



Point Pleasant Borough Schools
2100 Panther Path
Point Pleasant, NJ 08742

PRE-K AND KINDERGARTEN REGISTRATION REQUIREMENTS

ONLY THE NATURAL PARENT OR LEGAL GUARDIAN MAY REGISTER A STUDENT

- I. Proof of Residency (necessary before beginning any registration);
 - A. **Please provide one (1) of the following:**
 1. Tax bill, Deed, Contract of Sale, Closing or Mortgage Statement; or Lease/Rental receipt with address of property; signed letters from landlords or other evidence of personal attachment to a particular location; and
 - B. **Please provide three (3) of the following:**
 1. Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and or other evidence of personal attachment to a particular location.
 2. Court Order, state agency agreements or other evidence of court or agency placements or directives.
 3. Receipts, bills, cancelled checks, insurance claims or payments or other evidence of expenditures demonstrating personal attachment to a particular location or where applicable, to support the student
 4. Medical reports, counselor or social worker assessments, employment documents, unemployment claims, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship or temporary residency.
 5. Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance from the parent, legal guardian, person keeping an “affidavit of domicile” student, adult student, person(s) with whom a family is living, or others, as appropriate.
 6. Documents pertaining to military status and assignment
 7. Any business record or document issued by a governmental entity
 8. Any other form of documentation relevant to demonstrating entitlement to attend school
 - C. In the event an “Affidavit of domicile” is required, you will be given the appropriate one to be notarized and returned.
- II. Health Records (Immunizations): **YOU MUST HAVE EXISTING IMMUNIZATION RECORDS (LISTING OF SHOTS) TO REGISTER.**
- III. Original Birth Certificate with raised seal (Bureau of Vital Statistics)
- IV. Divorced or separated parents must provide custody papers



POINT PLEASANT BOROUGH PUBLIC SCHOOLS STUDENT REGISTRATION FORM

Student Information: Please print/fill in all information for each student registering.

Student Name (First, Middle, Last):			
Date of Birth:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Placement:
Birth City, State & Country			
U.S. Entry Date (if born outside the United States)	Ethnicity:		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Native/Other Pacific Islander			
Language Spoken at Home:		Primary Language Spoken:	
Child of a District Employee or Board of Education Member (Regardless of Town of Residence) <input type="checkbox"/> Yes <input type="checkbox"/> No		Student is a dependent of: <input type="checkbox"/> Full time Active Duty Forces <input type="checkbox"/> National Guard or Reserve Forces <input type="checkbox"/> NOT Military Connected	

Student Residential Address Information:

Home Address:	Apartment/Unit #
City/Zip Code:	Third Party Residence?

Student Resides With/Head of Household:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother * <input type="checkbox"/> Father * <input type="checkbox"/> Guardian * * Do you have legal custody of the above-named child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes <input type="checkbox"/> Sole Custody <input type="checkbox"/> Joint Custody <input type="checkbox"/> <u>Restricted Release</u> - If there are any issues relating to custody and releasing your child please be aware that the school must have a copy of the legal documents in our files.
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Parent/Guardian #1:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian	
Home Phone:	Cell Phone:	Business Phone:
<i>Email Address:</i>		
Marital Status:		

Parent/Guardian #2:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian	
Home Phone:	Cell Phone:	Business Phone:
<i>Email Address:</i>		
Marital Status:		

If dual notification of Progress Reports and Report Cards are needed, please complete below: (Used for joint custody only)

Name:	Relationship to student:
Mailing Address:	Contact Phone:

Registration Office Use Only!

School to Attend:	<input type="checkbox"/> OR <input type="checkbox"/> NB <input type="checkbox"/> MMS <input type="checkbox"/> PPBHS	Year of Graduation:		
<input type="checkbox"/> Affidavit of Guardianship attached		Grade Level:		
Home School (if different)	Entry Code:	Free/Reduced Lunch <input type="checkbox"/> Yes <input type="checkbox"/> No		
Proof of Residency	1. <input type="checkbox"/> Yes <input type="checkbox"/> No	2. <input type="checkbox"/> Yes <input type="checkbox"/> No	3. <input type="checkbox"/> Yes <input type="checkbox"/> No	4. <input type="checkbox"/> Yes <input type="checkbox"/> No
Custody Papers	Tuition:	Tuition Code:	1 2 3 4 5 6 7 9	
Student ID#:	SID#:	Family Code:		
Birth Certificate <input type="checkbox"/> No <input type="checkbox"/> Yes	Transfer Card <input type="checkbox"/> Yes <input type="checkbox"/> No	Health Records <input type="checkbox"/> Yes <input type="checkbox"/> No	Report Card <input type="checkbox"/> Yes <input type="checkbox"/> No	Locker:
Registration Date:	Enrollment Date:	Registrar:		

Emergency Contact Information: (Someone other than parent/guardian)

Name:		Phone:		Relationship to student:	
Name:		Phone:		Relationship to student:	
Name:		Phone:		Relationship to student:	

Sibling Information: Please list ALL children in the family from oldest to youngest. If additional room is needed, please list on the back of this page.

Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Does sibling attend school in Point Pleasant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which school?		

Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Does sibling attend school in Point Pleasant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which school?		

District Curricular Information:

Was the student previously enrolled in a Point Pleasant Borough School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, which school?		
Last school attended:		City, State		Grade
My child was receiving the following assistance in his/her previous school:				
<input type="checkbox"/> Student seen by the CST	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Basic Skills	<input type="checkbox"/> 504 Plan	
<input type="checkbox"/> Student referred to the CST	<input type="checkbox"/> ELL/Bilingual Education	<input type="checkbox"/> Math <input type="checkbox"/> Reading		
<input type="checkbox"/> Student classified by the CST	<input type="checkbox"/> Gifted & Talented	<input type="checkbox"/> Free or Reduced Lunch	<input type="checkbox"/> Student Retained	

Health Insurance Information:

Current Health Insurance Status of your child	Coverage (YES) <input type="checkbox"/>	Coverage (NO) <input type="checkbox"/>
If "YES" Name of Health Insurance Company		
Date of your child's last medical examination		Proof of Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No

NJ Family Care 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 on line.

Point Pleasant Borough Schools may release my name and address to NJ Family Care Program to contact me about health insurance.

Signature

Printed Name

Date

Name of Parent/Legal Guardian (Please Print)

Signature of Parent/Legal Guardian

Date



POINT PLEASANT BOROUGH SCHOOLS

CONSENT TO EMERGENCY STUDENT TREATMENT

I _____, parent/legal guardian of the student named below, do hereby CONSENT (in advance) to any emergency treatment and/or hospital care rendered to the student at a Medical Center of Ocean County facility in the event that any situation should arise during school hours or during any school activities that would require emergency treatment or care rendered to the named student.

This consent is given at the request of the Point Pleasant Board of Education and the Medical Center of Ocean County so that prompt emergency treatment of the student may be rendered. This consent extends to the Hospital and its affiliated physicians, nurses, employees and administrative officer.

I understand that this consent will be lodged with the school that is attended by the student so that it will be immediately available for delivery to a Medical Center of Ocean County facility in the event that emergency treatment of the student is required.

I further understand that in the event of the rendering of any emergency treatment to the student by the Hospital that the Hospital will promptly communicate with me at the telephone number listed below in order to advise me of the emergency situation and treatment rendered to the student.

I further understand that any costs incurred as a result of Hospital treatment will be my responsibility and not that of the Point Pleasant Borough Public School District.

AS TO THE STUDENT: _____ (NAME) _____ (AGE)

_____ (Street Address – Town – State – Zip Code) _____ (Date of Birth)

ALLERGIES that the hospital and/ or emergency care provider would need to be aware of

AS TO THE PERSON SIGNING THE CONSENT: _____ (Name)

_____ (Relationship to Student) _____ (Street Address – Town – State – Zip Code) _____ (Phone Number)

_____ (Signature of Person Giving Consent – Parent/Legal Guardian) _____ Date

HEALTH OFFICE/NEW ENTRANT QUESTIONNAIRE

Student's Name _____ ID# _____ D.O.B. _____

Birthplace _____ Age _____ Sex _____ Grade _____

Parent/Guardian Name: _____

Please check the following questions and explain any "Yes" answer on the space provided.

MEDICATIONS:

Does your child take any daily medications? Yes _____ No _____

If yes, please list daily medications and doses: _____

Will your child require medication given in school? Yes _____ No _____

ALLERGIES: Is your child allergic to any of the following:

Medications: Yes _____ No _____

If Yes, please list: _____

Seasonal Allergies: Yes _____ No _____

If Yes, please explain: _____

Bee Sting/Insect Bites: Yes _____ No _____

If Yes, list medication needed for allergic reaction: _____

Food Allergies: Yes _____ No _____

If Yes, which foods? _____

Type of reaction? _____

Type of medication needed for reaction? _____

Asthma: Yes _____ No _____

If Yes, frequency of attacks? _____

Known triggers? _____

Current daily asthma medications? _____

Normal Peak Flow _____

HEART DISEASE/HEART MURMUR: Yes _____ No _____

If Yes, any limitations in activity? _____

Please note: A doctor's note is required stating there is no limitation of activity to participate in gym, sports, or recess.

KIDNEY DISEASE: Yes _____ No _____

If Yes, please list: _____

DIABETES: Yes _____ No _____

If Yes, we will discuss and formulate care plan for the school year.

Student's Name: _____

SEIZURES: Yes _____ No _____

Medications/Limitations: _____

Date of last seizure: _____ Type of seizure: _____

If current seizure disorder, we will meet and formulate care plan for the school year.

LYME DISEASE: Yes _____ No _____

If Yes, date of diagnosis: _____ Current medications/limitations? _____

GLASSES: Yes _____ No _____

If Yes, when are they to be worn? _____

HEARING DIFFICULTIES: Yes _____ No _____

If Yes, please explain: _____

FREQUENT EAR INFECTIONS: Yes _____ No _____

If Yes, approximately how many infections and what age(s)? _____

FREQUENT STREP INFECTIONS: Yes _____ No _____

History of any of the following:

HEAD INJURIES: Yes _____ No _____
BROKEN BONES: Yes _____ No _____
HOSPITALIZATIONS: Yes _____ No _____
SURGERIES: Yes _____ No _____

If you answered **yes** to any of the above, please give dates and explain: _____

Please list any other disabilities, limitations, or health concerns: _____

Previous School Attended: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

POINT PLEASANT BOROUGH PUBLIC SCHOOLS

Required Pre-School Physical Examination for Pupils Entering **PRE-K & KINDERGARTEN**

Child's Name: (Last, First, Middle) _____

Address: _____ City/State: _____ Phone: _____

Birth Date: _____ Birth Wt.: _____ Male: _____ Female: _____

Parent's Name: _____

CODE: 0 – No Defect

1 – Slight Deviation

2 – Requires Attention

E.N.T. R _____ L _____	Heart _____	Spine _____	Height _____
Vision R _____ L _____	Lungs _____	Posture _____	Weight _____
Hearing R _____ L _____	Abdomen _____	Extremities _____	
Teeth _____	Hernia _____	B.P. _____	Glands _____

ILLNESSES:

Chicken Pox _____	Mumps _____	Pneumonia _____	Heart Disease _____
Measles _____	Seizures _____	Allergies _____	T.B. Contact _____
German Measles _____	Diabetes _____	Scarlet Fever _____	Operations _____
Rheumatic Fever _____	Ear Trouble _____	Asthma _____	

VACCINE TYPE	1 ST DOSE MO/DAY/YR	2 ND DOSE MO/DAY/YR	3 RD DOSE MO/DAY/YR	4 TH DOSE MO/DAY/YR	5 TH DOSE MO/DAY/YR	MO/DAY/YR
DIPHtheria, TETANUS, PERTUSSIS (DTP) (If Td, DtaP, or Dt*, (Indicate in corner box) One dose on or after fourth birthday.						
POLIO ORAL POLIO VACCINE (OPV) (If Salk Vaccine, indicate IPV in corner box) One dose on or after fourth birthday.						
MEASLES, MUMPS, RUBELLA (MMR) On or after first birthday						
MEASLES (Two doses required)				MEASLES SEROLOGY	DATE	TITER
RUBELLA				RUBELLA SEROLOGY	DATE	TITER
MUMPS				MUMPS SEROLOGY	DATE	TITER
HAEMOPHILUS B (HIB) **						
HEPATITIS B ***						
VARICELLA (Chicken Pox)						
INFLUENZA						
PNEUMOCOCCAL						
Mantoux Tuberculin Test – Date: Only as Required by State Law for Transfer Students						

Recommendations or restrictions concerning this student: _____

Physician's Signature: _____

Date of well child physical: _____

Physician's Stamp:

Point Pleasant Borough Public Schools

- [] Point Pleasant Borough High School 808 Laura Herbert Drive, Point Pleasant, NJ 08742
- [] Memorial Middle School Laura Herbert Drive, Point Pleasant, NJ 08742
- [] Nellie F. Bennett Elementary School 2000 Riviera Parkway, Point Pleasant, NJ 08742
- [] Ocean Road Elementary School Benedict Street, Point Pleasant, NJ 08742
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AUTHORIZATION FOR RELEASE OF CUMULATIVE RECORDS

Name of Student: _____

Date of Birth: _____ Grade: _____

The above student has enrolled in Point Pleasant Borough School District. Please forward the following student information to the school indicated above:

- **Immunization/Health Records** (originals if coming from within New Jersey required)
- **Transcript of Academic Records** (including grades to date of withdrawal)
- **Standardized Test Records** (including New Jersey HSPA if applicable)
- **Special Service Records** (may be mailed directly to our Child Study Team)
- **Discipline Records** (if the student has been involved in offenses involving weapons, alcohol or drugs, or willful affliction of injury to persons or an act of violence against persons and/or property committed on school premises, at school or school sponsored activity, please forward appropriate disciplinary documentation)
- **Confidential Records to Include:**
 - *All Special Education* components which include psychological, sociological, educational and medical/audiovisual evaluations
 - Up-to-date individualized educational program (IEP) with handicapping conditions specified

Previous School: _____

Address: _____

School Phone # _____ School Fax # _____

I HEREBY GIVE MY PERMISSION FOR RELEASE OF THE ABOVE RECORDS.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student 18 or older: _____ Date: _____

**POINT PLEASANT BOROUGH SCHOOLS
Genesis Parent/Guardian Student Access Security Form**

Please complete the following form to receive a login and password to access the Genesis Parent Portal. **PLEASE NOTE:** Blended families may only receive access to those students for whom they are parent/guardian. You will receive an email with the necessary login information when your ID has been assigned.

Check here if you already have a Parent Portal for another student(s) in the district.

<i>Parent/Guardian Information: (Please Print all information)</i>	
Parent/Guardian (Last Name, First Name)	Daytime phone # to reach you:
Cell phone #:	Cell phone provider: (to receive Message Alerts)
Valid Email address: PLEASE PRINT LEGIBLY @	Parent/Guardian Signature: X_____

<i>Student Information: (No nicknames, please)</i>		
Student (Last Name, First Name):	Current School & Grade Level:	Birthdate:
Student (Last Name, First Name):	Current School & Grade Level:	Birthdate:
Student (Last Name, First Name):	Current School & Grade Level:	Birthdate:
Student (Last Name, First Name):	Current School & Grade Level:	Birthdate:

PLEASE LIST ADDITIONAL CHILDREN ON THE BACK OF THIS FORM. THANK YOU.

<i>District/School Use Only:</i>	
Parent Guardian authorized to access students: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Principal (or designee) Signature:	Date:
Date Account Created:	Date Notification Emailed to Parent:
Notes:	