

WELCOME Parents and Guardians:

It is our pleasure to welcome you to the Collingswood Public Schools. We urge you to become and remain actively involved in all of the academic and co-curricular activities offered to the parents and students of Collingswood from grades pre-kindergarten through twelve.

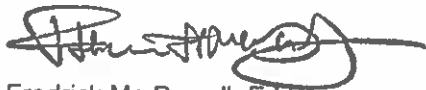
The Collingswood Public Schools enjoy a rich tradition of excellence. Our programs, both in school and beyond the classrooms, have received local, state, and national recognition for excellence. Our five elementary schools, middle school, and high school share in the tradition of outstanding instruction provided by some of the most talented professional staff members you will ever encounter.

We believe every child who enters our district can learn given the right opportunities and proper setting. We believe we make a great difference in the lives of our students...*one kid at a time.*

The start of your child's Collingswood education is both an exciting and stressful time. We want to make your first experience with Collingswood Public Schools a positive and memorable one. Please feel free to reach out to your administrators via telephone or e-mail if you have questions or concerns. We would be happy to answer your questions and make you feel at home in the Collingswood Public Schools.

Collingswood is a wonderful community in which to live and raise a family. Our Board of Education and administrators are committed to excellence in a caring and supportive environment. The true magic, however, happens in our classrooms. It is the passion of our certified teachers and our support staff that make the Collingswood Schools *where you want to learn.*

Yours in Education,



Fredrick Mc Dowell, Ed.D.
Superintendent

Administrative Staff

Mrs. Jennifer McPartland, Assistant Superintendent – Academics
Mr. Winsor Yamamoto, District Performance K-12
Mrs. Elizabeth Whitehouse, Supervisor Special Services
Dr. Michael Ostroff, Collingswood High School Principal
Ms. Colleen Harte, Vice Principal/Athletic Director
Mr. Daniel Whalen, Assistant Principal
Mrs. Tracey Taylor, Supervisor of Counseling
Mr. David Olivieri, Supervisor of Instruction
Mr. Sean Kendall, Supervisor of Instruction
Dr. John McMullin, Collingswood Middle School Principal
Mr. Michael Jefferson, Assistant Principal
Mrs. Debra Vesper, Supervisor Special Education
Mr. Joseph Gurcsik, Supervisor of Safety & Student Services

jmcpartland@collsk12.org
wyamamoto@collsk12.org
ewhitehouse@collsk12.org
mostroff@collsk12.org
charte@collsk12.org
dwhalen@collsk12.org
ttaylor@collsk12.org
dolivieri@collsk12.org
skendall@collsk12.org
jmcmullin@collsk12.org
mjefferson@collsk12.org
dvesper@collsk12.org
jgurcsik@collsk12.org

STUDENT REGISTRATION CHECKLIST
Ph: 856-962-5700 ext. 1006 Email: ncostello@collsk12.org

All registrants must call or email the Collingswood School District Registrar, Nichole Costello, to schedule an appointment to go over the information and complete registration.

If you arrive without the required documents completed in their entirety, we will have to reschedule your registration appointment.

Your child must be age 5 on or before October 1st of the calendar year to be admitted to Kindergarten. A child must be age 6 on or before October 1st of the calendar year to be eligible for 1st grade in September.

Student Name: _____ **Appointment Date:** _____

In order that the requirements of various State and Federal laws be met, the following information is mandatory for the registration of a student in the Collingswood School District:

1. Proof of Residency – two proofs are required, with at least **ONE** from each column.

Tax Bill	*Driver's License – with current Collingswood address
Mortgage or Settlement Papers	*Auto Insurance ID Card
Lease Agreement – with parent/child's name	*Mail
Alien Registration Card	*Bank Statement
	*Voter Registration Card
	*Utility Bill

Note: If a parent/guardian and child are residing at someone else's residence, they must be added to a lease, or a notarized letter from the owner must be presented in addition to the two proofs listed above from the owner. In addition, the parent must establish residency at that address. One proof from the starred item is required for the parent/guardian.

2. Documentation or Relationship to Student (as appropriate)
 - Parent – bring in Child's Original Birth Certificate
 - Legal Guardian – bring in Court Documentation
 - Foster Parent – bring in State Agency Documentation
 - Domicile Affidavit - signed by responsible person
 - Affidavit of Non-Support – signed by parent
3. Immunization Record
4. Physical Examination Form (completed by child's physician) or Physical Examination Appointment Card from Doctor's Office
5. Transfer Card from previous school
6. Report Card/Transcript from previous school (if applicable)
7. Current IEP/504 Plan (if applicable)

18A:3B-1 Any person who fraudulently allows a child or another person to use his residence and is not the primary financial supporter of that child AND any person who fraudulently claims to have given up custody of his/her child to a person in another district commits a disorderly person offense.

2C:28-3 It is illegal for any person to make a false statement on this form in an attempt to cause the Collingswood School District to provide a free education to a person under false pretenses.

2C:21-3 It is illegal for any person to offer a written instrument that contains a false statement or false information to the Collingswood School District in an attempt to secure a free education.

Information for Permanent Record

Student Name: _____ Gender: _____ Date of Birth: _____ Grade: _____

Home Address: _____
Street Address City State Zip

City/State of Birth: _____ Country of Birth: _____

If born outside of the United States, date entered into USA: _____

Race: (Circle all that apply)

White Black/African American American Indian/Alaskan Asian Native Hawaiian/Pacific Islander

Ethnicity: (Circle one)

Hispanic/Latino Non-Hispanic/Latino

Language spoken in the home: _____ Requires Translator: ☐ Yes ☐ No

Are you living in a temporary residence out of necessity because the family lacks a regular or permanent residence of their own? ☐ Yes ☐ No

If yes, please list present accommodations: _____

Last district of permanent residency: _____

Parent/Guardian Information

Parent/Guardian #1	Parent/Guardian #2
Name: _____	Name: _____
Relationship to student: _____	Relationship to student: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Employer: _____	Employer: _____
Email: _____	Email: _____
Has custody of student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has custody of student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Receives mail for student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives mail for student? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Please indicate primary phone number	*Please indicate primary phone number

Guardianship: ☐ Mother ☐ Father ☐ Joint ☐ Other _____
 (A copy of custody/guardianship papers MUST be provided to the school to be kept on file)

Collingswood School District has an **automated phone message system** which is used to inform you of important notifications including weather-related school closings, early dismissals, and upcoming events. Which telephone number (usually a cell) should we use to contact you in these situations?

(_____) _____ - _____ No extensions.

Military "States"
 AE – Armed Forces Africa
 AA – Armed Forces Americas (except Canada)
 AE – Armed Forces Canada
 AE – Armed Forces Europe
 AE – Armed Forces Middle East
 AP – Armed Forces Pacific

For Office Use Only

Student ID # _____
Student SID # _____
Family Code _____

Collingswood Public School Information for Permanent Record (continued)

Please list other children living at the same residence:

Child's Name	Gender	Birth Date	Name of school currently attending	Grade

Emergency Contact Information

Please list persons who would be able to pick up your child if he/she is ill or injured. Do **NOT** include persons listed on front of this form. We do not release children to anyone under 18 years old. ***My child may be released to one of the following people when I cannot be reached:***

Emergency Contact #1
Name: _____ Relationship to Student: _____ Home Phone: _____ Cell Phone: _____
Emergency Contact #2
Name: _____ Relationship to Student: _____ Home Phone: _____ Cell Phone: _____
Emergency Contact #3
Name: _____ Relationship to Student: _____ Home Phone: _____ Cell Phone: _____

Health Insurance Information

Does your child have Health Insurance?

- ☐ Yes If yes, name of insurance company: _____
☐ No NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit www.njfamilycare.org to apply online.
☐ Yes, I grant my permission to release my information to NJ FamilyCare
☐ No, I do not grant permission to release my information to NJ FamilyCare

Signature: _____ Printed Name: _____ Date: _____
Written consent required pursuant to 20 U.S.C. 1232g (b)(1) and 34 C.F.R.99.30(b)

Parent's Signature: _____ Date: _____

Former School Information

Last School Attended: _____ Grade Completed: ____ Current Grade: ____
 Address: _____ Phone Number: _____
 Does student have current Individual Education Plan (IEP)? ____ Yes ____ No
 Does student have current 504 Accommodations? ____ Yes ____ No
 Was the student ever previously registered in the Collingswood Public School District? ____ Yes ____ No
 If yes, what was the last school and grade the student completed? _____
 Did the student participate in athletics at previous school? ____ Yes ____ No
 If yes, what sport? _____
 Did the student receive a varsity letter? ____ Yes ____ No

Special Education Medicaid Initiative (SEMI) Parental Consent Form Collingswood Public Schools

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 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.

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 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, and loss of eligibility or impact on lifetime benefits.

Student's Name: _____

Student's Date of Birth: _____

Parent/Guardian Name: _____

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.

Parent/Guardian Signature: _____ Date: _____

Secondary Internet and Electronic Mail Permission Form

We are pleased to offer students of the Collingswood Public Schools access to the district computer network for electronic mail and the Internet. To gain access to e-mail and the Internet, all students under the age of 18 must obtain parental permission and must sign and return this form to the library media specialist, elementary computer coordinator, or principal. Students 18 and over may sign their own forms.

Access to e-mail and the Internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with Internet users throughout the world. Families should be warned that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. While our intent is to make Internet access available to further educational goals and objectives, despite our best efforts students may find ways to access other materials as well. We believe that the benefits to students from access to the Internet, in the form of information resources and opportunities for collaboration, exceed any potential disadvantages. Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. To that end, the Collingswood Public Schools support and respect each family's right to decide whether or not to apply for access.

Direct Internet and E-Mail Rules

Students are responsible for good behavior on school computer networks just as they are in a classroom or a school hallway. Communications on the network are often public in nature. General school rules for behavior and communications apply. The network is provided for students to conduct research and communicate with others. Access to network services is given to students who agree to act in a considerate and responsible manner. Parental permission is required. Access is a privilege, not a right, and it requires parental permission. Individual users of the district computer networks are responsible for their behavior and communications over those networks. It is presumed that users will comply with district standards and will honor the agreements they have signed. Beyond the clarification of such standards, the district is not responsible for restricting, monitoring or controlling the communication of individuals utilizing the network. Network storage areas may be treated like school lockers. Network administrators may review files and communication to maintain system integrity and insure that users are using the system responsibly. Users should not expect that files stored on district servers will always be private. However, within reason, freedom of speech and access to information will be honored.

During class, a teacher will guide students toward appropriate materials. Outside of school hours, families bear the same responsibility for guidance as they might exercise with information source such as television, telephones, movies, radio and other potentially offensive media. As outlined in Board policy and procedures on students' rights and responsibilities, copies of which are available in school offices, the following are not permitted:

- | | |
|--|--|
| • Sending or displaying offensive messages | • Using another's password |
| • Sending or displaying offensive pictures | • Using or sending obscene language |
| • Trespassing in another's folders, work, or files | • Harassing, insulting, or attacking others |
| • Employing the network for commercial purposes | • Damaging computers, computer systems, |
| • Intentionally wasting limited resources | Computer networks, or violating copyright laws |

I understand that violations may result in a loss of access as well as other disciplinary or legal action. As a user of the Collingswood Public Schools Computer Network, I hereby agree to comply with the above stated rules.

Student Signature: _____ **Date:** _____ **Cell Phone:** _____

As the parent or legal guardian of the minor student signing above, I grant permission for my son or daughter to access network computer services such as electronic mail and the Internet. I understand that individuals may be held liable for violations of the user rules and provisions. I understand that some material on the Internet may be objectionable. I accept responsibility, along with the Collingswood Public School District, to set and convey standards for my son or daughter to follow when using the Internet. These are the same standards I might exercise when selecting, sharing, or exploring information sources such as television, telephones, movies, radio, books, etc.

I understand that the Access to Information Software and Computing Agreement my son or daughter signed is a binding agreement and will be supported by me as a parent or legal guardian.

Parent/Guardian Signature: _____ **Date:** _____ **Cell Phone:** _____

Media Release Form

Student's Name: _____ **Gr:** _____ **School:** _____

Public Relations Permission

Collingswood School District has a proud tradition of celebrating student accomplishments by sharing them with our community. Occasionally, local newspapers and television stations come to Collingswood School District to report these special accomplishments and/or events that take place at our school, which at times they photograph or film students participating in these special events. In addition, the district maintains a website and publishes a newsletter that includes individual school happenings and may include pictures of students.

☐ Yes - I consent. I grant permission to use my child's name and/or picture.

☐ No - I do not consent permission to use my child's name and/or picture.

PTA Permission Form

The Parent-Teacher Association (PTA) provides a valuable service to our schools and helps parents get involved with their child's education. Do you give permission for the school to share your name, address, phone number and/or email address with the PTA for communication purposes? No additional information will be shared.

☐ Yes - I consent. I grant permission to for the school to share my information with the PTA

☐ No - I do not consent permission for the school to share my information with the PTA

Counseling Permission

Occasionally, our student benefit from the opportunity to participate in individual or group counseling with a member of our counseling team. A counselor serves as another "safe person" within the school who can help a child deal with anything from routine developmental issues and/or peer pressure to coping with a loss at home. Written permission is required before any type of counseling services can be offered.

☐ Yes - I consent. I grant permission.

☐ No - I do not consent permission.

E-Mail Address Form

At times during the school year, we will distribute information and announcements via e-mail. Please supply us with your e-mail address and an alternate email if possible.

E-Mail Address: _____

Alternate E-Mail Address (if applicable): _____

Student Cell Phone

On occasion, the need arises to reach a student outside of the school day (school trips, activities, athletic events, or emergencies). If your child has a cell phone and you would like us to have access to the number for the purposes listed above, please list the number here: _____

Notice: NCLB Military Opt Out (High School Only)

Under the federal No Child Left Behind Act, school districts are requires to provide the names, addresses, and telephone numbers of high school juniors and seniors (i.e. 17 years and older) to the United States Armed Forces Recruiting Agencies, and other authorized agencies, as requested. However, the Family Educational Rights and Privacy Act and the No Child Left Behind Act mandate that parents be offered an option to withhold the release of this information each year. If you wish to withhold the release of your child's name, address and telephone number, you must complete the form available in the school counseling office or on the counseling section of the website. The request to withhold the student information is applicable only to the current school year.

Please sign to indicate that you have read and checked a box in each section above.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Proof of Domicile

Student Name: _____ Gr: _____

Dear Parent/Guardian:

The Collingswood Board of Education has policies and procedures related to "Proof of Domicile" for students who attend our schools. The District shall only provide a free education to those students who are domiciled within the District or who otherwise qualify for a free education pursuant to the statutory and regulatory guidelines set forth in N.J.S.A. 18A:38-1 et seq. and N.J.A.C. 6A:22-1.1 et seq. A student shall be domiciled in the District "when he or she is living with a parent or legal guardian whose permanent home is located within the District." N.J.A.C. 6A:22-3.1 The home is permanent if "the parent or guardian intends to return to it when absent and has no present intent of moving from it..." Id. If the District discovers that a student is attending school whose parents are not domiciled within the District and who is not otherwise eligible for a free education, the District may apply for the student's removal and seek tuition reimbursement for the period of ineligible attendance in accordance with the provisions of the N.J.S.A. 18A:38-1(b)(2).

Applicants who fraudulently allow a child of another to use his residence, or who fraudulently claim to have custody of a child, may be charged with a disorderly persons offense. N.J.S.A. 18A:31-1(c). If the applicant is convicted of such an offense, the applicant may be fined up to \$1,000.00 and/or be imprisoned for up to 6 months.

Any false statements, answers or declarations contained in the Affidavit or in an application for admission may subject the applicant to criminal prosecution for the crime of false swearing, in violation of N.J.S.A. 2C:43-3. If convicted for such a crime, the applicant may be punished by a fine of \$10,000.00 and/or be imprisoned for up to 18 months.

I, the undersigned, hereby acknowledge that I have read and understood the contents of this notification.

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____

Home Language Survey

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

Parent/Guardian Name: _____ Phone #: _____

As required by state and federal law (State Bilingual Education Act of 1974, Federal Lau vs. Nicholas Supreme Court ruling of 1974), all parents must be surveyed as to the home language of their public school children. The child's parent/guardian must complete the form.

This data is used to determine need for language support services. The district offers students English as a Second Language where appropriate and/or if desired by parents.

1. What language did your child learn when he/she first began to speak? _____
2. What language do you use most often when speaking to your child at home? _____
3. What language does your child use most often when speaking to you? _____
4. What language does your child use most when speaking to brothers and sisters? _____
5. What language does your child use most often when speaking to other relatives? _____
6. What language does your child use most often when speaking to friends at home? _____

Was your child born in the United States? (Please circle)

Yes No

If born outside of the United States, please list the Country of Birth and date entered into USA:

Country of Birth _____

Date entered into USA _____

Parent/Guardian Signature _____

Date _____

Parent Authorization for Release of School Records

Name of school previously attended: _____

School Address: _____

School Phone Number: _____ School Fax Number: _____

Student Name	Date of Birth	Grade

In accordance with the New Jersey Administrative Code Inspection of School Records, the above-named school is hereby authorized to release to the school named below all school records, including NJ State ID #, grades, health, medical, psychological, social, educational, developmental and discipline records.

Request for Transcript of School Records

Please send all academic school records to the school selected below:

_____ Collingswood High School
424 Collings Avenue
Collingswood, NJ 08108
856-962-5701

_____ Collingswood Middle School
414 Collings Avenue
Collingswood, NJ 08108
856-962-5702

_____ James A. Garfield School
480 Haddon Avenue
Collingswood, NJ 08108
856-962-5705

_____ Mark Newbie School
2 East Browning Road
Collingswood, NJ 08108
856-962-5706

_____ Thomas Sharp School
400 Comly Avenue
Collingswood, NJ 08107
856-962-5707

_____ William P. Tatem School
265 Lincoln Avenue
Collingswood, NJ 08108
856-962-5704

_____ Zane North School
801 Stokes Avenue
Collingswood, NJ 08108
856-962-5703

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

GENESIS PARENT PORTAL

Our new Genesis Parent Portal is now open for all parents. Please complete this form and return it with your registration packet.

Thank you.

Please Print Clearly

Parent/Guardian Information
Parent/Guardian Name: _____ Relationship to student: _____
Telephone #: _____ Email: _____
I certify that I am the legal guardian of the student(s) listed below and wish to gain access to the Genesis Parent Portal.
Parent/Guardian Signature: _____ Date: _____
Student(s) Information
Student Name: _____ Grade: _____
Date of Birth: _____
Student Name: _____ Grade: _____
Date of Birth: _____
Student Name: _____ Grade: _____
Date of Birth: _____
Student Name: _____ Grade: _____
Date of Birth: _____
Student Name: _____ Grade: _____
Date of Birth: _____

CHROMEBOOK POLICY & USAGE RECEIPT OF NOTIFICATION AND UNDERSTANDING

DUE BY: September 30th This School Year

Your signature indicates that you have read, understand, and agree to abide by the requirements of Collingswood Public Schools Student/Parent Pledge for Chromebook Use regarding the use of computers, including the Chromebook, and the Internet in the Collingswood Public Schools. Your signature also states that you authorize the Collingswood Public Schools to create and utilize "cloud services" accounts for your student that will be under the control of Collingswood Public Schools, but which reside elsewhere on the Internet. (Certain cloud services require parental permission for students regardless of the level of control over the account granted to CPS.)

Additionally, to participate in the 1:1 Chromebook initiative, the Collingswood Public Schools is requiring the purchase of a Chromebook Care, Repair and Replacement package. Students who purchase the Chromebook Care package will be permitted to take the Chromebook home. This form, with your signature and payment, must be completed prior to the deployment of the Chromebook to your child. Under this agreement, the Chromebooks are protected against accidental damage. The Collingswood Public Schools will require that a police report be submitted in cases of theft. Fraudulent reporting of theft will be turned over to the police for prosecution. A student making a false report will also be subject to disciplinary action as outlined by the school code of conduct.

This fee does not cover for loss of the Chromebook and/or its accessories, cosmetic damage, or damages caused by intentional misuse and abuse. The Collingswood Public Schools will assess the Chromebook damage and repair or replace the device if the damage is determined to be accidental and within the protection guidelines outlined below. **Parents/Students will be charged for full replacement cost of a device that has been lost or damaged due to intentional misuse or abuse.**

Annual Coverage: \$35	
Accidental Damage Incidents #1 and #2	Accidental Damage Incident #3 or more
Total Replacement of Chromebook: \$145 Replacing Screen: \$50 Replacing Keyboard/Touchpad: \$65 Replacing Power Cord: \$17.50 Other parts/accessories not listed: 50% cost to district	Total Replacement of Chromebook: \$290 Replacing Screen: \$100 Replacing Keyboard/Touchpad: \$130 Replacing Power Cord: \$35 Other parts/accessories not listed: 100% cost to district

**Note: Each time a Chromebook is submitted for repair, the device will be examined for any additional damage. All damages will be repaired and all fees must be paid prior to the Chromebook being returned to the student.*

Please check one of the following options:

- ☐ I would like to purchase the Chromebook Care Plan through the Collingswood Public Schools in the amount of \$35. Please note: \$35 is an annual enrollment fee. Purchase of the Chromebook Care Plan is required for the student to take the Chromebook home from school.
- ☐ Rather than use a school device, I will purchase a **Chromebook** for my child for use in school. I would like my child to access district resources requiring the purchase of a license for a **one-time fee** of \$32.50.

Print Student Name Here, Grade

Student Signature Date

Parent/Guardian Signature (REQUIRED) Date

Student/Parent Pledge for Chromebook Use

I /we understand that Chromebooks are intended primarily for educational use and that students are not permitted to download any applications that use unnecessary memory and compromise the ability of the Chromebook to handle educational needs.

I/we understand it is my/our responsibility to understand and follow the values and standards of cyber safety that children should follow on the use of the Internet.

I/we understand my/our responsibilities with respect to the care and maintenance of the Chromebook.

I/we understand the terms and conditions of the insurance coverage for the Chromebook provided by the Collingswood School District.

I/we understand that students at the high school level may take Chromebooks home in the evenings for school related use; however, I/we understand that students must have Chromebooks in school every day.

I/we understand that students must return Chromebooks at the end of the school year in the condition it was received with the exception of normal wear. While the District may offer an option for students to keep the Chromebooks over the summer months, I/we understand that the Collingswood School District reserves the right to conduct unannounced inspections of student Chromebooks.

I/we understand that I must report any problems or damage to the Chromebook to the Technology Office.

I/we understand that the use of Chromebooks will be governed by all terms and conditions of the Collingswood School District policies and regulations, including but not limited to the Collingswood School District Use of Technology Policy 2361.

I/we understand that the technology device provided by the school district may record or collect information on the pupil's activity or the pupil's use of the technology device. The school district shall not use any of the capabilities in a manner that would violate the privacy rights of the pupil or any individual residing with the pupil. Reasons for collecting information include, but are not limited to: Tracking the theft or inappropriate use of the device; honoring a warrant from a local, county, state, or federal law enforcement agency; or, at the request of the student or parent of the student to whom the device was issued.

Individual school Chromebook computers and accessories must be returned to the Collingswood Schools at the end of each school year. Students who graduate early, withdraw, are suspended or expelled, or terminate enrollment at Collingswood Schools for any other reason must return their individual school Chromebook computer on the date of termination. Failure to hand in Chromebook under any of these circumstances will result in the withholding of student records.

I /We agree to the stipulations set forth in the above documents including the Chromebook Policy, Procedures, and Information; the Acceptable Use Policy; Chromebook Care Protection Plan and the Student Pledge for Chromebook Use.

Please Print Clearly:

Student Name (Last, First): _____ Grade: _____

Student Signature: _____ Date: _____

Parent Name (Please Print): _____

Parent Signature: _____ Date: _____

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION

1161 Route 130 North, Robbinsville, NJ 08691-1104

STUDENT-ATHLETE RESIDENCY AFFIDAVIT

Print Student's Full Name _____

School _____

Date _____

I, _____, of full age, being duly sworn to law, upon my oath depose and say:

1. I am the parent/legal guardian of the above listed student. (circle)
2. I currently reside at: _____
I have resided at the above address since: _____
3. The above-named student moved with me at my new address on: _____
4. Prior to moving to the new residence address listed above, I resided at the following address: _____
5. Prior to moving to the new address listed in #2 above, the student resided at the following address: _____
with named parent/legal guardian _____
6. I hereby authorize the New Jersey State Interscholastic Athletic Association ("NJSIAA") to investigate and confirm any and all Statements made by me in this affidavit. I agree to provide any additional information that may be requested by the NJSIAA.
7. I will notify the present school immediately, in writing, if any of the conditions recited herein are changed.
8. This residence may not be associated with, leased, or provided by anyone associated with the school or acting at the direction of the school, including but not limited to administration, staff, coaches, students, parents, booster clubs, or any organization having a connection with the school.

I hereby certify that the forgoing statements are true, and I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Parent/Guardian Signature _____

Print Parent/Guardian Full Name _____

STATE OF NEW JERSEY, COUNTY OF _____. The above-named affiant appeared before me, a notary public of the State of New Jersey, on the _____ day of _____, 20____ and I made known to him/her the contents of the above affidavit which was then sworn and subscribed to by said affiant before me on this date.

Notary Public: _____

Copies of this Affidavit must be sent to the New Jersey State Interscholastic Athletic Association upon request

Student Health Record

Student Name: _____ Gr. _____ D.O.B. _____ Gender: _____

Parent/Guardian Name: _____ Address: _____

Phone Number: _____ Email: _____

Child's Physician: _____ Phone Number: _____

Preferred Hospital: _____

1. Does your child have any of the following health concerns? Please check any of the following health concerns that your child has:

- | | | |
|---|--|--|
| <input type="checkbox"/> Life Threatening Allergy | <input type="checkbox"/> Non-Life Threatening Allergy | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Convulsive Disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Lyme Disease | <input type="checkbox"/> Neuromuscular Disease |
| <input type="checkbox"/> Food Allergy | <input type="checkbox"/> Food Restrictions | <input type="checkbox"/> Seasonal Allergies |
| <input type="checkbox"/> Birth Defect | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Gastrointestinal Disorder |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Tourette's Syndrome | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Congenital Defect | <input type="checkbox"/> Obsessive Compulsive Disorder | <input type="checkbox"/> Vision Problem |
| <input type="checkbox"/> Hearing Problem | <input type="checkbox"/> Other | |

Please explain all checked responses. Also, specify any reactions to allergies: _____

2. Does your child have an Epi-pen with a doctor's order? ☐ Yes ☐ No (If Yes, please provide the doctor's order)

3. Does your child have an inhaler with a doctor's order? ☐ Yes ☐ No (If Yes, please provide the doctor's order)

4. Is your child taking any medication on a daily basis OR as needed? ☐ Yes ☐ No (If yes, please provide the name of the medication, dosage, frequency and reason): _____

5. Has your child had any illnesses in the past year? (example: Chicken pox, Mumps, Measles, Mono)
☐ Yes ☐ No (If yes, reason and date of illness): _____

6. Has your child had surgery or been hospitalized over the past year? ☐ Yes ☐ No (If yes, reason and date of hospital stay): _____

7. Has your child broken any bones over the past year? ☐ Yes ☐ No (If yes, please specify which bone or body part and the date): _____

8. Please list any serious injuries, surgery or medical conditions, with dates, your child has experienced.

Health Information Continued

For the safety of your child, this medical information will be shared with staff and/or emergency response team, if necessary. **If you do NOT want this information shared, please check one of the following:**
☐ Share ☐ Do Not Share

I hereby give permission for my student to receive the following medical attention as part of the school health program in the Collingswood Public Schools. Please initial "yes" or "no" for all items.

- | | |
|--|--|
| 1. Treatment by the school nurse or designee in case of illness or injuries. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Height, weight, blood pressure, vision, hearing, and scoliosis screenings as outlined in the NJ School Health Services Guidelines. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. I acknowledge the recommendation of the importance of obtaining a well-child Physical examination during each of my child's developmental stages: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none">• Early childhood (pre-school through 3rd grade)• Pre-adolescence (grades 4th through 6th)• Adolescence (grades 7th through 12th) | |

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



NJ Department of Health Vaccine Preventable Disease Program

New Jersey Minimum Immunization Requirements for Kindergarten-Grade 12 Attendance
N.J.A.C. 8:57-4 Immunization of Pupils in School

Guide for checking compliance

- Step 1: Each child attending/enrolling must present documentation of immunizations or valid medical or religious exemption to vaccines. In order to allow a child to enter school, he/she must have at least one dose of each age-appropriate required vaccine.
- Step 2: Determine child's present grade level.
- Step 3: Compare the child's record with the requirements listed on the chart below.

Grade/level child enters school:	Minimum Number of Doses for Each Vaccine						
	DTaP Diphtheria, Tetanus, acellular Pertussis	Polio Inactivated Polio Vaccine (IPV)	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)	Hepatitis B	Meningococcal	Tdap (Tetanus, diphtheria, acellular pertussis)
Kindergarten -- 1 st grade	A total of 4 doses with one of these doses on or after the 4 th birthday <u>OR</u> any 5 doses*	A total of 3 doses with one of these doses given on or after the 4 th birthday . <u>OR</u> any 4 doses	2 doses†	1 dose	3 doses	None	None
2 nd – 5 th grade	3 doses <u>NOTE:</u> Children 7 years of age and older, who have not been previously vaccinated with the primary DTaP series, should receive 3 doses of Tetanus, diphtheria (Td)	3 doses	2 doses	1 dose	3 doses	None	None
6 th grade and higher	3 doses	3 doses	2 doses	1 dose required for children born on or after 1/1/98‡	3 doses†	1 dose required for children born on or after 1/1/97 given no earlier than ten years of age**	1 dose required for children born on or after 1/1/97**

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.
☐ Medicines ☐ Pollens ☐ Food

☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practice nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____	Pulse _____	Vision R 20/____ L 20/____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- ☐ Not cleared
- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date of exam _____

Address _____ Phone _____

Signature of physician, APN, PA _____

PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex ☐ M ☐ F Age _____ Date of birth _____

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports _____

Reason _____

Recommendations _____

EMERGENCY INFORMATION

Allergies _____

Other information _____

HCP OFFICE STAMP

--

SCHOOL PHYSICIAN:

Reviewed on _____ (Date)

Approved _____ Not Approved _____

Signature: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____