



# South Hunterdon Regional School District

301 Mt. Airy – Harbourton Road, Lambertville, New Jersey 08530

[www.shrsd.org](http://www.shrsd.org)

**Louis T. Muenker, D.Ed.**, Superintendent of Schools

(609) 397-1888

(609) 397-6495 Fax

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(609) 397-0323

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(609) 397-9311

(609) 397-2470 Fax

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Please print and complete the related forms to register your child in our school.

The forms should be delivered to the main office.

New Jersey requires that your child have a **physical exam** and be **fully immunized** according to state guidelines. A copy of the child's **birth certificate** is required as well as a minimum of 4 items as **proof of residency**, see list below.

## **Proof of Residency Items - *Minimum of 4 required***

The following items are acceptable proof of residency:

-Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency.

-Voter registrations, licenses, permits, Financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location.

-Court orders, State agency agreements and other evidence of court or agency placements or directives.

-Receipts, bills, cancelled checks and other evidence of expenditures demonstration personal attachment to a particular location, or, where applicable, to support the student.

-Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency.

-Affidavits, certification and sworn attestations pertaining to statutory criteria for school attendance, from the parent, legal guardian, person keeping an "affidavit student", person(s) with whom a family is living, or others as appropriate.

-Documents pertaining to military status and assignment.

-Any business record or document issued by a governmental entity.

-Any other form of documentation relevant to demonstrating entitlement to attend school.

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Lambertville Public School – Wanda Quiñones, Principal

(609) 397-0183

(609) 397-4607 Fax

South Hunterdon Regional High School – Jennifer Beresh MacKnight, Principal

(609) 397-2060

(609) 397-2366 Fax

Stockton Borough Elementary School – Geoff Hewitt, Principal

(609) 397-9023

(609) 397-2012 Fax

West Amwell Township Elementary School – David Miller, Principal

(609) 397-0819

(609) 397-4350 Fax

The following forms are required for Kindergarten Registration:

- Family Record Form
- Parent Contact Information
- Physical Form
- Medical History Form

**Please also bring your child's birth certificate and Inoculation record to registration.**

Please call the appropriate school's main office with any questions.

Lambertville Public School – 609-397-0183

Stockton Borough School – 609-397-9023

West Amwell Twp Elementary School – 609-397-0819

We look forward to your child becoming part of the SHRSD family.

## Family Record - South Hunterdon Regional School District

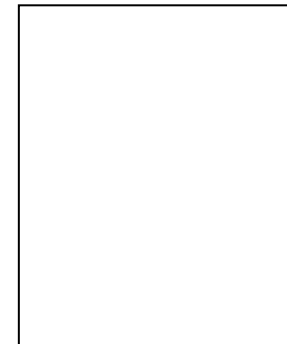
Student's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender \_\_\_\_\_

Birthdate \_\_\_\_\_ Birth City \_\_\_\_\_ Birth State \_\_\_\_\_ Birth Country \_\_\_\_\_

Home Address \_\_\_\_\_  
 Box/House # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Health Insurance Provider: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Languages spoken in the home \_\_\_\_\_ Home Phone Number \_\_\_\_\_



Parents (Check all that apply)	
<input type="checkbox"/>	Married
<input type="checkbox"/>	Separated
<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Remarried
<input type="checkbox"/>	Other
<input type="checkbox"/>	

Student Race	
<input type="checkbox"/>	White
<input type="checkbox"/>	Black
<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	American Indian
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Pacific Islander

Other Children in Family	
# of older boys: _____	Birthdays: _____
# of younger boys: _____	Birthdays: _____
# of older girls: _____	Birthdays: _____
# of younger girls: _____	Birthdays: _____

Parents	Name	Living	Citizen of	Occupation	Highest Level of Education	Read and Write English	Work Address	Work Telephone	Cell Phone
<b>Father</b>									
<b>Mother</b>									
<b>Guardian</b>									

### PREVIOUS SCHOOLS ATTENDED (Including Preschool)

1. Date of Entrance _____	School last attended _____	IEP: Yes No
Exit Date _____	Reason for leaving _____	
2. Date of Entrance _____	School last attended _____	IEP: Yes No
Exit Date _____	Reason for leaving _____	

Date this document completed \_\_\_\_\_

# SOUTH HUNTERDON REGIONAL SCHOOL DISTRICT

ID# \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Date of Birth (Mo/Day/Year) \_\_\_\_\_

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
Mother/ <small>Guardian</small> _____	Home _____	Home _____ Cell _____
	Work _____	Work _____
Email _____		
Father _____	Home _____	Home _____ Cell _____
	Work _____	Work _____
Email _____		

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name _____	Name _____
Home/ _____	Home/ _____
Work/ <small>Address</small> _____	Work/ <small>Address</small> _____
Telephone: Home _____ Work _____	Telephone: Home _____ Work _____
Relationship _____ Cell _____	Relationship _____ Cell _____

Please list other children attending New Jersey Public Schools (Name, School)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Does 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](http://www.njfamilycare.org) to apply online.

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).*

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
Restrictions	_____	_____	_____
	Type		

Scoliosis screening (checking for spinal curvature, required by State for students over 10 years old) check consent: Yes \_\_\_\_\_ No \_\_\_\_\_

Check consent for School Nurse to administer: Acetaminophen/Tylenol, Ibuprofen, Benadryl: Yes \_\_\_\_\_ No \_\_\_\_\_ Cough Drops Yes \_\_\_\_\_ No \_\_\_\_\_  
(every attempt will be made to reach parent first)

Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Hospital \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

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.

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 judgement, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

\_\_\_\_\_  
**Signature of Parent(s) / Guardian(s)** **Date**



# South Hunterdon Regional School District Student Medical History

**Child's Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Parents Names:** \_\_\_\_\_ **Today's date:** \_\_\_\_\_

This questionnaire will help the doctor and school nurse to find out if your child is in the best of health for school. The questionnaire will become part of your child's personal health record and is of course confidential.

Birth weight \_\_\_\_\_ Sit alone \_\_\_\_\_ Walked alone \_\_\_\_\_ Say single words \_\_\_\_\_

Said a few words \_\_\_\_\_ Toilet train \_\_\_\_\_

Family Physician \_\_\_\_\_

Date of last check-up \_\_\_\_\_ Times seen by doctor in last year \_\_\_\_\_

	No	Yes
Has your child had headaches or dizzy spells? Fainting or blackout spells?		
Convulsions or other seizures?		
Trouble with speech?		
Trouble with his/her eyes or with sight?		
Nose bleeds, constant colds, frequent sore throat or strep throat or sinus?		
Frequent ear infections or trouble hearing?		
Asthma, wheezing, cough, bronchitis, pneumonia?		
Heart trouble, heart murmur, or rheumatic fever?		
Frequent vomiting or diarrhea? Frequent stomach pains?		
Tendency to bleed easily?		
Kidney or bladder infection?		
Eczema or hives?		
Mumps, measles, rubella, chickenpox or whooping cough?		
Any serious sicknesses at any age?		
Special doctoring at any age? Any operations?		
Any bad accidents or broken bones? Corrective shoes and/or braces?		
Allergies, hay fever or asthma?		
Tiring easily, loss of vigor, or trouble fighting off infections?		
Thumb sucking, nail biting, stammering, stuttering?		
Nervous habits, high strung, easily upset, temper tantrums?		
Shy, glum, sulky, or feelings easily hurt?		
Wanting too much attention, disobedient?		
Has ever had Pneumonia? Tuberculosis? Exposure to Tuberculosis?		

**1. History of pregnancy, birth and early life.**

	No	Yes
Was there sickness or complications during pregnancy? If yes, what type of complications		
Did you have any infections or viruses?		
Was there high blood pressure or extra water?		
Did you take any medicine in pregnancy?		
Did the pregnancy go the full time?		
Was there trouble with the labor and delivery?		
Was the baby abnormal at birth or was there a birth defect?		
Was there difficulty soon after birth?		
Was oxygen required for baby?		
Did baby cry immediately when born?		
During the hospital stay, did the baby have yellow jaundice, rash, blue spells or convulsions?		
Did the baby stay longer than the mother in the hospital?		
Was there any problem with colic, crying, vomiting, sleeping, or settling the baby?		

