

Colts Neck Township School District
School Registration Packet

New Student Registration

Welcome to Our Schools! Documentation

Before your child can begin school, you need to provide us with the following:

1. **Proof of residency- Required:**

- o Deed (land and house), Closing Statement (land and house), Rental Contract/Lease (One of these is required)

Select any two additional proofs of residency from below:

- o Utility Bill (electric, gas, or water)
- o Digital Driver's License
- o Tax Bill (land and house)
- o Bank Statement
- o Vehicle Registration
- o Insurance Statement (homeowners/ rental/ vehicle)
- o Information pertaining to health insurance

(Please note that cell phone bills are not accepted as proof of residency.)

2. **Birth certificate with original raised seal**

3. **Transfer Card from previous school, if issued- with NJSMART ID** (if coming from a New Jersey Public School)

4. **Copy of health/immunization records and most recent physical-** with date of physical on physical form within one year prior to entering school

5. **Emergency telephone information, including doctor, dentist, orthodontist, and transportation contact, as well as parent/ guardian home, work, and cell phone numbers**

Medical Information

The following forms must be provided at the time of registration.

- Health History: To be completed by parent.
- Immunization Record: To be provided by the physician; must have physician's office stamp.

The Colts Neck Township Pre-Entry Physical form is due **prior to the first day of school**. The physical exam must be completed within one year prior to entry to school. It must be completed and signed by the physician and have the physician's office stamp. **Updated immunization records are due prior to the first day of school.**

***Any missing health information may result in exclusion from school.**

Emergency Contact Information

During registration, you will be asked to provide the following information:

- Phone numbers for your child's physician, dentist, and orthodontist.
- Any medical information about your child that the school needs to know.
- The name, address, and phone number of a next door neighbor where the bus driver may leave your child in the event of an emergency when you cannot be reached.
- Three emergency contacts including home, work, and cell phone numbers.



Colts Neck Schools New Student Registration Special Services/Accommodations

As part of the placement process, it is important for the school to know if your child needs special services or accommodations. Please check off the service or accommodations your child receives and explain the service below.

Thank you in advance for your cooperation.

Student Name _____ Date _____

Current Grade _____ Birth Date _____

Previous School/District _____

NO SPECIAL SERVICES/ACCOMMODATIONS

IEP – Special Education (Attach Copy)

IEP – Speech/Language Only (Attach Copy)

504 Plan (Attach Copy) Counseling

Physical Needs LEP/ESL

IEP Related Services

Speech Occupational Therapy

Physical Therapy Aide

Counseling

Comments:



**COLTS NECK TOWNSHIP PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES
70 CONOVER ROAD
COLTS NECK, NEW JERSEY 07722
PHONE: (732)946-0055 X 4124
FAX#: (732)-946-4792**

RELEASE OF INFORMATION

From Public/Private/Nonpublic or Out of State School/District or
County Educational Services Commission

I, _____ (parent/guardian name), authorize the Colts Neck
Department of Special Services to receive the complete Special Education
Records and School Records (including but not limited to educational
performance, medical information, social/emotional functioning, Child Study
Team evaluation reports and IEP) regarding my child,
_____, from the following public, private, nonpublic or
out of state school, district or county Educational Services Commission:

Name of School/District: _____

School Address (If Available): _____

Phone Number (If Available): _____

Contact Person Name (If Available) _____

Parent/Guardian Signature

Date

Immunizations

The Colts Neck Township Schools require that all students receive the immunizations mandated by the New Jersey State Sanitary Code Chapter 14. Any student not in compliance with the State Sanitary Code will not be allowed entrance into school with the exception of:

1. A pupil where the immunization is medically contraindicated. A written statement submitted to the school from a physician stating that the immunization is medically contraindicated with the specified period of time and reason for the medical contraindications is required. (8:57- 4.3 Medical Exemptions)
2. If the parent or guardian of the pupil objects thereto in a written statement submitted to the school signed by the parent or guardian and religious practitioner, explaining how the administration of immunizing agents conflicts with the pupil's exercise of bona fide religious tenants or practices is required. (8:57- 4.4 Religious Exemptions).

The following immunizations are required for those students entering schools in the state of New Jersey:

1. **DPT**- Four doses with one dose given on or after the 4th birthday, or any five doses.
2. **Polio**- Three doses with one dose given after the 4th birthday, or any four doses.
3. **Measles**- Two doses of a measles containing vaccine. One dose required for children in pre-school or pre-kindergarten over 15 months old. Intervals between first and second measles/MMR/MR doses cannot be less than 1 month. Must be administered on or after the first birthday. Laboratory evidence of immunity is also acceptable.
4. **Rubella**- One dose Rubella vaccine or laboratory evidence of immunity. Must be administered on or after the first birthday. (Same requirements as measles.)
5. **Mumps**- One dose Mumps vaccine or laboratory evidence of immunity. Must be administered on or after the first birthday. (Same requirement as measles.)
6. **HIB**- One dose (Age 12-59 months) for children in preschool or pre-kindergarten.
7. **Hepatitis B**- Three doses of Hepatitis B vaccine or laboratory evidence of immunity.
8. **Varicella**-One dose of Varicella (chicken pox) vaccine administered on or after the first birthday. Children who present evidence of laboratory immunity, a physician's or parental statement of previous varicella infection shall not be required to receive the varicella vaccine.
9. **Mantoux**- Required for students entering from another country as per New Jersey Department of Health and Senior Services mandates.
10. **Pneumococcal conjugate vaccine**—For children entering pre-school, at least one dose of PCV on or after their first birthday.
11. **Influenza Vaccine**—For children entering preschool, shall annually receive at least one dose of influenza vaccine between September 1 and December 31 of each year.
12. **TDAP and Meningitis Vaccine**—For students entering sixth grade.

Immunization records must show the **month, day, and year** of administration.

Additionally, a current physical exam is required. Physical forms are available and may be picked up at the district schools and the Administration Building. **Before registering your child**, your doctor must complete **the form and sign it**. Proof of immunizations must be provided, either by a computer printout or handwritten form with doctor's stamp and signature.

Registration will not be completed unless all of the above documentation is presented.



Colts Neck Township Schools
Pre- Entry Physical

This form is to be completed by your physician. Please note the physical exam must be completed within one year prior to entry of school.

Name of Student: _____ Date of Birth: _____

Address: _____

Student's phone number: _____ Male Female

Height: _____ Weight: _____ Blood Pressure: _____

Vision: R 20/____ L 20/____ Hearing: _____

Physical Examination

Date of Physical:

Ears (otoscopic): _____	Genito- Urinary: _____
Eyes: _____	Orthopedic
Lymph Glands: _____	Structural: _____
Thyroid: _____	Posture: _____
Nose: _____	Feet: _____
Throat/ Tonsils: _____	Skin: _____
Teeth/ Mouth: _____	Nutrition: _____
Heart: _____	Nervous System: _____
Lungs: _____	Speech/ Language: _____
Abdomen: _____	General Appearance: _____
Hernia: _____	Other: _____

Health History- Please specify type and age of onset

Allergies: _____	Lyme Disease: _____
Arthritis: _____	Migraines: _____
Asthma: _____	Mononucleosis: _____
Bladder/ Kidney: _____	Neuromuscular Disorder: _____
Chicken Pox: _____	Otitis Media: _____
Congenital Defects: _____	Rheumatic Fever: _____
Convulsions/ Seizures: _____	Strep Infections: _____
Diabetes: _____	Tuberculosis: _____
Drug Sensitivities: _____	Surgical Procedures/ Injuries:
Fainting Spells: _____	
Heart Disease: _____	
Hepatitis: _____	
High Blood Pressure: _____	Other: _____

Restrictions that may affect the student's participation in school activities/ physical education?

Significant developmental delays? _____

Signature of Physician: _____ Date: _____

Physician's Name: _____ (print) Phone #: _____

Please provide Physician's stamp below

Colts Neck Township Schools

Health History



To be completed by Parent/Guardian:

Name of student: _____ Male Female

Student's date of birth: _____ Grade: _____

Mother's first and last name: _____

Father's first and last name: _____

Address: _____ Home Phone #: _____

Pediatrician's name: _____ Phone #: _____

Medical History: _____

Allergies: _____

Medications: _____

****Please note that if medication is required during school hours, you must provide a physician's order and written parent/guardian permission. Forms are available on Health Office web page, or from your child's school nurse.**

Vision or Hearing Problem(s): _____

Glasses/ contact lenses: _____ Dental Appliances: _____

Please check any health concerns that pertain below. Please explain checked items on an attached sheet or in the medical history section.

Chicken Pox		Fainting Spells		Hepatitis	
Bladder/ Kidney		Mononucleosis		Migraines	
Congenital Defects		Otitis Media		Heart Disease	
Rheumatic Fever		Neuromuscular Disorder		Arthritis	
Asthma		Strep Infections		Diabetes	
Convulsions/ Seizures		Lyme Disease		High Blood Pressure	
Drug Sensitivities					

Please provide detailed information regarding any of the following:

History of excessive bleeding? _____

Serious injuries or surgical procedures? _____

Speech/ language concerns? _____

Learning or behavioral concerns? _____

Restrictions that may affect the student's participation in school activities/ physical education?

Significant developmental delays? _____

Permission to: Remove tick if able: __yes __no. To give saltine crackers: __yes __no

I understand that medical information will be shared with people in the school who need to know. In case of emergency, if unable to contact parent/guardian, I give permission for authorized hospital personnel to provide necessary emergency care for my child.

Parent/ Guardian signature: _____ Date: _____

HEALTH INSURANCE INFORMATION: Do you have health insurance? Y or N

Name of Health Insurance Provider: _____

If you are uninsured and do not have medical insurance, would you like the district to release your information to NJ FamilyCare? Y or N

Please return this form when you register your child.

Colts Neck Township Schools



Parental /Guardian Consent Form

We are providing you this parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information to be published on the Colts Neck Township School's website and news publications.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a website since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as a parent or guardian. Personally identifiable information includes student names, photos or images. Residential addresses, email addresses, telephone numbers and locations and times of class trips.

If you, as a parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the principal of your child's school and such rescission will take effect upon receipt by the school.

Check one of the following choices:

I/We GRANT permission for a **photo/image with a student name** to be published on the Colts Neck Township's district's public Internet site, or news publications.

I/We GRANT permission for a **photo/image without a student name** to be published on the Colts Neck Township's district public Internet site or news publications.

I/We DO NOT GRANT permission for photo/image that includes this student to be published on the Colts Neck Township's district public Internet site, or news publications.

This form is valid for the duration of your child's school career in the Colts Neck Township School District. You may review or change your responses at any time by contacting the building principal's secretary. Conover Road Primary School-732-946-0055 ext 4700, Conover Road Elementary School 732-946-0055 ext 4300, and Cedar Drive Middle School, 732-946-0055 ext 4500.

Student's Name: (please Print) _____ Student's Grade: _____

Signature of Student: _____ Date: _____

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____

Relation to Student: _____

**COLTS NECK TOWNSHIP SCHOOL
ACCEPTABLE USE POLICY ("AUP) FOR THE INTERNET AND COMPUTER
(POLICY 2361 Acceptable Use of Computer Network/Computers and Resources)**

ACCEPTABLE USE POLICY AGREEMENT FOR STUDENTS

All active students, regardless of age, must read and sign below.

I have read, understand, and agree to abide by the provisions of Policy 2361 Acceptable Use of Computer Network/Computers and Resources of the Colts Neck School District ("School District"), which is accessible under the Technology section of the district website (www.coltsneckschools.org).

I understand and agree in the event that a third party makes a claim against the School District as a result of my use of the computer network or the Internet provided by the School District, the School District reserves its right to respond to such a claim as it sees fit and to hold all offending parties, including myself, responsible.

I release the School District, its affiliates, and its employees from any claims or damages of any nature arising from my access or use of the computer network or the Internet provided by the School District. I am responsible for toll charges (if any) as a result of using network services. I also agree not to hold the School District responsible for materials improperly acquired on the system or for violations of copyright restrictions, users' mistakes or negligence, or any costs incurred by users.

This agreement shall be governed by and construed under the laws of the United States and the State of New Jersey.

Student Name: _____
Student's Signature _____ Date _____ School: _____

ACCEPTABLE USE POLICY AGREEMENT FOR PARENT/GUARDIAN

All parents/guardians of students under 18 must read and sign below.

As the parent/guardian of the student named below, I have read, understand, and agree my child/dependent must comply with the provisions of Policy 2361 Acceptable Use of Computer Network/Computers and Resources of the Colts Neck School District ("School District"), which is accessible under the Technology section of the district website (www.coltsneckschools.org). I give full permission to the School District to give my child/dependent access to a network Account and to the network system.

I accept full responsibility for the supervision of my child/dependent's use of his/her network Account and the Internet at home or while not in a school setting. I understand and agree in the event a third party makes a claim against the School District as a result of my child/dependent's use of the computer network or the Internet provided by the School District, the School District reserves its right to respond to such a claim as it sees fit and to hold all offending parties, including my child/dependent, responsible.

I release the School District, its affiliates, and its employees from any claims or damages of any nature arising from my child/dependent's access or use of the computer network or the Internet provided by the School District. I am responsible for toll charges (if any) as a result of unauthorized use of network services. I also agree not to hold the School District responsible for materials improperly acquired on the system, or for violations of copyright restrictions, users' mistakes or negligence, or any costs incurred by users.

This agreement shall be governed by and construed under the laws of the United States and the State of New Jersey.

Student Name: _____
Parent/Guardian's Signature _____ Date _____ School: _____

This form is to be kept at the school or office and kept on file by the district. It is required for all students that will be using a computer network and/or Internet access. It is to be renewed each year prior to any computer network or Internet usage.

HOME LANGUAGE SURVEY*



PARENT/GUARDIAN LANGUAGE QUESTIONNAIRE

NAME: _____ Age: _____
 [first] [middle] [last]

DATE OF SCHOOL ENTRANCE: _____

PERSON COMPLETING THE SURVEY: Mother Father
 Grandparent Guardian
 Other _____

Directions: Check or write in the correct response for each of the following questions about your child.

1. What language did the child learn when he/she first began to talk?
 English Other [specify] _____
2. What language does the family speak at home most of the time?
 English Other [specify] _____
3. What language does the parent/guardian speak to the child most of the time?
 English Other [specify] _____
4. What language does the child speak to his/her parent/guardian most of the time?
 English Other [specify] _____
5. What language does the child speak to his/her brothers and sisters most of the time?
 English Other [specify] _____
6. What language does the child speak to his/her friends most of the time?
 English Other [specify] _____
7. In which language do you wish to receive school communication?
 English Other [specify] _____

SIGNATURE: _____ DATE: _____
 [person completing the survey]

*Adapted from the sample survey in A Manual for Community Representatives of the Title VI Steering Committee, published 9/76 by the Institute for Cultural Pluralism, Lau General Assistance Center, San Diego University, San Diego, CA 92182

Conover Road Primary School
Kindergarten Registration—Student Inventory



Child's Name:

_____ (Last) _____ (First) _____ (Middle)

Preferred Name to be used in school: _____

Birthdate: ___/___/_____

Male **Female**

Siblings (Names and Ages):

Father's Name _____ **Occupation** _____

Mother's Name _____ **Occupation** _____

Has student attended Colts Neck Schools previously?

Yes No

Has student been enrolled in Special Education Class/Program?

Yes No

Has student been enrolled in Gifted and Talented/Enrichment Programs?

Yes No

Has student been enrolled in Basic Skills Classes?

Yes No

Is there any physical condition that restricts student's activities?

Yes No

If yes, please explain:

Form being completed by: _____

Mother Father Step-parent Grandparent Other _____

Who does child live with? _____

Is there anything about your child's medical history or other information that would be helpful for the school to know?

Does your child have any food or environmental allergies? Please describe.

List all schools your child has attended. Please give a brief summary of his or her experiences.

Name of School	Type of Program (full day, 2 hrs. per day, etc.)	# of days per week	Summary of Experience

Do you anticipate any adjustment/behavioral or other problems in kindergarten? If so, what?

What hand does your child write, cut, eat with?

Right Left No Preference

Is your child able to read books to you by:

- a. Pretending to read? Yes No
- b. Looking at picture clues? Yes No
- c. Reading actual words? Yes No
- d. Reading whole books independently? Yes No

Does your child know how to write his or her name? Yes No

Does your child write any other words by attempting to sound them out independently? Yes No

Describe special activities your child is involved in (i.e. gymnastics, art class, piano, etc.):

What does your child like to do during free time at home?

Describe your child as you see his or her personality, attitudes, etc.:

What are your child's responsibilities at home?

If your child cannot do something, what does he or she do?

List some of your child's strengths:

Is there additional information about your child that you wish to share?
