



South Hunterdon Regional School District

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

www.shrsd.org

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

(609) 397-1888

(609) 397-6495 Fax

Kerry Sevilis, Business Administrator/Board Secretary

(609) 397-0323

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Geoff Hewitt, Director of Curriculum, Instruction & Assessment

(609) 397-9311

(609) 397-2470 Fax

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.

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 _____

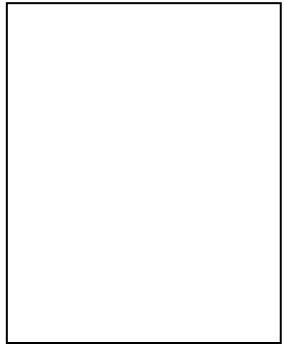
Birthdate _____ Birth City _____ Birth State _____ Birth Country _____

Home Address _____
 Box/House # _____ Street _____ City _____ State _____ Zip _____

Home Phone Number _____

Primary Health Insurance Provider: _____ Policy No.: _____

Languages spoken in the home _____ Language most often spoken by the student _____ Language the student first acquired _____



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
Father									
Mother									
Guardian									

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/ <small>Address</small> _____	Home/ <small>Address</small> _____
Work/ <small>Address</small> _____	Work/ <small>Address</small> _____
Telephone: Home _____	Telephone: Home _____
Work _____	Work _____
Relationship _____	Relationship _____
Cell _____	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 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 Physical Exam Form

Lambertville ___ Stockton ___ West Amwell ___
Type of physical: Kindergarten ___ New Student ___ Grade ___

Student Name _____ DOB _____ Grade _____

Date of physical exam _____ Height _____ Weight _____ BP _____

Vision: Right eye _____ Hearing: Right ear _____
Left eye _____ Left ear _____

Eyes: _____ Ears: _____

Nose: _____ Throat: _____

Teeth/Mouth: _____ Speech: _____

Heart: _____ Lungs: _____

Abdomen: _____ Lymph Glands: _____

Nervous system: _____ Orthopedic:
Structural:

Nutrition: _____ Posture:

Skin: _____ Feet:
Hernia: _____

Nails: _____

Allergies or health conditions: _____

Immunizations given today: _____

Please attach a complete record of immunizations

Office Stamp

Physician's Signature _____

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?		

If any questions have been answered yes, please give more information, dates, ages, of each condition when possible. (If more room is needed, please continue on back)

2. **Family History.** List below other children in the family. Do any of these children have difficulty in school:

Child

Age

Difficulty

	No	Yes
Do any family members have long term illnesses or birth defects? If so, what?		
Do any other illnesses run in the blood-related family: If so, what?		

3. **Child's Development:**

	No	Yes
Can your child use a spoon and fork to eat without spilling a lot?		
Can your child dress himself/herself?		
Can your child do buttons?		
Can your child be left alone with a babysitter without a big fuss?		
Does your child have any problems with eating?		
Does your child have any problems with sleeping or nightmares?		
Does your child still soil his/her pants?		
Does your child play successfully with puzzles, blocks and other construction toys without help?		
Does your child write and draw rather than scribble?		
Does your child prefer right hand? Left hand? Or both?		
Can your child ride a tricycle?		
Can your child throw and catch a ball?		
Does your child drop things more than other children the same age?		
Does your child trip easily?		
Does your child run into things?		
Does your child have trouble with stairs?		
Is your child highly active?		
Is your child very quiet?		
Does your child cry easily?		
Does your child often have temper tantrums?		
Does your child usually follow directions?		
Is your child able to say most sounds correctly?		
Is your child afraid to speak?		
Is your child understandable to a person unfamiliar with your child?		
Does your child turn on the television at a very high volume?		
Does your child say "what, what?" all the time?		
Does your child sit very close to the television screen?		
Does your child bend over and look very closely at pictures or drawings?		

If there is anything further you wish to mention about your child, write it here: _____
