

Welcome to Pre School



REGISTRATION REQUIREMENTS

For Students who are eligible as a preschool child with a disability

Your child must be **3 YEARS OLD** before he/she begins the program

The following items are required when you appear to register your child:

1. **PROOF OF AGE** – bring a certified birth certificate from the Bureau of Vital Statistics with a raised seal. *Baptismal certificates, hospital notices and photocopies are not acceptable.*
2. **PHYSICAL EXAMINATION** – State statute 18A:40-4 requires all Kindergarten students to have a physical examination by a physician. Download the Universal Health Record and bring it to your physician. Your physician will complete this form upon the conclusion of your child's physical. **This physical examination and completed report must be submitted to the school within 30 days of initial entrance.** If you already have a copy of your child's most recent physical, please bring it with you to registration. **(Attachment A)**
3. **HEALTH HISTORY FORM (Attachment B)**
4. **IMMUNIZATION RECORD** – bring a copy of your child's immunization records consisting of dates of Primary Series and booster doses. **N.J.S.S.C. Chapter 14** requires that immunizations must be complete and up to date otherwise, the student may be excluded from school. ****Please bring completed and signed immunization form with you to your in-person registration at your child's school. ** (Attachment C)**
5. **SETTLEMENT AGREEMENT AND/OR COURT ORDERS (If Applicable)** – This requirement only applies in situations regarding parental rights, limitations due to divorce or separation.
6. **STUDENT REGISTRATION FORM (Attachment D)**
7. **PARENT CONSENT FORM for Publication of Student Photo/Information on the Internet** -Download an informational copy for review only. If you do not want your child to be included, you will be asked to send a letter to your child's teacher and principal/supervisor of your child's school. **(Attachment E)**
8. **EMERGENCY CONTACT FORM** - Indicate individuals who have agreed to accept your child during an emergency school closing in your absence. Your child will **ONLY** be released to the person(s) listed on this form. **(Attachment F)**

9. PROOF OF RESIDENCY –

If you own your home, enclose a copy of **two** of the following items.

- Mortgage/Deed/Old Bridge Tax bill
- and
- One recent utility bill

If you are renting, enclose a copy of **all the following items**.

- Copy of Current Lease Contract
- and
- two recent utility bills

10. AFFIDAVIT OF RESIDENCY FORMS:

- **Parent/Guardian Affidavit of Residency – Attachment G – *complete and notarize* – this form is required by all families and must be submitted with your paperwork.**

To be completed by the child's parent/guardian when the child is residing with that parent/legal guardian in Old Bridge.

- **Host Family Affidavit of Residency (replaces Affidavit of Residency) Attachment H**

- This form is to be used where a family is residing with extended family / friends in Old Bridge. In a case where the students and their parents move in with family members in Old Bridge, and those family members are renting the home in which they live, you would need both the Host Family Affidavit of Residency from the family, and the Landlord Affidavit from the landlord. The HOST family will need to provide proof of residency.

- **Landlord Affidavit of Residency - Attachment I**

The Landlord Affidavit is to be completed by the landlord or non-family individual who owns/manages the address that the family is using for admission to Old Bridge Public Schools in the following instances:

- the child and his parent/legal guardian are residing in a dwelling managed by a landlord in Old Bridge when there is no written lease, or
- the child and his parent/legal guardian have submitted a Host Family Affidavit of Residency, and it is determined the Host Family rents / leases the Old Bridge home in which they live.

11. SIBLING FORM (Attachment J)

12. PRESCHOOL EXPERIENCE FORM (Attachment K)

13. HOME LANGUAGE SURVEY (Attachment L)

14. ACCEPTABLE USE OF TECHNOLOGY FORM (Attachment M)

UNIVERSAL
CHILD HEALTH RECORD

THIS FORM MUST BE COMPLETED BY A PHYSICIAN FOR ALL NEW STUDENTS REGISTERING FOR PRESCHOOL

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last) _____ (First) _____		Gender check one Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth _____	
Does Child Have Health Insurance? Yes _____ No _____		If Yes, Name of Child's Health Insurance Carrier _____			
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>					
Signature/Date _____				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination: _____			Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Abnormalities Noted:		Weight (must be taken within 30 days for WIC)			
		Height (must be taken within 30 days for WIC)			
		Head Circumference (if <2 Years)			
		Blood Pressure (if >3 Years)			
IMMUNIZATIONS		Immunization Record Attached _____ Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		None Special Care Plan Attached	Comments		
Medications/Treatments • List medications/treatments:		None Special Care Plan Attached	Comments		
Limitations to Physical Activity • List limitations/special considerations:		None Special Care Plan Attached	Comments		
Special Equipment Needs • List items necessary for daily activities		None Special Care Plan Attached	Comments		
Allergies/Sensitivities • List allergies:		None Special Care Plan Attached	Comments		
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		None Special Care Plan Attached	Comments		
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		None Special Care Plan Attached	Comments		
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		None Special Care Plan Attached	Comments		
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: Capillary Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<i>I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.</i>					
Name of Health Care Provider (Print) _____			Health Care Provider Stamp:		
Signature/Date _____					

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)

- **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
- **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
- **Head Circumference** - Only enter if the child is less than 2 years.
- **Blood Pressure** - Only enter if the child is 3 years or older.

2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health and Senior Services, Immunization Program at 609-588-7512.

- The Immunization record must be attached for the form to be valid.
- "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.

- a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.state.nj.us/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
- b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

- c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.
- d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.
- e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.
- f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.
- g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.
- h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.

- For lead screening state if the blood sample was capillary or venous and the value of the test performed.
- For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
- Scoliosis screenings are done biennially in the public schools beginning at age 10.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

***Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.*

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)

- Print the health care provider's name
- Stamp with health care site's name, address and phone number



Old Bridge Township Public Schools

Patrick A. Torre
 Administration Building
 4209 Route 516
 Matawan, New Jersey 07747
 Phone: 732-566-1000

THIS FORM MUST BE COMPLETED FOR STUDENTS IN PRE-SCHOOL THROUGH GRADE 5

(Leave No Blanks)

HEALTH HISTORY

Homeroom:	Transfer From:	School:	Birthplace:	
		Sex: Circle One	M	F
Child's Name:		Date of Birth:		
Lives With:		Home Phone:		
Mother's/Guardian's Name		Father's/Guardian's Name		
Home Phone ()	Work Phone ()	Home Phone ()	Work Phone ()	

HAS YOUR CHILD HAD? Yes/No, List dates & Explain

Illness	Dates/Explain	Illness	Date/Explain
Asthma		Chickenpox Disease	
Diabetes		Epilepsy/Seizures	
Mononucleosis		Lyme Disease	
Rheumatic Fever		Ear Infections	
Hepatitis		Cancer	
Bleeding Problems		Depression	
Skin Condition		Migraines	
Appetite Problems		Sleep Problems	
Other			

If your child has Down's Syndrome:	Neck X-ray:	Result:
	YES NO	

DOES YOUR CHILD HAVE? EXPLAIN

Physical Handicap	Explain:
Mental/Emotional Condition (Development Delay, Autism, Hyper)	Explain:
Congenital Defect	Explain:
Heart Problem	Explain:
Neuromuscular Problem	Explain:
Other:	Explain:

Is your child toilet trained? (check)	YES NO
Does your child have a current IEP? (check)	YES NO
Is your child currently receiving speech therapy?	YES NO

HEALTH HISTORY - continued

ALLERGIES TO:		LIST ANY (when & why)	
Medication		Hospitalizations	
Food		Operations	
Environmental		Broken Bones/fractures	
Type of Reaction?		Dietary Preferences	
HAS YOUR CHILD BEEN EXAMINED BY A PROFESSIONAL FOR?			
Vision	YES NO	Where:	When: Result:
Does he/she wear glasses? YES NO			
Hearing	YES NO	Where:	When: Result:
Does your child have any restrictions? YES NO		What?	
Is your child taking any medication? YES NO		What?	
Birth Weight?		Length of Pregnancy?	
How many days did newborn spend in hospital?		Complications	
Any additional information you feel we should know?			
Your signature on this form means that you agree that medical conditions identified during school enrollment can & will be shared with appropriate school personnel as needed, during their school enrollment.			
Parent's/Guardian's Signature:			Date:



IMMUNIZATION REQUIREMENTS

Dear Parent/Guardian:

At the time of registration, please submit proof of the following information to the Health Office.

1. Physical Examination Record: A physical must be provided to your child's school within thirty (30) days of initial entrance. You are encouraged to go to your "medical home" (private M.D.) to complete this physical.
2. Immunization Record consisting of dates of Primary Series and booster doses. **N.J.S.S.C. Chapter 14** requires that immunizations must be complete and up to date, otherwise, the student may be excluded from school.

DPT: Diphtheria and Tetanus Toxoids and Pertussis (DTP) Vaccine

- a) FOUR (4) doses for children less than 7 years of age. One dose must have been administered on or after the fourth birthday.... Or 5 doses.
- b) THREE (3) doses for children 7 years of age or older.
- c) Tdap: Required on all sixth grade students born on or after January 1 1. 1997, effective 9/01/08

Polio Virus Vaccine

- a) THREE (3) doses for those children less than 7 years of age OPV or enhanced IPV is required provided at least one dose is given on or after the fourth birthday... or any 4 doses.
- b) THREE (3) doses for children 7-17 years old, OPV or 'PV will satisfy the polio vaccine requirement.

Measles Vaccine

- **TWO** (2) doses of a measles-containing vaccine given on or after the first birthday.
(Preschool requires a minimum of one (d) dose).

Rubella Vaccine: Mumps Vaccine

- **ONE** (1) dose rubella and mumps vaccine administered on or after the first birthday.

Hepatitis B Vaccine — Kindergarten through Grade 12

- Appropriate 2 or 3 dose Hepatitis Vaccine with appropriate interval spacing, or laboratory evidence of immunity

Varicella (Chicken Pox) Vaccine

- a) **ONE** (1) dose after the first birthday is required starting Sept. 2004 for all pre-school, Kindergarten and Grade one students... OR...
- b) Statement of past history of chicken pox or laboratory evidence of immunity is required for all students born after
1/1/1998.

Meningococcal Vaccine

ONE(I) dose required on all sixth-grade students born on or after January 1 1997, effective 9/1/08, administered after age 10

PRE-SCHOOL ONLY

Haemophilus Influenzae B (HIB)- ONE(I) dose required after 1st birthday

Pneumococcal — minimum ONE(I) dose after first birthday

Flu (Influenza) Vaccine — ONE(I) dose annually between Sept. 1st and Dec. 31st

3. **Mantoux Tuberculin Test**: Required ONLY on those students entering the Old Bridge School System coming directly from a high TB incidence country, according to the most current NJ State guideline.

Students entering this district are REQUIRED to provide appropriate immunization records prior to entry

I have read and I understand the rules or registration concerning immunization requirements.

Signature of applicant:

Date:

Attachment D



Old Bridge Township Public Schools STUDENT REGISTRATION FORM

ALL INFORMATION MUST BE PROVIDED. PLEASE DO NOT LEAVE ANY BLANKS. PLEASE IGNORE GRAY AREAS.

SCHOOL			DATE	STUDENT LOCAL ID		STUDENT STATE ID	
STUDENT LAST NAME			STUDENT FIRST NAME (LEGAL)		M.I.	NICKNAME	
STUDENT STREET ADDRESS			TOWN		STATE	ZIP	
STUDENT TELEPHONE NUMBER (AREA CODE) - NUMBER			STUDENT RESIDES WITH (RELATIONSHIP):				
IF DIVORCED OR SEPARATED, WHO HAS LEGAL CUSTODY?			WHO HAS RESIDENTIAL CUSTODY?				
DO YOU HAVE RESIDENCE(S) ELSEWHERE? IF SO, WHAT IS THE FULL ADDRESS?			WHEN DO YOU LIVE THERE?				
STUDENT'S DATE OF BIRTH (MONTH) (DATE) (YEAR)		AGE	GENDER		GRADE		
			MALE FEMALE				
CITY OF BIRTH	STATE OF BIRTH		COUNTRY OF BIRTH: (IF BORN OUTSIDE OF US, ENTRY DATE OF US SCHOOL BELOW IS MANDATORY)				
HAS STUDENT EVER ATTENDED A SCHOOL IN THE UNITED STATES? YES NO			APPROXIMATE ENTRY DATE OF US SCHOOL:				
			(MONTH)		(DATE)	(YEAR)	
HAS STUDENT PREVIOUSLY BEEN ENROLLED IN OLD BRIDGE TOWNSHIP PUBLIC SCHOOLS? YES NO			IF YES, WHAT YEAR?				
COLLECTION OF THE FOLLOWING INFORMATION IS REQUIRED FOR STATE AND FEDERAL REPORTS							
ETHNICITY – PLEASE CHECK ONE							
AMERICAN INDIAN OR ALASKAN NATIVE A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH OR SOUTH AMERICA INCLUDING CENTRAL AMERICA AND WHO MAINTAIN A TRIBAL AFFILIATION OR COMMUNITY ATTACHMENT.				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, THE PHILLIPINE ISLANDS, THAILAND, AND VIETNAM.			
HISPANIC/LATINO A PERSON CUBAN, MEXICAN, PUERTO RICAN, SOUTH OR CENTRAL AMERICAN, OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE.				NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF HAWAII, GUAM, SAMOA, OR OTHER PACIFIC ISLANDS.			
BLACK OR AFRICAN AMERICAN A PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.				WHITE A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, THE MIDDLE EAST, OR NORTH AMERICA.			
IS STUDENT CLASSIFIED BY CHILD STUDY TEAM? YES NO IN BASIC SKILLS? YES NO IN ESL? YES NO HAVE A 504 PLAN? YES NO							
WHAT IS NATIVE (HOME) LANGUAGE*:							
*NATIVE LANGUAGE IS THE LANGUAGE FIRST LEARNED BY THE STUDENT, OR THE LANGUAGE SPOKEN BY THE STUDENT, OR THE LANGUAGE SPOKEN TO THE STUDENT AT HOME.							
PARENT/GUARDIAN INFORMATION							
PARENT/GUARDIAN #1 INFORMATION				PARENT/GUARDIAN #2 INFORMATION			
NAME				NAME			
RELATIONSHIP				RELATIONSHIP			
ADDRESS (IF DIFFERENT FROM STUDENT)				ADDRESS (IF DIFFERENT FROM STUDENT)			
TOWN		STATE	ZIP	TOWN		STATE	ZIP
HOME PHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS		HOME PHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS	
BUSINESS PHONE NUMBER		OCCUPATION		BUSINESS PHONE NUMBER		OCCUPATION	
EMPLOYER'S NAME		EMPLOYER'S ADDRESS		EMPLOYER'S NAME		EMPLOYER'S ADDRESS	
PRINT NAME			SIGNATURE			DATE	

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THEM ARE WILLFULLY FALSE, I WILL BE SUBJECT TO LEGAL ACTION. AS PER STATE LAW AND BOARD POLICY, IF IT IS DISCOVERED THAT MY CHILD (CHILDREN) IS (ARE) ILLEGALLY ATTENDING THE OLD BRIDGE PUBLIC SCHOOL AND NOT LIVING IN OLD BRIDGE TOWNSHIP, I WILL BE RESPONSIBLE FOR THE PAYMENT OF ALL ACCRUED TUITION FEES. IN ADDITION, I ACKNOWLEDGE THAT I WILL BE RESPONSIBLE FOR ANY LEGAL EXPENSES INCURRED BY THE OLD BRIDGE TOWNSHIP BOARD OF EDUCATION IN RELATION TO THE SITUATION.

OLD BRIDGE TOWNSHIP PUBLIC SCHOOLS

Parent/Guardian Consent Form
for Publication of Student Photo/Information on the Internet and News Media

We are sending you this parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information to be published on the district and/or school's web site, or in interviews and photographs for news media.

As you are aware, global access to the Internet does not allow us to control who may access photos and other information posted on our web site. However, as a School District, we want to celebrate your child and his/her work. To address this balance, the law requires that we ask for your permission to use or post images or information regarding your child.

The Old Bridge Township Public School District will take all reasonable and necessary steps to protect student confidentiality. When student work is published on the Internet, the following guidelines shall be followed:

1. Students shall be identified by first name or initials only. No personally identifiable information about students shall be published.
2. Pictures of students shall be captioned with only general information, such as "Students in Mrs. Smith's class enjoy Field Day Activities."
3. Student telephone numbers, home addresses, or e-mail addresses shall not be published. Contact information shall only be provided for a sponsoring teacher or particular school information.

If you, as the parent or guardian, wish to opt out of this agreement at any time, you may do so by sending a letter to the principal of your child's school and such rescission will take effect upon receipt by the school.

Please check one of the following choices:

- I/We **GRANT** permission for a photo/image that includes this student **without** any other personal identifiers to be published on the school and/or district's public Internet site, as well as in the news media.
- I/We **GRANT** permission for this student's photo/image and full name to be published on the school and/or district's public Internet site, as well as in the news media.
- I/We **DO NOT GRANT** permission for photo/image that includes this student to be published on the school and or district's public Internet site, or in the news media.

SCHOOL: _____ SCHOOL YEAR: _____

Student's Name: (please print) _____ Student's Grade: _____

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____

Relation to Student: _____ Date: _____

School Year for which this Form is being submitted: _____

Old Bridge Township Public Schools
EMERGENCY MEDICAL INFORMATION CARD

Last Name	First Name	Initial	Date of Birth (Mo/Day/Year)	
Street Address			School	
City	Zip	Grade		
Home Telephone	Teacher/H.R.			
To Parent or Guardian : To serve your child in case of accident or sudden illness, it is necessary that you give the following information for emergency calls:				
Name	Address		Telephone	
	Home	Home Cell	Work Telephone	
Mother/Guardian	Work	Work Telephone		
Name	Address		Telephone	
	Home	Home Cell	Work Telephone	
Father	Work	Work Telephone		
List FOUR neighbors or nearby relatives who are available during school hours to provide transportation who will assume temporary care of your child if you cannot be reached:				
(1) Name/Relationship		(2) Name/Relationship		Telephone Work
Telephone Home		Telephone Home		Telephone Work
(3) Name/Relationship		(4) Name/Relationship		Telephone Work
Telephone Home		Telephone Home		Telephone Work
Please list other children attending New Jersey Public Schools:				
Name	School	Grade	Name	School

Please check this box if there has been a name change of parent/guardian, address, or telephone number

Does your child have Health Insurance?		
<input type="checkbox"/> YES If "YES", name of the insurance company _____ <input type="checkbox"/> NO NJ Family Care provide free or low cost Health Insurance for the uninsured children and certain low income parents. For more information call 1-800-701-07 or visit www.njfamilycare.org to apply inline. You may release my name and address to the NJ FamilyCare Program to contact me about Health Insurance. Signature: _____ Printed Name: _____ Date: _____		
Written consent required pursuant to 20 U.S.C. § 1232g (b) (1) and 34 C.F.R. 99.30 (b). <input type="checkbox"/> Check this box if you do not wish to have your child screened for scoliosis in school. List any medical/surgical care your child has received during the past year:		
Dental Exam:	Date:	Braces:
Eye Exam:	Date:	Contacts
		Glasses:
Allergy:	Kind:	Medications:
Allergic Reaction:	Date:	Medications:
Immunizations/Tetanus:	Date:	Type:
Restrictions:	Type:	
Doctor:	Telephone:	
Dentist:	Telephone:	
Hospital:	Address	Telephone:
1. I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. 2. In the event that physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. 3. I will not hold the school district financially responsible for the emergency care and/or transport for said child. 4. The child's health history will be shared with appropriate school personnel unless the school nurse is notified in writing.		
Signature of Parent(s)/Guardian(s)		Date:



Old Bridge Township Public Schools

Patrick A. Torre
Administration Building
4207 Route 516
Matawan, New Jersey 07747
Phone 732-566-1000

PARENT/GUARDIAN AFFIDAVIT OF RESIDENCY

To be completed by the child's parent/legal guardian when the child is residing with that parent/legal guardian in Old Bridge, per N.J.S.A. 18A:38-1(a) and N.J.A.C. 6A:22.3.1(a).

NAME(S) OF CHILD/CHILDREN: _____

PARENT/LEGAL GUARDIAN: _____

I, _____, hereby certify to the following:
(Name of Parent/Legal Guardian)

- 1. My date of birth is _____
2. My telephone number is _____
3. My email address is _____
4. I reside in Old Bridge at _____
(Street Address, Apt. #, City, State, Zip Code)

a. I have resided at the above address since _____
(Approx. Date)

b. This residence (circle one) is is not my permanent home.

c. I (circle one) own rent do not own/rent this residence.

i. If I own this residence, I will provide a copy of my property tax bills and/or mortgage statements.

ii. If I am renting this residence, I will provide a copy of my lease or a sworn statement by my landlord of my tenancy if I do not have a written lease.

d. I reside with the following individuals at this residence:

- (1) _____
(Full Name) (Relationship to Me)
- (2) _____
(Full Name) (Relationship to Me)
- (3) _____
(Full Name) (Relationship to Me)
- (4) _____
(Full Name) (Relationship to Me)
- (5) _____
(Full Name) (Relationship to Me)
- (6) _____
(Full Name) (Relationship to Me)

(Continue on back of page if needed)

5. My previous residence was _____
(Street Address, Apt. #, City, State, Zip Code)
and I resided there from approximately _____ to _____

I am the (circle one): natural parent legal guardian of the above-listed student(s)

6. The following individuals have custody of the above-listed student(s):

- _____
(Name) (Address) (Relationship to Child)
- _____
(Name) (Address) (Relationship to Child)

(Continue on back of page if needed)

7. I will provide any custody orders or agreements involving the student(s), including Orders of the Superior Court of New Jersey, and Property Settlement Agreements, or other documents regarding the legal and residential custody of the student(s).

8. The student(s) is or will be (1) sleeping at my residence, (2) leaving from my residence in the morning, and (3) returning to my residence from school in the afternoon on a continuous and ongoing basis.

9. I am not enrolling these student(s) for the sole purpose of receiving a free public education in the Old Bridge Public Schools.

10. In submitting this Affidavit, I understand that it a violation of N.J.S.A. 18A:38-1(c) and N.J.A.C. 6A:22-3.2(a)(5) for a person to fraudulently allow a child of another person to use his residence for school purposes. A person also violates N.J.S.A. 18A:38-1(c) and N.J.A.C. 6A:22-3.2(a)(5) when he fraudulently claims to have given up custody of his child to a person in another school district. I am aware that tuition for all period of ineligible attendance by each child may be pursued, at the daily rate of \$ _____ (Pre-school and Kindergarten), \$ _____ (Primary / Elementary), \$ _____ (Middle School), or \$ _____ (High

PARENT/GUARDIAN AFFIDAVIT OF RESIDENCY

School). (Daily rate is based on 2023-2024 school year and is subject to change in subsequent years).

- 12. If the student(s) no longer resides with me at the address listed in Paragraph 4 or when the student(s)' residence changes, I will immediately notify the school district.
- 13. If I no longer reside at the address listed above, I will immediately notify the school district.
- 14. I will immediately notify the school district of any change in the facts provided in this Affidavit.
- 15. I agree to supply the school district all relevant information and documentation to support the statements contained in this Affidavit.
- 16. I have reviewed all of the information above, and in submitting this Affidavit, I swear or affirm that all the information provided and the statements made in this Affidavit and in any attachments are true.

(Signature of Parent or Legal Guardian)

(Date)

(Printed Name of Parent or Legal Guardian)

Sworn to and subscribed

before me this _____

day of _____

in the year _____

Notary Public or Attorney-at-Law of
the State of New Jersey



Old Bridge Township Public Schools

Patrick A. Torre
Administration Building
4207 Route 516
Matawan, New Jersey 07747
Phone 732-566-1000

HOST FAMILY AFFIDAVIT OF RESIDENCY

This is to certify that I (check one): [] own [] rent/lease ** property at:

No. Street

in Old Bridge Township and that the _____ family is residing there*

*if temporary, please give approximate date: ____/____/____

**if rent/lease is checked above, the Landlord Affidavit must also be submitted.

It is my understanding that the making and/or submission of knowingly false information will constitute a violation of Section 2C:28-2 and 2C:28-3 of the New Jersey Criminal Code for which violation a penalty may be imposed.

Also, it is my understanding that In submitting this Affidavit, I understand that it a violation of N.J.S.A. 18A:38-1(c) and N.J.A.C. 6A:22-3.2(a)(5) for a person to fraudulently allow a child of another person to use his residence for school purposes.

NAME (Please Print)

Signature Date

Address 1

Address 2

Phone

Sworn and Subscribed to before me
this day of ,, 20_____.

Name of individuals residing in this home:

Notary Public of New Jersey/
Attorney at Law of New
Jersey



Old Bridge Township Public Schools

Patrick A. Torre
Administration Building
4207 Route 516
Matawan, New Jersey 07747
Phone 732-566-1000

LANDLORD AFFIDAVIT

Per per N.J.A.C. 6A:22-3.4(a) The Landlord Affidavit is to be completed by the landlord or non-family individual who owns/manages the address that the family is using for admission to Old Bridge Public Schools in the following instances:

- the child and his parent/legal guardian are residing in a dwelling managed by a landlord in Old Bridge when there is no written lease, or
the child and his parent/legal guardian have submitted a Host Family Affidavit of Residency and it is determined the Host Family rents / leases the Old Bridge home in which they live.

NAME(S) OF CHILD/CHILDREN: _____

LANDLORD/PROPERTY MANAGER: _____

I, _____, hereby certify to the following:
(Name of Landlord/Property Manager)

1. My telephone number is: _____

2. My Address is: _____
(Street Address, Apt. #, City, State, Zip Code)

3. I am the Landlord/Property Manager of: _____
(Name of Building/Complex)

which is located in Old Bridge at _____ .
(Street Address, Apt. #, City, State, Zip Code)

4. _____ and the child/children listed above have resided at
(Name of Parent/Legal Guardian) the building listed above, at unit _____ under a
written or unwritten lease since _____ .
(Date)

5. If the lease is written, I am attaching a current, signed copy.

6. If the lease is not written, its term and expiration date are as follows:

7. In signing and providing this Certification on behalf of the child / children named above, I understand that it is a violation of N.J.S.A. 18A:38-1(c) and N.J.A.C. 6A:22-3.2(a)(5) for a person to fraudulently allow a child of another person to use his residence for school eligibility purposes, and that a person also violates N.J.S.A. 18A:38-1(c) and N.J.A.C. 6A:22-3.2(a)(5) when he fraudulently claims to have given up custody of his child to a person in another school district. I also understand that parents / legal guardians of students are liable for tuition for all periods of ineligible attendance at the daily rates provided annually by the Old Bridge School District.

8. In the event that the child/children and/or parent/legal guardian no longer resides at the address listed above, I will immediately notify the school district.

(Signature of Landlord)

(Date)

(Printed Name of Landlord)

Sworn to and subscribed

before me this _____

day of _____

in the year _____



Old Bridge Township Public Schools

Patrick A. Torre
 Administration Building
 4207 Route 516
 Matawan, New Jersey 07747
 Phone 732-566-1000

SIBLING FORM

CHILD'S NAME	TELEPHONE NUMBER
--------------	------------------

ADDRESS:

ARE THERE SIBLINGS ATTENDING ANOTHER SCHOOL IN THE OLD BRIDGE SCHOOL DISTRICT:

YES NO

IF YES, LIST SCHOOLS, SIBLING'S NAME AND GRADE BELOW:

School	Sibling's Name	Grade	Date of Birth



Old Bridge Township Public Schools

Patrick A. Torre
 Administration Building
 4207 Route 516
 Matawan, New Jersey 07747
 Phone 732-566-1000

PRE-SCHOOL EXPERIENCE SURVEY

Please provide this pre-school information to make us aware of your child's school experience prior to kindergarten. Please do not be concerned if your child has not attended preschool.

CHILD'S NAME		TELEPHONE NUMBER
ADDRESS:		
DID YOUR CHILD ATTEND PRE-SCHOOL?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF YEARS ATTENDED:
NAME OF PRESCHOOL ATTENDED:		
ADDRESS OF PRE-SCHOOL:		
Length of sessions (HOURS)	Year	Number of Days per Week:
Length of sessions (HOURS)	Year	Number of Days per Week:



Old Bridge Township Public Schools

Patrick A. Torre
Administration Building
4207 Route 516
Matawan, New Jersey 07747
Phone 732-566-1000

ELL PROGRAMS

HOME LANGUAGE SURVEY

If your child speaks another language, he/she may be tested for ELL Program. This survey is the first of three steps to identify whether a student is eligible to be an English language learner (ELL). **PLEASE PRINT** all answers and fill out the form completely.

Student Name (please print):

Grade:

School:

Street Address:

Email:

City:

State:

NEW JERSEY

Zip Code

Telephone Number:

SURVEY

1. What was the first language used by the student? (Please check one answer below)

- A language other than English (proceed to question 2A) English (proceed to question 2B)

2A. At home, does the student hear or use a language other than English more than half of the time?

- Yes (proceed to question 7) No (proceed to question 4)

2B. At home, does the student hear or use a language other than English more than half of the time?

- Yes (proceed to question 4) No (proceed to question 3)

3. Does the student understand a language other than English?

- Yes (proceed to question 4) No (proceed to bottom of form for name and signature)

4. When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time? Yes (proceed to question 7) No (proceed to question 5)

5. When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time? Yes No

6. Has the student recently moved from another school district/charter English language learner? school where he/she was identified as an

Yes Name of School: _____

Dates Attended: _____

- No

7. Please list home languages spoken:

Please Print Name of Person Completing Form

Signature

Date

FOR OFFICE USE ONLY

Proceed to Records Review Process

Student is not an English Language Learner



Old Bridge Township Public Schools

**ACCEPTABLE USE OF TECHNOLOGY AGREEMENT
GRADES PK-3**

THIS FORM IS FOR INFORMATION ONLY – ELECTRONIC ACTION IS REQUIRED BY PARENT/GUARDIAN FOR NON-COMPLIANCE. AFTER REGISTRATION PROCESS IS COMPLETE, YOU WILL RECEIVE LOG ON INFORMATION FOR THE REALTIME PARENT PORTAL. IF YOU DO NOT AGREE WITH OR ACCEPT THE TERMS OF THIS AGREEMENT, PLEASE REFER TO THE DOCUMENT SECTION OF THE PARENT PORTAL TO REGISTER NON-COMPLIANCE.

Parents and Students:

Please read the follow agreement together. This document and the rules and regulations set forth in Board Policy and Regulations on **Acceptable Internet Use**, Board Policy #2361 are available at www.oldbridgeadmin.org.

Statement of Purpose

The Old Bridge School District believes that all students should have access to technology when they act in a responsible, efficient, courteous and legal manner. Internet access and other online service, available to student and teachers, offer a multitude of global resources. Our goal in providing these services is to enhance the educational development of our students. All school Internet use is filtered and monitored. Acceptable uses of technology are devoted to activities that support teaching and learning. The following are our agreements about the use of technology in the schools of Old Bridge.

Terms of Agreement

Using the computer correctly and responsibly is very important. I promise to follow these rules:

1. I promise to use the computer carefully.
2. I promise never to use the computer to hurt, frighten or bully others.
3. I promise to only work on the programs and web pages that my teacher tells me to use.
4. I promise to ask for help if I don't know what to do.
5. I promise only to share my passwords with my teacher or parent.
6. I promise to tell an adult if I read or see something on the computer that is not appropriate.
7. I promise to print only when my teacher tells me to.
8. I promise to only use my own file or my own folder on the student server.
9. I understand that if I break any of my promises, I might not be able to use the computers.

I have read and understood this acceptable use agreement and its consequences. I have explained same to my child. We agree to abide by the terms and conditions set forth in this agreement.