



East Brunswick Public Schools

Please use the checklist below to ensure all necessary documents are compiled 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.

General Education Inclusive PRE-K REGISTRATION CHECKLIST

All Registration Steps (1-2) online (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 the time of registration)**

_____ **NJ Transfer Card for students transferring from another NJ public school district.** This does not apply to students who have been attending private pre-k/daycare.

_____ **Custody Documentation** if applicable

_____ **Acceptance Letter**

_____ **Registration Packet** printed and all forms completed (one packet per student)

_____ **Registration Data Sheet**

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)

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

<p>Please Circle: Parent Guardian Other _____</p> <p>(Ms.) (Mrs.) (Mr.) (Dr.)</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Parent Preferred E-mail Address: _____</p> <p>Home Phone #: () _____</p> <p>Cell Phone #: () _____</p> <p>Business #: () _____</p> <p>Occupation: _____</p> <p>Employer's Name: _____</p> <p>Employer's Address: _____</p>	<p>Please Circle: Parent Guardian Other _____</p> <p>(Ms.) (Mrs.) (Mr.) (Dr.)</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Parent Preferred E-mail Address: _____</p> <p>Home Phone #: () _____</p> <p>Cell Phone #: () _____</p> <p>Business #: () _____</p> <p>Occupation: _____</p> <p>Employer's Name: _____</p> <p>Employer's Address: _____</p>
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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 st birthday)					
Mumps (on or after 1 st birthday)					
Rubella (on or after 1 st birthday)					
Hib					
Hepatitis B (min spacing intervals)					
Varicella (on or after 1 st birthday)					
Meningococcal (Grade 6)(after 10 th 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: _____

