GUARDIAN** during the registration unless:
  - The student is not living with a parent or guardian, then he/she must establish proof of residence in the borough and present appropriate domicile papers.
  - A student is 18 years of age or older.
  - The student is an emancipated minor.
2. Provide an **ORIGINAL BIRTH CERTIFICATE WITH A RAISED SEAL** and/or a notarized document to confirm under which legal category attendance is being affected:
  - natural born son/daughter
  - adoption
  - domicile
  - custodial
  - ward of custody

**Note:** • It is illegal to ask for the Income Tax Records. • It is illegal to ask for the child's Social Security Number.

- Complete Immunization Record **MUST** be submitted upon registration.
- Student **CANNOT** begin school if proof of IMMUNIZATION is not complete.

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## REGISTRATION MATERIALS

### 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 will 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., living with a parent or guardian whose permanent home is located within the district. A home is permanent when the parent or guardian 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 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 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, 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, legal 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 or information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa;
- Documentation or 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.**

[Optional note if district permits attendance by non-residents on a tuition basis: state law allows school districts to admit non-resident students, through policies adopted at board discretion, on a tuition basis. If your student is not eligible to attend school in this district free of charge, he or she may enroll on a tuition basis by... **(instructions on how to obtain more information, or register for enrollment as a non-resident student.)**]

*If you experience difficulties with the enrollment process, please see:*

**Robert Goldschmidt**  
**Interim Superintendent**  
 Audubon Public Schools  
 350 Edgewood Avenue, Audubon, New Jersey 08106-1545  
 Phone (856) 547-7695 Ext. 4102 • Fax (856) 546-8550  
[rgoldschmidt@audubonschools.org](mailto:rgoldschmidt@audubonschools.org)

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## REGISTRATION FORM

**IMPORTANT:** This registration application can only be processed if parent/legal guardian has met with the Registrar to validate ORIGINAL documents. To avoid delay, all forms must be filled-out and **DOCUMENTS MUST BE COMPLETE** when you come to register. The same rules and requirements apply to students who are **RETURNING** to the Audubon School District. Please print.

NAME OF PERSON ENROLLING THE STUDENT \_\_\_\_\_ STUDENT GRADE LEVEL \_\_\_\_\_

RELATIONSHIP  Parent  Legal Guardian \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_/\_\_\_\_/\_\_\_\_

**I. STUDENT INFORMATION**  School Choice Program

STUDENT FULL LEGAL NAME *(as what appears on Birth Certificate)*

\_\_\_\_\_ Last Name First Name Middle Name Suffix

GENDER  Male  Female BIRTHDATE \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_  
Month Day Year City State/Country

HOME ADDRESS \_\_\_\_\_  
House/Apt. No. Street City

State Zip Code HOME PHONE# (\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
*(if different from Home Address)*

- ETHNICITY  HISPANIC / LATINO *(Cuban / Mexican / Puerto Rican / South or Central American or other Spanish culture or origin, regardless of race)*
- RACE *(check all that apply)*
- AMERICAN INDIAN / ALASKAN *(a person having origins in any of the original peoples of North and South America, including Central America and who maintains tribal affiliation or community attachments)*
  - ASIAN *(a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam)*
  - BLACK / AFRICAN AMERICAN *(a person having origins in any of the Black racial groups of Africa)*
  - NATIVE HAWAIIAN / PACIFIC ISLANDER *(a person having origins in any of the original peoples of Hawaii, Guam, Samoa, other Pacific Islands)*
  - WHITE *(a person having origins in any of the original peoples of Europe, North Africa or the Middle East)*

**FOR MULTI-RACIAL:** *(a person having more than one (1) race, YOU MUST SPECIFY ALL RACES THAT APPLY AS LISTED ABOVE)*

PRIMARY LANGUAGE SPOKEN \_\_\_\_\_ HOME LANGUAGE/DIALECT SPOKEN \_\_\_\_\_

IS STUDENT AN IMMIGRANT TO THE US?  YES  NO *(an "IMMIGRANT CHILD" is an individual aged 3 through 21; was not born in any State; and has not been attending one or more schools in any one or more States for more than three (3) full academic years.*

COUNTRY \_\_\_\_\_ U.S. ENTRY DATE \_\_\_\_\_ FIRST ENTRY DATE TO U.S. SCHOOL \_\_\_\_\_

IS STUDENT A MIGRANT?  YES  NO *(a "MIGRATORY CHILD" who is or whose parent is a migratory agricultural worker, migratory dairy worker or a migratory fisher in order to obtain, or accompany such parent for temporary or seasonal employment in agricultural or fishing work)*

II. SPECIAL ED / 504 PLAN / RELATED AIDS OR SERVICES

- DOES YOUR CHILD RECEIVE SPECIAL EDUCATION AND/OR RELATED AID OR SERVICES? YES NO
DOES YOUR CHILD RECEIVE A 504 PLAN? YES NO
DOES YOUR CHILD RECEIVE SPEECH SERVICES? YES NO
IF YES, HAVE YOU SUBMITTED A COPY OF THE IEP / 504 EVALUATION TO AUDUBON SCHOOLS? YES NO

CHECK ALL SERVICES YOUR CHILD RECEIVED(S):

- ELL/ESL/Bilingual Remedial/Basic Skills/Supplemental (please circle) Language Arts/Math/Others

III. PRIOR SCHOOL DISTRICT & HOME ADDRESS INFORMATION

LAST SCHOOL ATTENDED Name of School City State

Last School Tel # District Name

LAST HOME ADDRESS WHILE ATTENDING PRIOR SCHOOL House # Street

City State Zip Code

Name of high school that student would be attending if not in School Choice Program

IV. PARENT / GUARDIAN INFORMATION

- a) DOES CHILD LIVE WITH BOTH PARENTS? YES NO
c) ARE THERE CUSTODY PAPERS? YES NO
If there is a custody dispute, please provide copy.
b) IF CHILD DOES NOT LIVE WITH BOTH PARENTS, WITH WHOM DOES CHILD RESIDE? PARENT 1 PARENT 2 OTHER:

Table with 2 main columns: PARENT 1 / GUARDIAN 1 (check if Primary Contact) and PARENT 2 / GUARDIAN 2 (check if Primary Contact). Rows include FULL NAME, Address, Home Tel #, Cellphone #, Work Tel #, and \*Email.

\*E-MAIL CONTACT IS REQUIRED FOR "GENESIS PARENT ACCESS". THIS ACCESS IS LOCATED ON OUR DISTRICT HOME PAGE.

V. EMERGENCY CONTACT INFORMATION

Table with 3 columns: Emergency Contact 1, Emergency Contact 2, and Emergency Contact 3. Rows include FULL NAME, Relationship, Home Tel #, Cellphone #, and Work Tel #.

**VI. OTHER CHILDREN LIVING IN THE FAMILY (Oldest to Youngest)**

Name	Birthdate	Grade
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

*I/We certify that all information is true and correct and understand that school officials may verify information. Parent Genesis users will be able to change certain contact information & electronically sign documents through the "Genesis Parent Access" portal. I/We also understand that students MAY NOT HAVE ACCESS TO the parent's Genesis account. I/We will log out of the account when it is not in use and keep my password secure. Any actions or changes made through my account will be considered to be authorized and made by me.*

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



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## STUDENT RESIDENCY VERIFICATION

STUDENT NAME \_\_\_\_\_

GRADE \_\_\_\_\_

**School:**

- Haviland Avenue Elementary School       Mansion Avenue Elementary School       Jr/Sr High School

In accordance with New Jersey state law (NJSA 18A:38-1 and 18A-7B-12), it is necessary to determine the residency of students entering the school district.

Please indicate the applicable student resident facility:

1.  Own my own residence within Audubon Borough
2.  Rent my residence within Audubon Borough
3.  Share housing and expenses in Audubon Borough with family member / friend by choice
4.  Reside with family member / friend in Audubon Borough due to economic hardship
5.  Reside in domestic violence shelter / runaway youth shelter / other shelter, or any other transitional living program
6.  Reside in motel, hotel, park, or campground due to lack of adequate housing
7.  Reside in car or RV or in a public place (such as a bus station)
8.  Reside in sub-standard housing, such as an abandoned building
9.  Student(s) awaiting foster care placement
10.  Parents are migrant workers
11.  Reside in home for adolescent school-age mothers
12.  Other: Please explain - \_\_\_\_\_

**NONE OF THE ABOVE SITUATIONS APPLY**

_____ Parent / Guardian Printed Name	_____ Parent / Guardian Printed Name	_____ Date
_____ Parent / Guardian Signature	_____ Parent / Guardian Signature	_____ Date
-OR-		
_____ Unaccompanied Youth – Print Name	_____ Unaccompanied Youth-Signature	_____ Date

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**HOME LANGUAGE SURVEY**  
**Parent/Guardian Language Questionnaire**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
                    First                    Middle                    Last

Date of School Entrance: \_\_\_\_\_

Person completing the survey: ( ) Mother ( ) Father ( ) Grandparent  
( ) Guardian ( ) Other \_\_\_\_\_

Directions: Check or write in the correct response for each of the following questions:

1. What language did the child learn when he/she first began to talk?  
English \_\_\_\_\_ Other (specify) \_\_\_\_\_
2. What language does the family speak at home?  
English \_\_\_\_\_ Other (specify) \_\_\_\_\_
3. What language does the parent/guardian speak to the child most of the time?  
English \_\_\_\_\_ Other (specify) \_\_\_\_\_
4. What language does the child speak to his/her parent/guardian most of the time?  
English \_\_\_\_\_ Other (specify) \_\_\_\_\_
5. What language does the child speak to his/her brothers/sisters most of the time?  
English \_\_\_\_\_ Other (specify) \_\_\_\_\_
6. What language does the child speak to his/her friends most of the time?  
English \_\_\_\_\_ Other (specify) \_\_\_\_\_
7. In which language do you wish to receive school communication?  
English \_\_\_\_\_ Other (specify) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(person completing the survey)

\*Adapted from the sample survey in A Manual for Community Representatives of the Title VI Steering Committee, published 9/76 by the Institute for Cultural Pluralism, Lau General Assistance Center, San Diego University, San Diego, CA 92182.

**AUDUBON PUBLIC SCHOOLS  
CHILD STUDY TEAM**

350 Edgewood Avenue, Audubon, New Jersey 08106  
Phone: (856) 547-7695, ext. 4152 Fax: (856) 547-2303

Special Education Medicaid Initiative (SEMI) Parental Consent Form

Audubon School District

Our school district is participating in the Special Education Medicaid Initiative (SEMI) program that allows school districts to bill Medicaid for services that are provided to students.

In accordance with the Family Educational Rights and Privacy Act, 34 CFR §99.30 and Section 617 of the IDEA Part B, consent requirements in 34 CFR §300.622 require a one-time consent before accessing public benefits.

This consent establishes that your child's personally identifiable information, such as student records or information about services provided to your child including evaluations, and services as specified in my child's Individualized Education Program (IEP) (occupational therapy, physical therapy, speech therapy, psychological counseling, audiology, nursing and specialized transportation) may be disclosed to Medicaid and the Department of the Treasury for the purpose of receiving Medicaid reimbursement at the school district.

Please complete the information on the form, sign and return it at your earliest convenience to the address above. Elementary students may return the form in a sealed envelope labeled CST to their teacher who will forward it to the Child Study Team office. High school students may return the form in a sealed envelope to the Child Study Team office. Thank you.

As parent/guardian of the child named below, I give permission to disclose information as described above and I understand and agree that Medicaid may access my child's or my public benefits or insurance to pay for special education or related services under Part 300 (services under the IDEA). I understand that the school district is still required to provide services to my child pursuant to his or her IEP, regardless of my Medicaid eligibility status or willingness to consent for SEMI billing.

I understand that billing for these services by the district does not impact my ability to access these services for my child outside of the school setting, nor will any cost be incurred by my family including co-pays, deductibles, loss of eligibility or impact on lifetime benefits.

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I give consent to bill for SEMI: Yes  No

This consent can be revoked at any time by contacting the administrator at your child's school, in writing.

# Information Regarding SEMI Parental Consent

**Background:** The State of New Jersey has participated in a Federal program, Special Education Medicaid Initiative (SEMI), since 1994. The program assists school districts by providing partial reimbursement for medically-related services listed on a student's Individualized Educational Program (IEP).

The SEMI program is under the auspices of the New Jersey Department of the Treasury through its collaboration with the New Jersey Department of Education and New Jersey Division of Medicaid Assistance and Health Services.

In 2013, the regulations regarding Medicaid parental consent for school-based services changed. Now the regulations require that, prior to accessing a child's public benefits or insurance for the first time, and annually thereafter, school districts must provide parents/guardians written notification and obtain a one-time parental consent.

## Is there a cost to you?

No. IEP services are provided to students while at school at no cost to the parent/guardian.

## Will SEMI claiming impact your family's Medicaid benefits?

The SEMI program does not impact a family's Medicaid services, funds, or coverage limits. New Jersey operates the school-based services program differently than the family's Medicaid program. The SEMI program does not affect your family's Medicaid benefits in any way.

## What type of services does the School-Based Services program cover?

- Evaluations
- Psychological Counseling
- Speech Therapy
- Audiology
- Occupational Therapy
- Nursing
- Physical Therapy
- Specialized Transportation

## What type of information about your child will be shared?

In order to submit claims for SEMI reimbursement, the following types of records may be required: first name, last name, middle name, address, date of birth, student ID, Medicaid ID, disability, service dates and the type of services delivered.

## Who will see this information?

Information about your child's special education program may be shared with the New Jersey Division of Medicaid Assistance and Health Services and its affiliates, including the Department of the Treasury and the Department of Education for the purpose of verifying Medicaid eligibility and submitting claims.

## What if you change your mind?

You have the right to withdraw consent to allow for Medicaid billing at any time. If you would like to revoke consent, please contact the school in which your child is enrolled in writing.

## Will your consent or refusal to consent affect your child's services?

No. Your school district is still required to provide services to your child pursuant to his or her IEP, regardless of your Medicaid eligibility status or your willingness to consent for SEMI billing.

## What if you have questions?

Please call your school district's Special Education department with questions or concerns, or to obtain a copy of the parental consent form.

Method of Delivery: (check one) \_\_\_\_\_ Mailed to parent(s) \_\_\_\_\_ Emailed to parent(s) \_\_\_\_\_ IEP meeting \_\_\_\_\_ Hand Delivered

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**HEALTH HISTORY**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: Male Female

Does your child have any of the following:

	No	Yes	Explain
Allergy: <ul style="list-style-type: none"> <li>• Bee Sting</li> <li>• Food</li> <li>• Medication</li> </ul> Epi Pen Ordered by Doctor			bee sting reaction: _____ food & reaction: _____ medication & reaction: _____ Epi Pen Packet at: <a href="http://audubonschools.org/assets/Uploads/Marshall/Shared-documents/Nurse/EpiPacketNov2016.pdf">http://audubonschools.org/assets/Uploads/Marshall/Shared-documents/Nurse/EpiPacketNov2016.pdf</a>
Allergies: Hayfever/Seasonal			season & symptoms:
ADD/ADHD			
Anemia			
Asthma			mild____ severe____ NJ Law requires Asthma Treatment Plan found at: <a href="http://www.pacnj.org/pdfs/atpstudent2012.pdf">http://www.pacnj.org/pdfs/atpstudent2012.pdf</a>
Behavioral Issues			
Broken Bone History			
Chronic Constipation			
Developmental Delay			
Dental Problems			
Diabetes			
Eczema			
Fainting Spells			
Frequent Ear Infections <ul style="list-style-type: none"> <li>• Earaches</li> <li>• Hearing Loss</li> <li>• Tubes in Ears</li> </ul>			
Headaches			
Muscle Problems			
Nosebleeds			
Physical Handicap			
Premature or Low Birth Weight			
Seizures/Epilepsy/Tics			
Speech Difficulty or Delay			
Stomachaches			
Vision problem <ul style="list-style-type: none"> <li>• Color Deficiency</li> <li>• Corrective Lenses</li> <li>• Patch</li> </ul>			type of corrective lens? _____ right____ left____

Has your child had any of the following:

Illness	No	Yes	Date(s) of Illness
Chickenpox			
Measles			
Mumps			
German Measles			
Lyme Disease			
Strep. Infection			
Scarlet Fever			
Rheumatic Fever			
Pneumonia			
Hepatitis (type)			
Mononucleosis			

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Is your child currently receiving daily medication? \_\_\_\_\_

NO \_\_\_ YES \_\_\_

• If YES, please give name of medication, amount and reason: \_\_\_\_\_

• Will your child require the medication during school hours? \_\_\_\_\_

NO \_\_\_ YES \_\_\_

If any medication needs to be given during school hours a consent form, <http://audubonschools.org/assets/Uploads/Marshall/Shared-documents/Nurse/PrescriptionNonPrescriptionMedicationConsentFormNov2016.pdf>, will need to be completed by the parent and doctor ordering the medication (including over the counter medication).

Was a health problem and/or handicap present at birth? \_\_\_\_\_

NO \_\_\_ YES \_\_\_

• At what age was diagnosis made? \_\_\_\_\_

Diagnosis: \_\_\_\_\_

List any operations, injuries or hospitalizations and dates:

Operations/Injuries/Hospitalizations	Date
_____	_____
_____	_____
_____	_____

• Do any of the conditions still affect your child? \_\_\_\_\_

NO \_\_\_ YES \_\_\_

• If YES, please list \_\_\_\_\_

• Physical Ed Activity: Does condition restrict his/her activities? \_\_\_\_\_

NO \_\_\_ YES \_\_\_

Do you have any concerns about your child's health? If so, please describe \_\_\_\_\_

I give permission for health concerns to be shared with appropriate staff having contact with my child.

YES \_\_\_ NO \_\_\_

I give permission for my child to receive school health services and screenings (vision, hearing, height, weight, and scoliosis) according to New Jersey School Health Services Guidelines.

YES \_\_\_ NO \_\_\_

**Authorization for Medical Treatment**

I/We, the undersigned, do hereby authorize officials of the Audubon School District to contact directly the persons named on the "EMERGENCY CONTACT INFORMATION" and do authorize the appropriate school personnel to render first aid as may be deemed necessary in an emergency, for the health of the said child. Pertinent medical information may be shared with school personnel as needed.

In the event that parents or other persons named on the "EMERGENCY CONTACT INFORMATION" cannot be contacted, the school officials are hereby authorized to take whatever action necessary in their judgment, for the health of aforesaid child, including transportation to the nearest medical emergency facility.

I will not hold the Audubon School District financially responsible for the emergency care and/or transportation for said child.

Name of Child's Doctor: \_\_\_\_\_ Telephone # \_\_\_\_\_

Date of Last Medical Exam: \_\_\_\_\_ Date of Last Polio Immunization: \_\_\_\_\_ Date of Last Lead Test? \_\_\_\_\_

Health Insurance Information: Does child have health insurance?

YES \_\_\_ Name of Insurance: \_\_\_\_\_

NO \_\_\_ Do you want Medicaid or NJ Family Care to contact you about free or low-cost health insurance? NO \_\_\_ YES \_\_\_

**EMERGENCY CONTACT INFO (PERSONS who will assume temporary care of your child if you cannot be reached)**

	Emergency Contact # 1	Emergency Contact # 2	Emergency Contact # 3
Full Name			
Relationship to Student			
Home Telephone #			
Cell Phone #			
Work Telephone #			

Parent/Guardian Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Audubon Public Schools Physical Exam and Immunization Record for Students in Pre-K through Grade 5

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

**Physical Exam**

**Immunizations**

complete or attach immunization record

Ears \_\_\_\_\_ Hearing \_\_\_\_\_  
Eyes \_\_\_\_\_ Vision \_\_\_\_\_  
Lymph Glands \_\_\_\_\_  
Thyroid \_\_\_\_\_  
Nose \_\_\_\_\_  
Throat \_\_\_\_\_  
Teeth-Mouth \_\_\_\_\_  
Heart \_\_\_\_\_  
Lungs \_\_\_\_\_  
Abdomen \_\_\_\_\_  
Hernia \_\_\_\_\_  
Genito-urinary \_\_\_\_\_  
  
Orthopedic      Structural \_\_\_\_\_  
                    Posture \_\_\_\_\_  
                    Feet \_\_\_\_\_  
  
Skin \_\_\_\_\_  
Nutrition \_\_\_\_\_  
Nervous System \_\_\_\_\_  
Speech \_\_\_\_\_  
Other \_\_\_\_\_  
General Appearance \_\_\_\_\_

DTP \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tdap \_\_\_\_\_ (grade 6)  
Polio \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
MMR \_\_\_\_\_  
MMR Booster \_\_\_\_\_  
  
Hib \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
Hepatitis B \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Illnesses \_\_\_\_\_  
Medications \_\_\_\_\_

Allergies \_\_\_\_\_  
Reaction \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_  
Blood Pressure \_\_\_\_\_

Recommendations \_\_\_\_\_

State what, if any, modifications are required for student's full participation in school program \_\_\_\_\_  
\_\_\_\_\_

Date of physical exam: \_\_\_\_\_  
Dr.'s Name (printed or stamped) \_\_\_\_\_

Varicella Vaccine \_\_\_\_\_  
History or Lab Evidence of Varicella \_\_\_\_\_  
  
Hepatitis A Vaccine \_\_\_\_\_  
  
Pneumococcal conjugate series  
#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ (13) \_\_\_\_\_  
  
Meningococcal vaccine \_\_\_\_\_ (grade 6)  
Menactra \_\_\_\_\_ or Metamune \_\_\_\_\_  
  
Hepatitis A \_\_\_\_\_  
  
Influenza Vaccine \_\_\_\_\_  
(required annually until age 5)  
  
TB Screening Tested \_\_\_\_\_  
Read \_\_\_\_\_  
Result \_\_\_\_\_

Dr.'s Signature: \_\_\_\_\_