



# East Brunswick Public Schools

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Please use the checklist below to ensure all necessary documents are submitted for student registration. **ALL of the documentation requested below is necessary to process registration.** Please understand that failure to provide requirements or complete online steps may delay registration. If you have any questions, please call 732-613-6980.

## **REGISTRATION CHECKLIST**

**All Registration Steps (1-2) online ([www.ebnet.org/register](http://www.ebnet.org/register)) MUST be completed for each student.** Registration paperwork should be dropped off at the Administration Building located at 760 Route 18. Your student is not registered for school until hard copies of registration paperwork listed below are dropped off and processed by the District Registration Department.

\_\_\_\_\_ **Proof of Residency**

**Documents must be in the name of the parent/guardian.** A copy of the Deed, a currently dated mortgage statement or current lease agreement **must be provided** at time of registration. TWO additional UTILITY bills must also be provided to complete the residency requirement. Online statements and confirmation of service are acceptable. If you have just moved into your home, bills must be provided within 30 days of registration. If the home is not in the name of parent/guardian, please call 732-613-6751 for residency affidavit instructions.

\_\_\_\_\_ **Parent/Guardian Photo ID**

\_\_\_\_\_ **Student's Birth Certificate (provide a copy – no originals)**

\_\_\_\_\_ **Student's current immunization record (MUST be provided at time of registration)**

\_\_\_\_\_ **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 (single sided) and all forms completed (one packet per student)

\_\_\_\_\_ **Registration Data Form**

All fields and check boxes must be filled in completely. **Guardian boxes are for parents/legal guardians only.** Please provide all contact information.

\_\_\_\_\_ **Student Health History**

\_\_\_\_\_ **Student Physical Exam Form**

(must be completed by physician and returned to school nurse within 30 days of registration)

\_\_\_\_\_ **Record Release Letter** (returned to District Registration Office with registration paperwork.

Parent/Guardian should NOT send to previous school.)

\_\_\_\_\_ **Elective Forms for grades 5, 6 & 7**

\_\_\_\_\_ **Athletic Form for grades 9-12**

# 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  **Have a 504 Plan?** Yes  No

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

**Race:**  White  Black or African American  American Indian/Alaskan Native  Asian  Native Hawaiian or Other Pacific Islander

**Ethnicity:**  Hispanic or Latino  Non-Hispanic or Latino

**PARENT/GUARDIAN INFORMATION**

Please Circle: Parent or Legal Guardian	Please Circle: Parent or Legal Guardian
(Ms.) (Mrs.) (Mr.) (Dr.)	(Ms.) (Mrs.) (Mr.) (Dr.)
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Parent E-mail: _____	Parent E-mail: _____
Home Phone #: ( ) _____	Home Phone #: ( ) _____
Cell Phone #: ( ) _____	Cell Phone #: ( ) _____
Business #: ( ) _____	Business #: ( ) _____
Occupation: _____	Occupation: _____
Employer's Name: _____	Employer's Name: _____
Employer's Address: _____	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 \_\_\_\_\_

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 education plan.

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

Preschool experience: Yes  No  Preschool attended: \_\_\_\_\_ How Long? \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_ Language(s) spoken by child: \_\_\_\_\_

Physician Name and Phone: \_\_\_\_\_

List siblings (name, age, general health):  
\_\_\_\_\_

Does your child have vision problems? Yes  No  If yes, please indicate: \_\_\_\_\_

Does your child wear glasses? Yes  No  Does your child wear contact lenses? Yes  No

Does your child have hearing problems? Yes  No  If yes, please indicate: \_\_\_\_\_

Does your child have any allergies? Yes  No  If Yes, please indicate: \_\_\_\_\_

Does your child require Epinephrine? Yes  No  If Yes, please indicate reason: \_\_\_\_\_

Does your child have any skin conditions (eczema, etc.)? Yes  No  If yes, please indicate: \_\_\_\_\_

Does your child have difficulty concentrating and/or a short attention span? Yes  No

If yes, list any medication given if applicable : \_\_\_\_\_

Has your child been treated for a medical condition/mental illness? Yes  No  List illness, duration, medications given: \_\_\_\_\_

List any serious accidents (i.e. head injury, etc), operations, hospitalizations, emergency room visits:  
\_\_\_\_\_

Infections/Illness	Circle One		Infections/Illness	Circle One	
Chicken Pox	Yes/ Age: _____	No	Strep	Yes/ Age: _____	No
Measles	Yes/ Age: _____	No	Lyme Disease	Yes/ Age: _____	No
Mumps	Yes/ Age: _____	No	Arthritis	Yes/ Age: _____	No
Seizures/Convulsions	Yes/ Age: _____	No	Pneumonia	Yes/ Age: _____	No
Tuberculosis	Yes/ Age: _____	No	Migraines	Yes/ Age: _____	No
Asthma	Yes/ Age: _____	No	Hepatitis	Yes/ Age: _____	No

List any information you wish to share with the school which might be beneficial to your child and helpful to the school:  
\_\_\_\_\_

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.

**HEIGHTS, WEIGHTS AND BLOOD PRESSURE** will be done annually on all students in grades K-12. **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** - Vision screening 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.

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

**East Brunswick Public Schools**  
**East Brunswick, New Jersey 08816**  
**Student Services**

**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: \_\_\_\_\_

Physical Findings	Please indicate with a √ (check) in the appropriate column.		Specify and Recommend
	Normal	Abnormal	
EYES			
VISION			
COLOR PERCEPTION			
EARS - OTOSCOPIC			
HEARING			
Left			
Right			
TEETH/MOUTH			
NOSE			
THROAT			
LYMPH GLANDS			
THYROID			
HEART			
LUNGS			
ABDOMEN			
HERNIA			
GENITO-URINARY			
ORTHOPEDIC (STRUCTURAL)			
SCOLIOSIS SCREENING			
SKIN			
NUTRITION			
NERVOUS SYSTEM			
SPEECH			
OTHER			
GENERAL APPEARANCE			

## Student Physical Examination Form

Student Name: \_\_\_\_\_

**DATE OF MOST RECENT MANTOUX TUBERCULIN:**

TEST: \_\_\_\_\_ RESULT: \_\_\_\_\_ FOLLOW-UP: \_\_\_\_\_

**COMPLETE IMMUNIZATION HISTORY (OR ATTACH COPY)**

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

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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# East Brunswick Public Schools

District Registration  
Telephone: 732-613-6980

## Release of Records Form

Previous School: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

(office use)

Date: \_\_\_\_\_

To Whom It May Concern:

\_\_\_\_\_ has registered to attend \_\_\_\_\_ grade in our district.  
(name of student)

In order to ensure that effective instruction begins as quickly as possible, we ask that you please forward the following information (if applicable) to the East Brunswick Public School named above. Any other pertinent data that you are able to send will be greatly appreciated. Thank you in advance for your cooperation.

- NJ State ID#
- Report Cards (2 previous years)
- Transcripts
- Attendance Records
- Standardized Test Results
- Discipline Records
- Special Education Records (IEPs, reports, etc.)
- 504 Accommodation Plan
- Health and Immunization Records
- State Immunization Card (A-45)
- Student Transfer Card

Sincerely,  
*Sonu Patti*  
District Registration

\_\_\_\_\_  
(Parent/Guardian Print Name)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)