Welcome to East Brunswick Public Schools! Please use the checklist below to ensure all necessary documents are completed and ready for your appointment with the District Registration office. If you have any questions, please call 732-613-6980.

REGISTRATION CHECKLIST

_____ Proof of Residency
   Documents must be in the name of the parent/guardian. A copy of the Deed, a currently dated mortgage statement or lease agreement must be provided at time of registration. TWO additional utility bills must also be provided to complete the residency requirement within 30 days of registration. If the home is not in the name of parent/guardian, please call 732-613-6750 for instructions.

_____ Parent/Guardian Photo ID

_____ Student’s Original Birth Certificate or other proof of identity

_____ Student’s current immunization record

_____ NJ Transfer Card for students transferring from another NJ public school

_____ For grades K-8 current/previous school report cards

_____ For grades 9-12 a copy of unofficial transcript

_____ IEP/504 Plan if applicable

_____ Custody Documentation if applicable

_____ Registration Packet printed and completed PRIOR to appointment (one packet per student)
   _____ Registration Data Sheet
   _____ Emergency Contact Information
   _____ Home Language Survey
   _____ Student Health History
   _____ Student Services Screening Approval
   _____ Student Physical Exam Form (must be provided within 30 days of registration)
EAST BRUNSWICK PUBLIC SCHOOLS
REGISTRATION DATA SHEET

SCHOOL __________________________ DATE ______________ STUDENT ID ____________

PLEASE PRINT CLEARLY – ALL INFORMATION MUST BE COMPLETED

Student Last Name __________________________ Student First Name (Legal) __________________________ M. I. __________________________ Nickname __________________________

Date of Birth: (M)/ (D)/ (Y) __________ Age: __________ Gender: _________ Grade: __________

Student Street Address __________________________ Town __________________________ Zip Code __________________________

Student resides with (Relationship): __________________________ Parent Status: □ Married □ Divorced □ Separated □ Single □ Remarried

If divorced or separated, who has legal custody? __________________________ Who has residential custody? __________________________

Student’s previous Address & Telephone #: __________________________

If you have a residence elsewhere, what is the address and when do you live there? __________________________

Student’s previous School & Address: __________________________

Do you have other children attending East Brunswick Public Schools? Yes □ No □ (List Full Names Below)

(1) __________________________ (2) __________________________ (3) __________________________ (4) __________________________

First U.S. School Entry Date: (M) _______ (D) _______ (Y) _______ Original U.S. Entry Date: (M) _______ (D) _______ (Y) _______

SPECIAL EDUCATION: Yes □ No □ IEP? Yes □ No □ In Basic Skills? Yes □ No □ Have a 504 Plan? Yes □ No □

Required for State/Federal Reports: (these questions must be answered)

Race:  □ White □ Black □ Asian □ Pacific Islander □ American Indian/Alaskan Native  Ethnicity: Hispanic Yes □ No □

PARENT/GUARDIAN INFORMATION

Please Circle: Parent         Guardian         Other ____________

(Ms.) (Mrs.) (Mr.) (Dr.)

Last Name: __________________________

First Name: __________________________ Address: __________________________

City: __________________________ State: _________ Zip: __________

Parent Preferred E-mail Address: __________________________

Home Phone #: (____) __________________________

Cell Phone #: (____) __________________________

Business #: (____) __________________________

Occupation: __________________________

Employer’s Name: __________________________

Employer’s Address: __________________________

Please Circle: Parent         Guardian         Other ____________

(Ms.) (Mrs.) (Mr.) (Dr.)

Last Name: __________________________

First Name: __________________________ Address: __________________________

City: __________________________ State: _________ Zip: __________

Parent Preferred E-mail Address: __________________________

Home Phone #: (____) __________________________

Cell Phone #: (____) __________________________

Business #: (____) __________________________

Occupation: __________________________

Employer’s Name: __________________________

Employer’s Address: __________________________

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 East Brunswick Schools and not living in East Brunswick, 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 East Brunswick Board of Education in relation to the situation.

Print Name __________________________ Signature __________________________ Date ____________

Revised 6/2019
**EMERGENCY CONTACT INFORMATION**

Student’s Name: ________________________________________________________________

Please indicate the names of at least two individuals *other than parent/guardian* who may be contacted in the event of an emergency. These individuals will only be contacted when parent/guardian cannot be reached. Please be advised that these individuals will need to present identification in order to pick up your child.

1. Name: ________________________________________________________________
   
   Telephone Number: ____________________________
   
   Relationship to Student: ____________________________________________
   
   Child may be released to this person (circle one)   yes   no

2. Name: ________________________________________________________________
   
   Telephone Number: ____________________________
   
   Relationship to Student: ____________________________________________
   
   Child may be released to this person (circle one)   yes   no

3. Name: ________________________________________________________________
   
   Telephone Number: ____________________________
   
   Relationship to Student: ____________________________________________
   
   Child may be released to this person (circle one)   yes   no

Office Use:

Student ID # ____________________________
East Brunswick Public Schools Home Language Survey

This survey is the first of three steps to identify whether or not a student is eligible to be an English language learner (ELL). Start with “Question 1” and continue until the HLS is complete. Select the answer for each question and follow the directions.

Student Name: ________________________________________Student Birth Date: ___________________________
Parent Signature: _________________________________Student ID#: (office use ___________________________

Survey Questions

Question 1
What was the first language used by the student?

A language other than English. Proceed to question 2a.

English. Proceed to question 2b.

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

Yes. Proceed to question seven.
No. Proceed to question four.

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

Yes. Proceed to question four.
No. Proceed to question three.

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

Yes. Proceed to question four.
No. Proceed to question nine.

Question 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 seven.
No. Proceed to question five.

Question 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

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

Yes
No

Question 7
What are the home languages spoken? ___________________________ Proceed to 8.

8. Proceed to Step 2: Records Review Process. Home Language Survey is complete. (Contact information will be provided.)

9. Do not proceed to Step 2: Records Review Process. Home Language Survey is complete. Student is not an English Language Learner (ELL).
Hammarskjold Middle School 7th Grade
Elective Course Descriptions

**Band 7:** is an alternate day elective course offered to 7th grade students proficient on woodwind, brass, and percussion instruments. Fundamentals of ensemble playing are emphasized while studying and performing quality band music. Group lessons are offered on a rotating (pullout) schedule and are part of the course requirement. Band students should anticipate additional after school rehearsals in preparation for public performances.

**Orchestra 7:** is an alternate day elective course offered to 7th grade students proficient on string instruments (violin, viola, cello, bass). Fundamentals of ensemble playing are emphasized while studying and performing quality orchestra music. Group lessons are offered on a rotating (pullout) schedule and are part of the course requirement. Orchestra students should anticipate additional after school rehearsals in preparation for public performances.

**Beginning Piano 7:** This course is designed for the student who has little or no music background. It introduces the fundamentals of playing any keyboard instrument. An electronic keyboard lab will be used to teach the reading of music notation in both treble and bass clefs, and performance of music using two hands. Through the use of headphones, there will be an opportunity for individual practice time and teacher instruction.

**Family and Consumer Science 7:** The Family and Consumer Science elective will provide students with exploratory experiences designed to foster personal growth and development. These experiences will prepare students for family, societal and school expectations and help them achieve more independence and self-esteem. The areas of study in this elective include Relationships, Life and Careers, Nutrition and Wellness, Basic cooking skills (food science and preparation), Laundry, Human Development, Child/Elder Care and Textiles (hand sewing and Machine sewing) as well as home design.

**Chorus 7:** Students selecting Chorus as their alternate day elective in grade seven, will be exposed to a wide variety of musical compositions ranging from classical music to popular music. Students will spend their class periods learning to sing a variety of songs in preparation for a winter and spring concert performance. Along with these concert preparations, students are also taught music, vocabulary and music theory that will serve to enhance the music they are learning for each performance. **Participation in the spring and fall concerts is mandatory.**

**Art Exploration 7:** Art Exploration is the art elective course offered to seventh grade students. It is taken as an alternate day elective. Art Exploration provides students with an opportunity to experience in greater depth the many varied methods and materials of art media. Exploration and development of line, color, form, texture and space in both 2-dimensional and 3-dimensional projects help to develop individual growth and personal expression. The program is composed of five broad units with projects in drawing, painting, 3 dimensional design, printmaking and graphic design.

**Science Technology Engineering and Math (STEM 7):** Students who take STEM 7 (an extension of our STEM Elective 6, and is not a prerequisite) will synthesize concepts from each of these areas and apply them to solve real world style problems. Utilizing the design loop, students will use tools and materials to design, build and test their solution as well as reflect on and improve their designs. Students will also work on self-guided modules. These modules let our students explore many technology related professions and culminate in a final project, which allows students to demonstrate their knowledge and skills.
Hammarskjold Middle School
7th Grade Elective Survey Form

Student's Name: ____________________________  Student ID#: ____________

Elective Choices:
**PLEASE NOTE: IF YOUR CHILD PLAYS IN THE BAND/ORCHESTRA THAT IS HIS/HER ELECTIVE – DO NOT MAKE ANY SELECTIONS IN BOX B! If your child does not play in Band/Orchestra, please rank in PRIORITY ORDER (1-5) the choices in Box B!

Box A
If you would like to continue with Band or Orchestra, please place an X in the appropriate box.
- [ ] Band 7
- [ ] Orchestra 7

What instrument does your child play?

________________________________________

Box B
Please rank ALL of the below choices in PRIORITY ORDER from "1" to "6", with "1" representing the highest priority through "6" being the lowest priority. You MUST place a rank order next to each selection.
- [ ] Art Exploration 7
- [ ] Chorus 7
- [ ] Beginning Piano 7
- [ ] STEM 7
- [ ] Family & Consumer Science 7

ELECTIVE CHOICES IN BOX B – EVERY EFFORT WILL BE MADE TO ACCOMMODATE YOUR ELECTIVE CHOICES; HOWEVER, NO GUARANTEE CAN BE MADE WITH THE EXCEPTION OF BAND OR ORCHESTRA.

BOX C
PLACE A CHECK MARK NEXT TO THE LANGUAGE YOU WANT YOUR CHILD TO LEARN AT HAMMARSKJOLD MIDDLE SCHOOL.
- [ ] Spanish
- [ ] Mandarin

Parent Signature ____________________________  Date ____________
EAST BRUNSWICK PUBLIC SCHOOLS
Student Services Department
Student Health History

It is necessary that the following confidential information concerning the health history, growth and development of your child be completed. This information is essential for a total understanding of each child as an individual. It also assists in planning the child's individual educational plan.

Date__________________ School ___________________ Grade ________
Student Name ____________________________ Date of Birth __________
Parent Name ________________________________

A. NUTRITIONAL HISTORY

1. Does your child have frequent stomachaches? Yes □ No □
2. Problem with diarrhea or constipation? Yes □ No □
3. Has your child recently had a significant weight loss or gain? Yes □ No □
   Please explain: ____________________________________________

B. INFECTIONS AND ILLNESS

1. Hearing problems Yes □ No □
   Hearing test (if yes, by whom) ______________________________
2. Vision problems Yes □ No □
   Please explain: ____________________________________________
   Glasses/Contact lenses: (please circle)
3. Circle any of the following which child has had (indicate age)
   Chicken Pox_____ Measles_____ Mumps_____ Seizures/Convulsions_____ 
   Tuberculosis_____ Strep_____ Lyme Disease_____ Arthritis_____
   Pneumonia_____ Migraines_____ Hepatitis_____ 
   Other ____________________________________________
4. List serious accidents (i.e. head injury, etc.) _____________________________
   Operations ______________________________________________
   Hospitalizations/Emergency Room visit:
   ________________________________________________________
   ________________________________________________________
   ________________________________________________________
5. Has your child ever been treated for a medical condition/or mental illness?  
   - Yes □  No □  
   If yes, state illness___________________  
   Duration of illness___________________  
   Type of medication given__________________________

6. Does your child have difficulty concentrating and/or short attention span?  
   - Yes □  No □  
   Medication? ________________________________

7. Is there a language other than English spoken at home?  
   - Yes □  No □  
   If yes, please list______________________________________________________________

C. ASTHMA/ALLERGIES
1. Does your child have asthma?  
   - Yes □  No □  
   If so, indicate any possible triggers______________________________

2. Does your child take asthma medication daily?  
   - Yes □  No □  
   As needed?  Yes □  No □

3. Please indicate name of medication? _____________________________

4. Does your child have any allergies?  
   - Yes □  No □  
   Please indicate:_____________________________________________________

5. Does your child require an Epinephrine?  
   - Yes □  No □  
   Reason: (be specific)_________________________________________

6. Does your child have any skin condition? (I.e. eczema, etc.)  
   - Yes □  No □  
   Please explain:_________________________________________________

7. Please write any other information you wish to share with the school which might be beneficial to your child and helpful to the school.  
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

_________________________________________________________________

Parent ____________________________  Date ________________________
East Brunswick Public Schools
Students Services Department

Parent or Guardian: ___________________________ Date: ___________________________

Screening procedures are conducted on students in the East Brunswick Public Schools according to the following regulations and Board of Education policies. **PLEASE READ AND SIGN** this form to indicate your approval of these procedures for your child. This form will become part of the student’s permanent health record. The school nurse will answer any questions you may have concerning these procedures.

**AUDIOMETRIC SCREENING:** NJAC 6A:16-2.2, NJSA 18A:40-4

Audiometric screening for hearing acuity is done annually for all students in preschool programs, grades K-3, 7 and 11, students new to the district with no available record of audiometric screening, students referred to the Child Study Team for evaluation, students at risk of hearing impairment and those referred by teacher, parent or self.

**VISION SCREENING:** NJAC 6A:16-2.2

This is done annually on students in preschool programs, grade K-1, 3, 5-8 and 10, students referred to the Child Study Team for evaluation or review, students entering the district with no available record of vision screening and those referred by teacher, parent or self.

**SCOLIOSIS SCREENING:** NJSA 18A:40-4.3

Students in grades 5, 7, 9 and 11 will be examined for Scoliosis.

**HEIGHTS, WEIGHTS AND BLOOD PRESSURE**

Will be done annually on all students in grades K-12.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Grade</th>
<th>Parent/Guardian Signature</th>
</tr>
</thead>
</table>

HS lb
Revised 8/2014
Student Physical Examination Form

Student Name: ___________________________ Date of Birth: ____________

School: ________________________________ Date: ________________

School Address: ______________________________________________________

Dear Parent:

Please present this form to your physician at the time of your child’s examination. Upon completion, please return this form within 30 days of student’s registration. Thank you.

Height: ______ Weight: ______ B.P.: ______ Pulse: ______

Vision

Right: ______ Left: ______ Both: ______

Glasses

Right: ______ Left: ______ Both: ______

<table>
<thead>
<tr>
<th>Physical Findings</th>
<th>Please indicate with a ✓ in the appropriate column.</th>
<th>Specify and Recommend</th>
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</thead>
<tbody>
<tr>
<td>EYES</td>
<td>Normal</td>
<td>Abnormal</td>
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<tr>
<td>VISION</td>
<td></td>
<td></td>
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<tr>
<td>COLOR PERCEPTION</td>
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<td></td>
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<tr>
<td>EARS - OTOSCOPIC</td>
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<tr>
<td>HEARING</td>
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<td>Left</td>
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<tr>
<td>Right</td>
<td></td>
<td></td>
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<tr>
<td>TEETH/MOUTH</td>
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<tr>
<td>NOSE</td>
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<tr>
<td>THROAT</td>
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<tr>
<td>LYMPH GLANDS</td>
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<tr>
<td>THYROID</td>
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<td>HEART</td>
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<tr>
<td>LUNGS</td>
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<tr>
<td>ABDOMEN</td>
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<tr>
<td>HERNIA</td>
<td></td>
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<tr>
<td>GENITO-URINARY</td>
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<tr>
<td>ORTHOPEDIC (STRUCTURAL)</td>
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<tr>
<td>SCOLIOSIS SCREENING</td>
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<td>SKIN</td>
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<tr>
<td>NUTRITION</td>
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<td>NERVOUS SYSTEM</td>
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<td>SPEECH</td>
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<tr>
<td>OTHER</td>
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<tr>
<td>GENERAL APPEARANCE</td>
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</tbody>
</table>
Student Physical Examination Form

Student Name: ____________________________________________

DATE OF MOST RECENT MANTOUX TUBERCULIN:

TEST: _______ RESULT: _______ FOLLOW-UP: ____________________

COMPLETE IMMUNIZATION HISTORY (OR ATTACH COPY)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date</th>
<th>Status</th>
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<tbody>
<tr>
<td>DPT/DTaP</td>
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</tr>
<tr>
<td>Tdap (Grade 6)</td>
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<tr>
<td>Polio</td>
<td></td>
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<tr>
<td>MMR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles (on or after 1st birthday)</td>
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<td></td>
</tr>
<tr>
<td>Mumps (on or after 1st birthday)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella (on or after 1st birthday)</td>
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<tr>
<td>Hib</td>
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</tr>
<tr>
<td>Hepatitis B (min spacing intervals)</td>
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<tr>
<td>Varicella (on or after 1st birthday)</td>
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<tr>
<td>Meningococcal (Grade 6)(after 10th birthday)</td>
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<tr>
<td>Pneumococcal (Pre-School)</td>
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<td></td>
</tr>
<tr>
<td>Influenza (Pre-School)</td>
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</tbody>
</table>

PLEASE LIST ANY HEALTH PROBLEMS WHICH MIGHT INTERFERE WITH THE STUDENT’S EDUCATIONAL PROGRAM OR LIMIT HIS/HER PARTICIPATION IN THE REGULAR PHYSICAL EDUCATION PROGRAM:

INDICATE ANY RESTRICTIONS:

COMMENTS:

DATE OF EXAMINATION: _______________________

SIGNATURE OF PHYSICIAN: _______________________

PRINTED NAME, ADDRESS AND TELEPHONE: _______________________

__________________________________________