Monroe Township Public Schools
CENTRAL REGISTRATION
Located at: Monroe Commons – Suite A101
239 Prospect Plains Road
Monroe Township, NJ 08831

REGISTRATION REQUIREMENTS

- CALL FOR AN APPOINTMENT - 609-642-6128 Ext. 4013
- FILL OUT ‘ALL’ FORMS ATTACHED (both sides)
- ONLY A PARENT OR A LEGAL GUARDIAN MAY ENROLL A STUDENT
- STUDENT MUST LIVE IN MONROE TOWNSHIP WITH PARENT OR LEGAL GUARDIAN

‘ALL’ OF THE FOLLOWING DOCUMENTS ‘MUST’ BE PRESENTED AT THE TIME OF ENROLLMENT

✓ ‘ORIGINAL’ BIRTH CERTIFICATE (NO copies, NO hospital certificate) - Proof of Student’s Date of Birth

✓ IMMUNIZATION RECORD showing MONTH/DAY/YEAR of each vaccine your child has received to date. The document must indicate the student’s name, the name of the doctor or clinic, and the signature and/or stamp of the doctor. Failure to provide appropriate information regarding immunization may delay your child’s attendance in school. Any questions, please contact the school nurse.

✓ MANTOUX TB TEST - Students relocating from any other area may need a TB test as mandated by law. This will be determined by the school nurse. If it is required, must be provided to school within 30 days.

✓ PHYSICAL EXAMINATION FORM – must have been completed within the past 365 days, signed by your child’s physician, and returned to the school within 30 days of your child’s first day of school.

**Pre-school and Kindergarten student’s - Physical Form must be handed in prior to starting school.

✓ NAME, MAILING ADDRESS & PHONE NUMBER OF THE SCHOOL - your child is transferring from.

✓ SCHOOL RECORDS - Transfer Card, current Report Card, IEP, ESL Wida Access Test Scores, and recent Standardized Test Results.

✓ If child is classified, please provide a copy of the Individualized Educational Plan (IEP), Child Study Team Records, Speech and Language Services, and Reports from Early Intervention Programs, if available

✓ ESL WIDA Access Test scores.

✓ FREE and REDUCED LUNCH FORMS listed below from previous school - (if applicable):
  - Free and Reduced Price School Meals Household Application
  - Notification for Free Meals/Free Milk Through Direct Certification

✓ CUSTODY PAPERS, PROOF OF LEGAL GUARDIANSHIP, FOSTER PARENT PAPERS, if applicable

✓ PROOF OF RESIDENCY: ‘FOUR’ DOCUMENTS ARE REQUIRED

The Monroe Township Board of Education will accept a combination of any of the following or similar forms of documentation:

✓ ONE of these is REQUIRED: Property tax bills; deeds; contracts of sale; leases; mortgages; signed letters from landlords; and other evidence of property ownership, tenancy, or residency;

✓ THREE addition documents REQUIRED – see the list below:
  - Utility Bills; Bank Statements; Voter registrations; permits; 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; insurance claims or payments; and other evidence of expenditures demonstrating personal attachment to a particular location or to support the student;
  - Medical reports; counselor or social worker assessments; employment documents; unemployment claims; benefit statements; and other evidence of circumstances demonstrating family or economic hardship, or temporary residency;
  - Affidavits, certifications, and sworn attestations pertaining to statutory criteria for school attendance from the parent, guardian, person keeping an “affidavit student,” adult student, person(s) with whom a family is living, or others, as appropriate;
  - Documents pertaining to military status and assignment; and
  - Any other business record or document issued by a government entity.

✓ LIVING WITH ANOTHER FAMILY in Monroe Township: Owner of the home needs to accompany you to the registration and bring ‘four’ proofs of residency (see Proof of Residency above). An Affidavit of Residency will be signed.

(***Note: Non-traditional residency issues (such as living with another family) will be addressed through an Affidavit of Residency or an Affidavit of Domicile. Please call the office regarding this information at 609-642-6128 Ext. 4013)

CENTRAL REGISTRATION OFFICE HOURS

Shall be in operation during those days that the Board of Education building is scheduled to be open.

SEPTEMBER–JUNE MONDAY – FRIDAY 8:30 AM – 1:00 PM and 2:00 PM – 4 PM
JULY and AUGUST MONDAY – FRIDAY 8:30 AM – 1:00 PM and 2:00 PM – 3 PM
Monroe Township Schools
Registration Form

Registration Date: _______________________
Entry Date: _______________________
State ID #: _______________________
Student ID#: _______________________
Free or Reduced Lunch: YES / NO

SCHOOL: _______________________________ GRADE: ______

STUDENT'S NAME ____________________ Last  First  MI

STREET ADDRESS: ________________________ NJ 08831

MAILING ADDRESS (IF DIFFERENT) __________________________________________________________________________

PHONE: ___________________________ E-MAIL ADDRESS: ________________________________

DATE OF BIRTH: ______________________ AGE: _______ SEX: Male / Female

BIRTH CITY: __________________________ BIRTH STATE: __________________________

BIRTH COUNTRY***: ______________________ U. S. CITIZEN: Yes / No

RACE: White (not of Hispanic Origin) / Black (not of Hispanic Origin) / Hispanic / American Indian or Alaskan / Asian / Hawaiian Native or other Pacific Islander

PRIMARY LANGUAGE SPOKEN BY STUDENT: __________________________

PRIMARY LANGUAGE USED IN THE HOME: __________________________

LANGUAGE STUDENT FIRST ACQUIRED: __________________________

PARENTS/GUARDIANS: Married / Divorced / Separated / Single / Widowed

STUDENT RESIDES WITH: __________________________

WHO HAS LEGAL CUSTODY: __________________________

WHO HAS PHYSICAL 'RESIDENTIAL' CUSTODY: __________________________

Child is registering under McKinney Vento? YES or NO

***IF CHILD WAS BORN OUTSIDE THE U.S.A., WHAT IS THE:
US ENTRY DATE: ______________________ FIRST ENTRY IN US SCHOOL: ______________________

IF DIVORCED OR SEPARATED, PROVIDE THE FOLLOWING OF THE NON-CUSTODIAL PARENT:

NAME: __________________________

HOME ADDRESS: __________________________

HOME PHONE: ( ) ______________________ CELL: ( ) ______________________

E-MAIL ADDRESS: __________________________

LAST SCHOOL ATTENDED:

NAME: __________________________ PHONE: ( ) ______________________

ADDRESS: __________________________

Revised: July 2018
PARENT INFORMATION

FATHER’S NAME: ___________________________ Driver’s License #: __________________
HOME ADDRESS: ___________________________ ZIP CODE: ______________
HOME: ___________________________ CELL: ___________________________
E-MAIL ADDRESS: ___________________________
EMPLOYER’S NAME AND ADDRESS: ___________________________
WORK PHONE: ___________________________
MILITARY CONNECTED STATUS:
☐ Not Military Connected
☐ Active Duty Branch _______________ Rank _______________ Retired _______________
☐ National Guard or Reserves Rank _______________ Retired _______________
☐ Unknown

MOTHER’S NAME: ___________________________ Driver’s License #: __________________
HOME ADDRESS: ___________________________ ZIP CODE: ______________
HOME: ___________________________ CELL: ___________________________
E-MAIL ADDRESS: ___________________________
EMPLOYER’S NAME AND ADDRESS: ___________________________
WORK PHONE: ___________________________
MILITARY CONNECTED STATUS:
☐ Not Military Connected
☐ Active Duty Branch _______________ Rank _______________ Retired _______________
☐ National Guard or Reserves Rank _______________ Retired _______________
☐ Unknown

GUARDIAN’S NAME: ___________________________ Driver’s License #: __________________
HOME ADDRESS: ___________________________ ZIP CODE: ______________
HOME: ___________________________ CELL: ___________________________
E-MAIL ADDRESS: ___________________________
EMPLOYER’S NAME AND ADDRESS: ___________________________
WORK PHONE: ___________________________
MILITARY CONNECTED STATUS:
☐ Not Military Connected
☐ Active Duty Branch _______________ Rank _______________ Retired _______________
☐ National Guard or Reserves Rank _______________ Retired _______________
☐ Unknown

Revised: July 2018
WAS STUDENT ENROLLED IN ANY PROGRAMS LISTED? Yes / No
FREE or REDUCED LUNCH: (circle one): Yes / No
English as Second Language (ESL) ____________________ Speech ____________________
Basic Skills/Title I _______________________________ Academically/Talented __________
Special Services/IEP ______________________________ Other: ______________________
Alternate School Programs _________________________

HAS A STUDENT ATTENDED A MONROE TOWNSHIP SCHOOL BEFORE? Give school name and dates:

PARENT ACCESS INFORMATION
PARENT ACCESS ACCOUNT HAS BEEN REQUESTED _______ (YES) _______ (NO)
PARENT ACCESS ACCOUNT SHOULD BE ACTIVE FOR WHICH SCHOOL YEAR__________
‘EMAIL ADDRESS’ FOR PARENT ACCESS __________________________

PLEASE LIST BROTHERS/SISTERS (who are living with you)

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex</th>
<th>Birth Date</th>
<th>School</th>
<th>Grade</th>
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PLEASE INDICATE IF THERE ARE ANY SPECIAL CUSTODY CIRCUMSTANCES THAT THE SCHOOL SHOULD BE AWARE OF CONCERNING YOUR CHILD:

EMERGENCY CONTACT NAME (#1)
RELATIONSHIP TO STUDENT ___________________ DAY PHONE: ______________________

EMERGENCY CONTACT NAME (#2):
RELATIONSHIP TO STUDENT ___________________ DAY PHONE: ______________________

I swear that the information contained herein is true. Any false information concerning residency shall be penalized according to N.J. Statutes 18A:38-1.

SIGNATURE OF PARENT/GUARDIAN: ________________________________ DATE: ______________________

ENTERED BY: ________________________________ DATE: ______________________

REVISED: July 2018
Monroe Township School District

Home Language Survey Form: Step 1

Introduction
This survey is the first of three steps to identify whether or not a student is eligible to be an English language learner (ELL). This survey may be completed in writing by the parent/guardian registering a child, or may be administered orally by a staff member in Central Registration.

Instructions
Start with "Question 1" and continue until the HLS is complete. Select the answer for each question and follow the instructions. When you arrive at a decision ("Proceed to Records Review Process" or "Do not proceed to Records Review Process"), the Home-Language Survey is complete.

Student Information

Student name: ___________________________ Student birth date: ____________

Street Address: _______________________________________________________

City: ___________________________ State: ____________ Zip Code: ____________

Phone number: ______________________________________________________

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 7.

No. Proceed to question 4.

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 4.

No. Proceed to question 3.

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

Yes. Proceed to question 4.

No. Proceed to 9.
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 7.
No. Proceed to question 5.

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. Proceed to 8.
No. Proceed to question 6.

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

Yes. Proceed to 8.
No. Proceed to 9.

Question 7
What are the home languages spoken? List below and proceed to 8.

8. Proceed to Step 2: Records Review Process (To be completed by NJ Certified Staff only – Reference ESSA ELL Entry and Exit Guidance, p. 4).

Home Language Survey is complete.

Request for Parent Access

Date of Request ______________

I am requesting access to the district’s Genesis – Parent Access Webserver. I accept sole responsibility for securing my user account and password.

Parent Information:

First Name: ____________________________

Last Name: ____________________________

Mailing Address: ____________________________

City: ____________________________

Home Phone Number: ____________________________

Work Phone Number (optional): ____________________________

Email Address (This will be your username): ____________________________

I certify that the information that I have provided is factual.
(Parent’s Signature) ____________________________

Student Information
Please enter information for each of the students you would like to register.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student ID#</th>
<th>School Name</th>
<th>Grade Level</th>
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I certify that I have verified the parent/guardian information contained on this form.
(Guidance Official Please Initial) ____________________________

For Official Use Only
Password ____________________________
Date Account Activated ____________________________
NOC Personnel Initial ____________________________
**MONROE TOWNSHIP PUBLIC SCHOOLS**
Central Registration
423 Buckelew Avenue
Monroe Township, NJ 08831

**AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**
(CONFIDENTIAL)

MAIL - School and Medical Records to the school listed below:

<table>
<thead>
<tr>
<th>School Name</th>
<th>Address</th>
<th>Tel:</th>
<th>Fax:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monroe Township High School (MTHS)</td>
<td>200 Schoolhouse Rd., Monroe Township, NJ 08831</td>
<td>(732) 521-2882</td>
<td>(732) 521-2430</td>
</tr>
<tr>
<td>Monroe Township Middle School (MTMS)</td>
<td>1629 Perrineville Road, Monroe Township, NJ 08831</td>
<td>(732) 521-6042</td>
<td>(732) 521-2846</td>
</tr>
<tr>
<td>Applegarth Elementary School</td>
<td>227 Applegarth Rd., Monroe Township, NJ 08831</td>
<td>(609) 655-0604</td>
<td>(609) 655-0643</td>
</tr>
<tr>
<td>Oak Tree Elementary School</td>
<td>226 Applegarth Rd., Monroe Township, NJ 08831</td>
<td>(609) 655-7642</td>
<td>(609) 655-7612</td>
</tr>
<tr>
<td>Brookside School</td>
<td>370 Buckelew Ave., Monroe Township, NJ 08831</td>
<td>(732) 521-1101</td>
<td>(732) 521-6022</td>
</tr>
<tr>
<td>Woodland School</td>
<td>42 Harrison Ave., Monroe Township, NJ 08831</td>
<td>(732) 251-1177</td>
<td>(732) 251-1563</td>
</tr>
<tr>
<td>Barclay Brook School</td>
<td>358 Buckelew Ave., Monroe Township, NJ 08831</td>
<td>(732) 521-1000</td>
<td>(732) 605-0180</td>
</tr>
<tr>
<td>Mill Lake School</td>
<td>115 Monmouth Rd., Monroe Township, NJ 08831</td>
<td>(732) 251-5336</td>
<td>(732) 251-0886</td>
</tr>
</tbody>
</table>

Name of Student: ____________________________

Date of Birth: ____________________________ Grade: ____________________________

**INFORMATION REQUESTED**

- [x] NJ STATE ID #
- [x] Transfer Card (including attendance record)
- [x] Transcript of grades
- [x] ESL/ELL WIDA Access Test Scores
- [x] IEP including Psychological and/or Psychiatric results, educational evaluations, social reports
- [x] Discipline Records
- [x] Complete Health Record (including immunizations)
- [x] Report Card (current)
- [x] Standardized Achievement Test Results

**CHILD STUDY TEAM RECORDS**

- [xxx] MAIL - Official Child Study Team Records, including but not limited to, Psychological and/or Psychiatric results, educational evaluations, social reports, etc. **MAIL ALL CHILD STUDY RECORDS TO:** Pupil Personnel Services
  Monroe Township Public Schools
  423 Buckelew Avenue, Monroe Township, NJ 08831

Previous School: ____________________________

Address: ____________________________

Phone: ____________________________

**Shared-Time Vocational School:**

Address: ____________________________

Phone: ____________________________

I AUTHORIZE THE MONROE TOWNSHIP PUBLIC SCHOOLS TO RECEIVE THIS INFORMATION. I UNDERSTAND AND HAVE BEEN INFORMED THAT I HAVE THE RIGHT TO REVIEW ANY INFORMATION THAT IS SENT BY ANY OF THE ABOVE AGENCIES.

Parent Signature ____________________________ Date ____________

School Official ____________________________ Date ____________
Monroe Township Middle School (MTMS)
COURSE SELECTION FORM FOR SCHEDULING
(Grades 6-8 only)

(TO BE COMPLETED BY THE PARENT AND THE STUDENT)

NAME OF STUDENT ____________________________________________

GRADE STUDENT IS ENTERING _________________________________

SEX OF STUDENT ____________________________________________

1. Has your child had basic skills instruction in either language arts literacy or mathematics? If so, please list the subjects(s) the instruction was received in and during which grades(s) he/she received it in. (Please attach a list of standardized scores.) Also, it should be noted that basic skills instruction at MTMS is offered in lieu of cycle classes (art, character education, computer literacy, industrial arts, and music).

   Yes
   No

2. Is your child interested in participating in band?

   Yes
   No

3. Is your child interested in participating in chorus?

   Yes
   No

4. Has your child received instruction in Algebra?

   Yes
   No

5. Which of the following world languages would your child prefer to take as a full year course?

   French
   Italian
   Spanish
6. Has your child had instruction in French, Spanish, or Italian? If so, please list which language(s) he/she received instruction in and during which grade(s) he/she received it in. How many times per week was this instruction received? Was the instruction required or was the instruction optional?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>


7. Does your child currently have or has he/she had an IEP (Individualized Educational Plan)? More specifically, has your child been classified by a Child Study Team in terms of special education? If so, please list the subject(s) the instruction was received in and during which grade(s) he/she received it in. Also, be sure to indicate whether your child remained in a regular education setting and received in-class support or your child received instruction in a self-contained setting.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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8. Has your child participated in a gifted and talented program? If so, please list the subject(s) the instruction was received in and during which grade(s) he/she received it in. Also, be sure to indicate whether the instruction was built into the school day or after school hours. It should be noted that MTMS offers a TAG (Talented and Gifted) program after school hours. Generally speaking, the TAG program includes instruction in language arts, mathematics, science, social studies, and technology. TAG sessions are twice per week per content area from 2:35 P.M. until 4:00 P.M. There are twenty sessions in the fall per content area and twenty sessions in the spring per content area. Transportation is provided via late busses.

<table>
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<th>Yes</th>
<th>No</th>
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MONROE TOWNSHIP PUBLIC SCHOOLS
EMERGENCY FORM

DEAR PARENTS:

To update our files, would you please fill out the following questionnaire and return it with your child to his/her school nurse as soon as possible. If your child has a medical problem, is on medications, or has special medical needs, by signing this form you are giving permission to share the information below with the school nurse and any other staff member both you and the nurse believe are appropriate. If you want all information to remain confidential, please speak directly to your school nurse.

CHILD'S NAME: ___________________________________________________________
(last) (first) (middle)

MAILING ADDRESS: _______________________________________________________
(street) (town) (zip)

HOME PHONE: ___________________________ DATE OF BIRTH: ________________ SEX: __________

PRIMARY LANGUAGE SPOKEN AT HOME: ____________________________

GRADE: _______________ TEACHER: ____________________________ (H/R#): ___________________

NAME OF PARENT OR GUARDIAN:

MOTHER'S NAME: ____________________________ CELL #: __________________________

MOTHER’S OCCUPATION: ____________________________ BUSINESS PHONE: __________

MOTHER’S E-MAIL ADDRESS: ____________________________

FATHER’S NAME: ____________________________ CELL #: __________________________

FATHER’S OCCUPATION: ____________________________ BUSINESS PHONE: __________

FATHER’S E-MAIL ADDRESS: ____________________________

OTHER CHILDREN IN FAMILY:

NAME: ____________________________ BIRTH DATE: __________________________

NAME: ____________________________ BIRTH DATE: __________________________

NAME: ____________________________ BIRTH DATE: __________________________

IN CASE OF EMERGENCY AND PARENT OR GUARDIAN CANNOT BE REACHED PLEASE LIST A LOCAL PERSON

CALL #1
NAME: ____________________________
ADDRESS: ____________________________

(______) ____________________________ TELEPHONE #: ____________________________
RELATIONSHIP: ____________________________

CALL #2
NAME: ____________________________
ADDRESS: ____________________________

(______) ____________________________ TELEPHONE #: ____________________________
RELATIONSHIP: ____________________________

***PLEASE COMPLETE BOTH SIDES OF THIS FORM***
MEDICAL INFORMATION

NAME OF FAMILY PHYSICIAN ____________________________

TELEPHONE # (______)

NAME OF FAMILY DENTIST ____________________________

TELEPHONE # (______)

HOSPITAL PREFERENCE ________________________________

PLEASE LIST BELOW ANY MEDICAL PROBLEMS, FOOD ALLERGIES, AND/OR MEDICATIONS NEEDED.

________________________________________________________________________

________________________________________________________________________

PLEASE LIST ANY NON-Routine MEDICAL/SURGICAL CARE CHILD HAS RECEIVED IN THE LAST YEAR:

________________________________________________________________________

________________________________________________________________________

PLEASE INDICATE IF THERE ARE ANY SPECIAL CUSTODY CIRCUMSTANCES THAT THE SCHOOL NURSE SHOULD BE AWARE OF CONCERNING YOUR CHILD. IF YOU ARE NOT THE NATURAL PARENT, PLEASE PROVIDE THE SCHOOL WITH A COPY OF ANY LEGAL DOCUMENTATION GIVING YOU LEGAL GUARDIANSHIP.

________________________________________________________________________

________________________________________________________________________

INFORMATION TO BE SHARED WITH:

PRINCIPAL/VICE PRINCIPAL Yes / No GUIDANCE COUNSELOR Yes / No

PHYSICAL EDUCATION TEACHER Yes / No ACADEMIC STAFF Yes / No

OTHER Yes / No __________________________________________

PARENT/GUARDIAN’S SIGNATURE ____________________________________________

DATE ________________

DOES THE 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).
MONROE TOWNSHIP SCHOOLS
HEALTH ASSESSMENT
(Grade Pre-K-- Grade 5 only)

Grade Pre-K through Grade 5 only - Please answer the questions to the best of your ability. All information will be kept confidential.

Child’s Name ________________________________ (Nick Name) ____________________ Sex ________________
Address ____________________________________________________________________________ City/State ________________________________
Home Phone # _____________________________ Cell Phone # ___________________________
Date of Birth ____________________________ Place of Birth (City/State/Country) ____________
Name & Age of Siblings _______________________________________________________________________________
Right Handed ____________________________ Left Handed ________________________________

1. Were there any complications during birth? No________ Yes________ Birth Weight _________
   Describe complications ____________________________________________________________________________
   Was pregnancy full term? __________ Or premature? __________ How many weeks? ________________

2. How do you feel your child’s health is now? Excellent __________ Good ____________ Fair ________

3. Does your child see a doctor, dentist, psychologist, physical therapist, or speech therapist regularly?
   Yes________ No________
   If so, how often? ______________ And for what conditions? ________________________________________________________________________

4. Does your child take medication regularly? Yes________ No________
   Name of Medication and the reason it is being administered? ________________________________________________________________________

5. Has your child had any serious illnesses, accidents, operations, sutures, or fractures? Please describe and give dates:
   Illness: ___________________________ Date: ___________ Description: ____________________________
   Accident: _________________________ Date: ___________ Description: ____________________________
   Operation: ________________________ Date: ___________ Description: ____________________________
   Sutures: __________________________ Date: ___________ Where: ________________________________
   Fractures: _________________________ Date: ___________ Where: ______________________________

6. Has your child ever had any of the following? If so, please fill in the dates:
   ____________ Chicken Pox (date) ____________ Rashes ____________ Tonsillitis
   ____________ Measles ____________ Strep Throat ____________ Asthma
   ____________ Mumps ____________ Epilepsy ____________ Cardiac
   ____________ German Measles ____________ Headaches ____________ Coxsackie
   ____________ Pneumonia ____________ Ear Infections ____________
   ____________ Scarlet Fever ____________ Bronchitis

7. Does your child have any allergies? If so, to what:
   To Medicines? ___________________________ Dust or Pollen? ___________________________
   To foods? _______________________________ Insects? ________________________________
   Latex allergy or latex sensitivity? ________________
8. At what age did your child perform the following?
   - Sit
   - Crawl
   - Stand
   - Walk
   - Speak words
   - Speak sentences

9. Have you had any concerns about your child’s growth and development? Yes No

10. Does your child have any problems with:
    - Hearing
    - Vision
    - Speech
    - Hearing Aid?

11. Does he or she wear glasses? Yes No

12. Your child’s appetite is: Excellent Good Fair Poor
    Is he or she on a special diet at home?

13. Does your child sleep well at night? Yes No

14. Does he or she have a rest period during the day? Yes No

15. Does your child suck his/her thumb? Yes No
    - Bite his/her nails? Yes No
    - Wet the bed? Yes No

16. Is your child able to dress him or herself? Yes No

17. Is he or she able to take care of their bathroom needs? Yes No

18. Place a check on the line between the words which best describes your child:
    - Happy
    - Outgoing
    - Shy
    - Easy going
    - Nervous
    - Mature
    - Immature
    Separates easily from parents Does not separate easily from parents
    Plays well with others Plays alone

19. Has your child attended nursery/preschool school? Yes No
    Number of years: 
    Name of school:

20. Does mother work outside the home? Yes No

21. Other care givers besides parents: Yes No
    Who?

22. Has your child ever experienced a severe emotional shock? Yes No
    If yes, please explain:
    (examples: auto accident, death, divorce, or other upsetting situations)

23. Does your child have any strong fears? Yes No
    If yes, please explain:
    (examples: thunder storms, dogs, masks, clowns)

Is there any other information that you wish to share with us?

Thank you so much for your cooperation in completing this form. It will make your child’s school experience a more fulfilling one.

Date

Parent or Guardian’s Signature
Monroe Township Public Schools  
Office of Pupil Personnel Services  
423 Buckelew Avenue  
Monroe Township, NJ 08831

SUBJECT: PHYSICAL EXAMINATIONS FOR STUDENTS

Each student entering the Monroe Township Public Schools for the first time is required by law (Public law 18A:40-4) to have a physical examination prior to entry into school. An examination must be completed no more than 365 days prior to the first day of attendance. Signed documentation of the examination by the student’s physician must be submitted to the school nurse. If you have a problem complying with this health mandate please contact your school nurse. Unless this physical proof of immunizations is presented, a child will not be permitted to enroll.

Director of Pupil Personnel Services
MONROE TOWNSHIP PUBLIC SCHOOLS
PRIVATE PHYSICIAN'S REPORT OF PHYSICAL EXAMINATION
(TO BE RETURNED TO THE SCHOOL)

IMMUNIZATION REGISTRY NUMBER

Name of Child (Last, First, M.I.)

Date of Birth (Mo/Day/Yr) Sex

[ ] Male [ ] Female

PARENT OR GUARDIAN

NAME

ADDRESS

TELEPHONE NO.

VACCINE TYPE

1st Dose Mo/Day/Yr 2nd Dose Mo/Day/Yr 3rd Dose Mo/Day/Yr 4th Dose Mo/Day/Yr 5th Dose Mo/Day/Yr LEAD SCREENING

DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination * (If Td or DT, indicate in corner box)

TOOP

POLIO - INACTIVATED POLIO VACCINE (IPV)
If oral vaccine, indicate (OPV) in corner box

MEASLES, MUMPS, RUBELLA (MMR)

HAEMOPHILUS B (HIB)**

HEPATITIS B

VARICELLA

PNEUMOCOCCAL CONJUGATE **

MENINGOCOCCAL

HEPATITIS A **

HPV (HUMAN PAPILLOMAVIRUS) **

OTHER

[ ] Provisional admission attached - Date Granted:
[ ] Medical exemption attached [ ] Religious exemption attached

Date Given: Date Read: Results:

TB Testing:

Note: The Mantoux test is the ONLY accepted method of testing according to N.J. AC 6.29-4.2

Has child been tested for lead poisoning? Yes / No If Yes, Give Date __________ What are the results? __________

Medical History: (Give significant details, including serious illness, allergies, operations, accidents, etc.)

Report of Examination: Ht________ Wt________ B/P________ Visual Acuity________

EYES

Normal Abnormal

HEART

LUNGS

ABDOMEN

SPINE

FEET

NORMAL Abnormal

POSTURE

ORTHOPEDIC

REFLECTION

VISION

HEARING

HERNIA

Explain abnormalities found

Is the child under treatment for any illness or abnormalities? YES ________ NO ________

If Yes explain

Is the child taking any medication? YES ________ NO ________

May the child participate in physical education activities and regular play? YES ________ NO ________

If NO, please specify restrictions

________________________________________

Signature of Physician Address Telephone Date of Examination

Print Name of Physician

N-13b (rev. 9/29/11)
MTHS and MTMS

SPORTS Physical Forms

Download all Sports Forms from the District Website:

www.monroe.k12.nj.us