

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 | CLOSED |

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>*PRIMARY PROOF OF RESIDENCY (must submit 1 of the following)</p> <p><input type="radio"/> Lease Agreement (current) must have CURRENT DATE</p> <p><input type="radio"/> Property Mortgage bill</p> <p><input type="radio"/> Property Tax bill</p> <p><input type="radio"/> Property Deed (Mortgage & Tax bill should be less than 60 days)</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>*SECONDARY PROOF (must submit 1)</p> <p>Recent Utility Bill (less than 60 days)</p> <p><input type="radio"/> electric</p> <p><input type="radio"/> gas</p> <p><input type="radio"/> water & sewer</p> <p><input type="radio"/> cable</p> <p>Bills not listed above will NOT be accepted</p> | <p style="text-align: center;">STUDENT RECORDS</p> <p><input type="radio"/> ORIGINAL Birth Certificate</p> <p><input type="radio"/> Transfer Card from previous school</p> <p><input type="radio"/> Report Card, Transcript of Records, & 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;">CUSTODY (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;">SUPPLEMENTAL</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

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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?
DOES YOUR CHILD RECEIVE A 504 PLAN?
DOES YOUR CHILD RECEIVE SPEECH SERVICES?
IF YES, HAVE YOU SUBMITTED A COPY OF THE IEP / 504 EVALUATION TO AUDUBON SCHOOLS?

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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RELEASE FOR STUDENT RECORDS/VERBAL INFORMATION

Student's Last Name **First Name** **Middle Name** **Suffix**

D.O.B.: _____

School Last Attended: _____ Grade Last Attended _____

Address _____

Bldg.# *Street* *City* *State* *Zip Code*

Tel. No. () _____ Fax No. () _____

This child has registered in our school for the current year. Please forward the following information:

- | | |
|---------------------------------|--|
| _____ Official Transcript | _____ State Issued ID (SID #) |
| _____ Standardized Test Records | _____ Disciplinary Records |
| _____ Health Records | _____ Special Education & Related Services Records |
| _____ Others _____ | |

To the school / office checked below:

HAVILAND AVENUE ELEM. SCHOOL
240 South Haviland Avenue
Audubon, NJ 08106
Phone: 856-546-4922
Fax: 856-547-1248

MANSION AVENUE ELEM. SCHOOL
300 Mansion Avenue
Audubon, NJ 08106
Phone: 856-546-4926
Fax: 856-547-1483

JR/SR HIGH SCHOOL
350 Edgewood Ave.
Audubon, NJ 08106
Phone: 856-547-7695
Fax: 856-547-1901

To Whom It May Concern:

This will serve as authorization to send the records requested above to the Audubon Public Schools.

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"> • Bee Sting • Food • Medication Epi Pen Ordered by Doctor | | | bee sting reaction: _____ food & reaction: _____ medication & reaction: _____ Epi Pen Packet at: http://audubonschools.org/assets/Uploads/Marshall/Shared-documents/Nurse/EpiPacketNov2016.pdf |
| Allergies: Hayfever/Seasonal | | | season & symptoms: |
| ADD/ADHD | | | |
| Anemia | | | |
| Asthma | | | mild____ severe____ NJ Law requires Asthma Treatment Plan found at: http://www.pacnj.org/pdfs/atpstudent2012.pdf |
| Behavioral Issues | | | |
| Broken Bone History | | | |
| Chronic Constipation | | | |
| Developmental Delay | | | |
| Dental Problems | | | |
| Diabetes | | | |
| Eczema | | | |
| Fainting Spells | | | |
| Frequent Ear Infections <ul style="list-style-type: none"> • Earaches • Hearing Loss • Tubes in Ears | | | |
| 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"> • Color Deficiency • Corrective Lenses • Patch | | | 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: _____