



# KINDERGARTEN 2017-2018

**Bloomfield Public Schools**  
155 Broad Street, Bloomfield, New Jersey 07003  
**Kindergarten Student Registration 2017-2018**  
**Phone:973-680-8500 X 2000-2001**

Only a ***PARENT OR GUARDIAN*** may register a student in the Bloomfield School District. If appropriate, proof of custody of the student (see page 2), must be presented as outlined in N.J.A.C 6A:28-2.4 and Board Policy # 5111.

***Return the completed registration packet to the registration office at 155 Broad St., at your appointment time.***

**AT REGISTRATION, YOU MUST PRESENT THE FOLLOWING ORIGINAL DOCUMENTS. INCOMPLETE OR MISSING DOCUMENTS WILL DELAY THE REGISTRATION OF YOUR CHILD.**

**PROOF OF RESIDENCY (See Student Registration Information):**

- Present **one (1)** of the following (**Homeowner**) current property tax bill, current mortgage statement, contract of sale, closing papers, (**Renter**) current notarized lease or current notarized landlord affidavit form \*

**AND**

- **Three current (3)** items from the preceding page. These may include a recent Public Service Electric and Gas bill (PSEG); Digital NJ driver's license; medical insurance bill; life insurance bill; car insurance bill; home insurance bill; cable bill; phone bill; employee verification; voter registration; permits; delivery receipts; court orders; state agency agreements; state benefits; or other documents that prove residence; (**credit card bills are not acceptable forms of current mail**).
- *See Student Registration Information for additional items.*

***\* IF YOU ARE LIVING WITH A FRIEND OR RELATIVE, THE HOMEOWNER OR LESSEE MUST ALSO PROVIDE PROOF OF RESIDENCY. ADDITIONALLY, YOU MUST SUPPLY A NOTARIZED LANDLORD AFFIDAVIT FORM AND REMAINDER OF ITEMS FROM ABOVE.***

**OTHER REQUIRED DOCUMENTS FOR THE STUDENT:**

- **Original birth certificate** (Birth Certificates in foreign languages must be translated into English).
- **Immunization form** (Students entering kindergarten and pre-K must submit data using the district's immunization form, completed and signed by a physician).
- **IEP, if appropriate.**
- 

**REGISTRATION FOR AFFIDAVIT STUDENTS AND DYFS PLACEMENTS:**

- **Affidavit Students** must submit an Affidavit Registration Packet (forms are provided through the Administrative Services Office).
- **DYFS placements** must submit court order or equivalent documents from DYFS and proper licensing documents to foster parents, in addition to the completed registration packet and all documents required for registration.

**NOTE:** For admission to kindergarten, a child must be five years of age **ON OR BEFORE OCTOBER 1<sup>ST</sup>** of the school year in question, 18 A:38-5.

## STUDENT REGISTRATION INFORMATION

2017-2018

*The questions asked in the following pages will enable us to determine your child's eligibility to attend school in this district in accordance with New Jersey law.* Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:28-2 specify that a free public education will be provided to any student between the ages of 5 and 20 who is:

- 1 Domiciled in the district, i.e., living with a parent or guardian whose permanent home is located within the district. A home is permanent when the parent or guardian intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes or residences elsewhere.
- 2 Living with a person, other than the parent or guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship. (Hardship must be proven)
- 3 Living with a person domiciled in the district, other than the parent or guardian, where the parent/guardian is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered into active military service in the U.S. armed forces in time of war or national emergency. (Proof must be provided)
- 4 Living with a parent or guardian who is temporary residing in the district.
- 5 The child of a parent or guardian who moves to another district as the result of being homeless.
- 6 Placed in the home of a district resident by court order pursuant to N.J.S.A. 18A:38-2.
- 7 The child of a parent or guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency pursuant to N.J.S.A. 18A:38-3(b)
- 8 Residing on federal property within the State pursuant to N.J.S.A. 18A:38-7.7 et seq.

**Note that the following do NOT affect a student's eligibility to enroll in school:**

- 1 Physical condition of housing or compliance with local housing ordinances or terms of lease.
- 2 Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition basis in a United States public secondary school.
- 3 Absence of a certified copy of birth certificate or other proof of a student's identity, although these must be provided within 30 days of initial enrollment (**for registrants that register after 8/18/17**); all other applicants **MUST** be completed at the time of registration pursuant to N.J.S.A. 18A: 36-25.1.
- 4 Absence of student medical information, although actual attendance at school will be deferred as necessary in compliance with rules regarding immunization of students, N.J.A.C. 8:57-4.1 et seq.
- 5 Absence of student's prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district.

2017-2018

*The following forms of documentation may demonstrate a child's eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions of the law will be indicated in the appropriate section of the registration form.*

- 1 Current property tax bill, contracts of sale, current notarized leases, mortgages, notarized landlord affidavits and other evidence of property ownership, tenancy or residency.
- 2 Voter registration, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location.
- 3 Court orders, state agency agreements and other evidence of court or agency placements or directives.
- 4 Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student.
- 5 Medical reports, counselor or social worker assessments, employment documents, benefits statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency.
- 6 Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, legal guardian, person keeping an "affidavit student," adult student, person(s) with a family is living, or others, as appropriate.
- 7 Documents pertaining to military status and assignment.
- 8 Any business record or document issued by a governmental entity.
- 9 Any other form of documentation relevant to demonstrating entitlement to attend school.

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

You will not be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may voluntarily disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but we may not, directly or indirectly, require or request:

- 1 Income tax returns; Social Security numbers;
- 2 Documentation or information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa;
- 3 Documentation or information relating to compliance with local housing ordinances or conditions of tenancy.

Please be aware that any initial determination of the student's eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is later found ineligible. If your child is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal. Also, any and all persons who give fraudulent information for the purpose of attending school will be prosecuted to the fullest extent of the law as per a Bloomfield Municipal Ordinance (enclosed copy).

***Residency checks are completed on students on a regular basis and may be conducted as early as 6:00AM. Bloomfield residency officers will identify themselves and carry photo ID.***

**Bloomfield Public Schools**  
 155 Broad Street, Bloomfield, NJ 07003  
 2017-2018  
**Registration Form**

Please print

Student Information				
Last Name:		First Name:		Middle Name:
Date of Birth:	Gender: M: _____ F: _____			
Home Address:		City:	State:	Zip: Date Moved In:
Previous Address:		City:	State:	Zip: Length of time at address:
Home Phone:		Emergency/School Closing Phone:		
Previous School Status: First entry: _____ From in state: _____ From out of state: _____ From another country: _____ From private school: _____				
Parent/Guardian Information				
Living with: (check all that apply)				
Mother: _____ Father: _____ Legal Guardian: _____ Step-Mother: _____ Step-Father: _____ Other (please specify): _____				
Parent #1 - please check one: Male _____ Female _____				
Last Name:		First Name:		Middle Name:
Home Address:		City:	State:	Zip: Date Moved In:
Home Phone:	U.S. Citizen: Yes _____ No: _____		Place of Birth: City State/Country	
Residency Info: Rent: _____ Own: _____ Single Family House: _____ Two Family House: _____ Three Family House: _____ Condominium: _____ Apartment Building: _____ Apartment in private home: _____				Parent email:
Previous Address:		City:	State:	Zip: Length of time at address:
Employer:		Occupation		
Work Address		City:	State:	Zip: Work telephone number:
Parent #2 - please check one: Male _____ Female _____				
Last Name:		First Name:		Middle Name:
Home Address:		City:	State:	Zip: Date Moved In:
Home Phone:	U.S. Citizen: Yes _____ No: _____		Place of Birth: City State/Country	
Residency Info: Rent: _____ Own: _____ Single Family House: _____ Two Family House: _____ Three Family House: _____ Condominium: _____ Apartment Building: _____ Apartment in private home: _____				Parent email:
Previous Address:		City:	State:	Zip: Length of time at address:
Employer:		Occupation		
Work Address		City:	State:	Zip: Work telephone number:

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2017-2018  
**Registration Form**

Please print

*If the student's parents are domiciled in different districts, regardless of which parent has legal custody, please answer the following questions.*

Is there a court order or written agreement between the parents designating the district for school attendance? YES \_\_\_ NO \_\_\_

If yes, where does it require the student to attend school? (you will be asked to provide a copy of this document):

Does the student reside with one parent for the entire year? YES \_\_\_ NO \_\_\_

If so, with which parent and at what address? \_\_\_\_\_

If not, for what portion of time does the student reside with each parent, and at what address? \_\_\_\_\_

If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application? \_\_\_\_\_

*Please note: No district is required, as a result of being the district of domicile for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside district for part of the school year, other than transportation based upon the home of the parent domiciled within the district to the extent required by law.*

If you are claiming to be an emancipated student, are you living independently in your own permanent home in the district? If yes, please describe the proofs you will provide, in addition to those demonstrating domicile, to demonstrate that you are not in the care and custody of a parent or legal guardian. \_\_\_\_\_

*Please note: Under New Jersey law, where a dwelling is located within two or more local school districts, or bears a mailing address that does not reflect the dwelling's physical location within a municipality, the district of domicile for school attendance purposes is that of the municipality to which the resident pays the majority of his or her property tax, or to which the majority of the property tax for the dwelling in question is paid by the owner of a multi-unit dwelling.*

**Bloomfield Public Schools**  
 155 Broad Street, Bloomfield, NJ 07003  
 2017-2018  
**Registration Form**

Please print

<b>Legal Guardian or Affiant Resident - please check one: Male _____ Female _____</b>			
Copy of Court Order granting custody: YES _____ NO _____			
Last Name:		First Name:	Middle Name:
Home Address:		City:	State: Zip: Date Moved In:
Home Phone:	U.S.Citizen: Yes _____ No: _____	Place of Birth: City	State/Country
Residency Info: Rent: _____ Own: _____ Single Family House: _____ Two Family House: _____ Three Family House: _____ Condominium: _____ Apartment Building: _____ Apartment in private home: _____			Parent email:
Previous Address:		City:	State: Zip: Length of time at address:
Employer:		Occupation	
Work Address		City:	State: Zip: Work telephone number:
<b>Step-Parent #1 - please check one: Male _____ Female _____</b>			
Last Name:		First Name:	Middle Name:
Home Address:		City:	State: Zip: Date Moved In:
Home Phone:	U.S.Citizen: Yes _____ No: _____	Place of Birth: City	State/Country
Residency Info: Rent: _____ Own: _____ Single Family House: _____ Two Family House: _____ Three Family House: _____ Condominium: _____ Apartment Building: _____ Apartment in private home: _____			Parent email:
Previous Address:		City:	State: Zip: Length of time at address:
Employer:		Occupation	
Work Address		City:	State: Zip: Work telephone number:
<b>Step-Parent #2 - please check one: Male _____ Female _____</b>			
Last Name:		First Name:	Middle Name:
Home Address:		City:	State: Zip: Date Moved In:
Home Phone:	U.S.Citizen: Yes _____ No: _____	Place of Birth: City	State/Country
Residency Info: Rent: _____ Own: _____ Single Family House: _____ Two Family House: _____ Three Family House: _____ Condominium: _____ Apartment Building: _____ Apartment in private home: _____			Parent email:
Previous Address:		City:	State: Zip: Length of time at address:
Employer:		Occupation	
Work Address		City:	State: Zip: Work telephone number:

**Bloomfield Public Schools**  
 155 Broad Street, Bloomfield, NJ 07003  
 2017-2018  
**Registration Form**

Please print

Other Student Information			
Is this student Hispanic or Latino? YES _____ NO _____			
Ethnic Group - please select one: Asian: _____ Black/African American: _____ Hispanic/Latino: _____ American Indian/Alaska Native: _____ Native Hawaiian/Other Pacific Islander: _____ White: _____ Multi-racial: _____			
Place of Birth:	City:	State/Country:	
Is this student a U.S. Citizen? YES _____ NO _____			
If No, first date of entry into a U.S. school: _____			
Has the Home Language Survey been received: YES _____ NO _____			
Has this student ever been referred to the Child Study Team? YES _____ NO _____			
If yes, please indicate the specific classification, if any: _____ Alternate classroom placement: _____			
Is this student currently attending a Charter School? YES _____ NO _____ If yes, where: _____			
Did the parent grant permission for use of Photos on the attached Publicity form: YES _____ NO _____			
Did the parent grant permission for internet usage on the attached AUP form: YES _____ NO _____			
Previous School History:			
School Name:	Address:	Grade(s):	Dates of attendance:
Other Children living in household:			
Full Name	Present School and Grade	Date of Birth	Relationship to student
For students in grades 9 through 12 ONLY please indicate the preferred world language: French: _____ Italian: _____ Spanish: _____			
Is current report card or unofficial transcripts included with documentation: YES _____ NO _____			

Please sign below AFTER completing all pages of this packet.

I attest that to the best of my knowledge the information is true and correct. Fraudulent statements or claims will be prosecuted to the full extent of the law and may result in disenrollment and tuition assessed as per 6A:2802.1 et seq.

\_\_\_\_\_  
signature of the person completing this application

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Date



# **BLOOMFIELD PUBLIC SCHOOLS**

155 Broad Street  
Bloomfield, New Jersey 07003  
Telephone: (973)680-8501

2017-2018

Immunization of Pupils

Dear Parents/Guardians:

Chapter 14, State Sanitary Code, Effective September 1, 1975 and revised with amendments, requires that all New Jersey pupils be immunized as per the attached immunization chart.

Proof that your child has complied with the above requirements may be obtained by having the attached form, (Certificate of Immunization), completed by your physician, a public health officer, or a school nurse from your former school district.

**(Students entering Kindergarten and Pre-K must submit data using the district's immunization form, completed and signed by a physician)**

The school district will accept one of the following documents as an exception to the attached immunization chart:

1. Pupils presenting a signed physician's certificate stating that the above immunizations are medically contraindicated.
2. Pupils presenting religious exemption per parental/guardian request.
3. Pupils presenting a signed statement that the immunizations are in progress and that the pupil is in the process of complying with the above: The pupil must have received the first dose of each required immunization series to begin school

Those is entering a school system in the U.S. for the first time, if born in a high TB incidence country and those transferring to the New Jersey school system directly from a high TB incidence country, must have a Mantoux tuberculin skin test. All other students are exempt from tuberculin skin testing as a requirement for school entry in New Jersey.

Q: What are the minimally required vaccines for school entry in New Jersey?

A: Refer to <http://nj.gov/health/forms/imm-7.pdf> for a copy of the document, 'MINIMAL IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE IN NEW JERSEY'

## 2008 Amended Immunization Requirements

The New Jersey Department of Health and Senior Services (DHSS) has recently revised the administrative rules N.J.A.C. 8:57-4 with substantive changes to include the requirement of four new vaccines for school, preschool and licensed child-care center attendance beginning in September 2008. We encourage both private and Vaccines For Children (VFC) Program providers who provide care to commercially insured children to order enough vaccine to meet the higher demand anticipated due to the new vaccine requirements.

The rule changes include a four day grace period for all childhood vaccines which became effective on January 7, 2008. These changes were formally adopted by the New Jersey Public Health Council on October 9, 2007 and published in the New Jersey Register on January 7, 2008. The amended regulations in N.J.A.C. 8:57-4 state the following:

### **8:57-4.10 Diphtheria and tetanus toxoids and pertussis vaccine**

(h) every child born on or after January 1, 1997, and entering or attending Grade Six, or a comparable age level special education program with an unassigned grade on or after September 1, 2008 shall have received one dose of Tdap (Tetanus, diphtheria, acellular pertussis) given no earlier than the 10<sup>th</sup> birthday.

(i) **Children entering or attending Grade Six on or after September 1, 2008**, who received a Td booster does less than five years prior to entry or attendance shall not be required to receive a Tdap dose until five years have elapsed from the last DTP/DtaP or Td dose.

(j) Children born on or after January 1, 1997, and transferring into a New Jersey school from another state or country after September 1, 2008 shall have received one dose of Tdap, provided at least five years have elapsed from the last documented Td dose.

### **8:57-4.18 Pneumococcal conjugate vaccine**

(a) Every child two months through 11 months of age enrolling in or attending any licensed child-care center or preschool facility on or after September 1, 2008, shall have received a minimum of two age-appropriate doses of pneumococcal conjugate vaccine (PCV), or fewer as medically appropriate for the child's age according to the ACIP recommendations.

(b) Every child 12 months through 59 months of age enrolling in or attending a licensed child-care center or preschool facility on or after September 1, 2008, shall have received at least one dose of PCV on or after their first birthday.

#### **8:57-4.19 Influenza vaccine**

Children six months through 59 months of age attending any licensed child-care center or preschool facility on or after September 1, 2008, shall annually receive at least one dose of influenza vaccine between September 1 and December 31 of each year.

Per the New Jersey Department of Health and Senior Services:

"There will be no grace period for unvaccinated children. Students who have not received the influenza vaccine by December 31 must be excluded from the childcare/preschool facility for the duration of the influenza season (through March 31<sup>st</sup>), until they receive at least one dose of the influenza vaccine, or until they turn 60 months of age."

#### **8:57-4.20 Meningococcal vaccine**

(a) Every child born on or after January 1, 1997, and entering or attending Grade Six or a comparable age level special education program with an unassigned grade on or after September 1, 2008, shall have received one dose of a meningococcal-containing vaccine, such as the medically-preferred meningococcal conjugate vaccine.

\*Please Note: This applies to students when they turn 11 years of age and attending grade Six.

(b) Every child born on or after January 1, 1997, and transferring into a New Jersey school from another state or country on or after September 1, 2008, shall have received one dose of meningococcal vaccine.

#### **8:57-4.23 Optimal immunization recommendations – 4 Day Grace Period**

(c) All vaccine doses included within, and mandated by, this subchapter that are administered less than or equal to four days before either the specified product label minimum age or dose spacing interval shall be counted as valid and shall not require revaccination in order to enter or remain in a school, preschool, or licensed child-care facility. Schools are encouraged to send a notice home to parents informing them of the new requirements to assure compliance at the beginning of the 2013-2014 school year.

## BLOOMFIELD PUBLIC SCHOOLS STUDENT HEALTH PROFILE

Please have this form completed and signed by your child's pediatrician. Immunization records must be received before the first day of attendance. In addition, this form, or the equivalent form from your physician, is to be returned to the school office within the first month of attendance or the student will be removed from school. For students in grades 7 & 10, the completed form must be returned by November 1 of that school year.

*Alternatively, you may attach this form to a printout from your doctor's office that includes a record of a recent physical examination and required immunizations. You may also attach this to a completed STATE OF NEW JERSEY HEALTH HISTORY AND APPRAISAL FORM that is included in the registration packet.*

Student Name _____		Gender M _____ F _____	
Birthdate ____/____/____ <small>(mm/dd/yyyy)</small>		School _____ Grade _____	
	NORMAL	ABNORMAL	EXPLAIN ABNORMALITIES
General			HT _____ WT _____ BP _____ Scoliosis _____
Speech			
Vision			Color Deficient? _____
Hearing			
Glands			
Heart			Rate _____ Murmur _____
Lungs			
Abdomen			
Hernia			
Genitalia			
Extremities			Gait _____
Other			
History of Illness or Surgery: _____			
Chronic Condition(s): _____			
Allergies: _____			
Medication(s): _____			
Conditions(s) which may affect the student's performance: _____			

### IMMUNIZATION REQUIREMENTS

For NEW STUDENTS, & Students Entering GRADES PRE-K, K, 7 & 10 – Date of Immunization Must Include Month, Day, Year

D.P.T. SERIES	POLIO SERIES	HEPATITIS B SERIES
1 <sup>st</sup> :	1 <sup>st</sup> :	1 <sup>st</sup> :
2 <sup>nd</sup> :	2 <sup>nd</sup> :	2 <sup>nd</sup> :
3 <sup>rd</sup> :	3 <sup>rd</sup> :	3 <sup>rd</sup> :
4 <sup>th</sup> :	4 <sup>th</sup> :	
Booster:		
Date:	M.M.R (1):      M.M.R. (2):	Varivax: (1):      (2):
Date:	Measles	Influenza (PreK):
Haemophilus Influenza B	Mumps	Pneumococcal (PreK):
Date(s):	Rubella	Tdap (Gr. 6):
Other Vaccines:		Meningococcal (Gr. 6): (1):      (2):

**TUBERCULOSIS TESTING:** N.J. requires that students from certain countries must have a Mantoux Test at the time of the physical examination. The school nurse will contact you if tuberculin testing is required.

Mantoux Test Date: \_\_\_\_\_ Result: \_\_\_\_\_ MM Report of Chest X-Ray \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Exam Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

**PHYSICIAN'S STAMP**

# UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter  
New Jersey Academy of Family Physicians  
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted:		Weight (must be taken within 30 days for WIC)			
		Height (must be taken within 30 days for WIC)			
		Head Circumference (if <2 Years)			
		Blood Pressure (if ≥3 Years)			
<b>IMMUNIZATIONS</b>		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due:			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note If Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					

2017-2018  
**CONFIDENTIAL**

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender: \_\_\_\_\_ Name of Doctor: \_\_\_\_\_

**Please check if your child has had the following:**

Condition	Yes	No	Year	Condition	Yes	No	Year
High Blood Pressure				Heart Condition			
Asthma				TB or contact with TB			
Severe Allergies				Severe or chronic stomach problems			
Frequent or painful urination				Wets or soils pants			
Concussion				Frequent or severe headaches			
Dizzy or fainting spells				Severe head injury			
Epilepsy				Excessive worry or anxiety			
Depression				Hearing loss			
Speech Problems				Eye problems			
Frequent ear infections				Frequent colds			
Wears glasses or contacts				Diabetes			
Scoliosis				Tumor			
Cancer				Serious skin disease			

1. Has your child ever had any serious illnesses or injuries other than those already noted?

What? When?

Explain: \_\_\_\_\_

2. List any allergies to food, medications, or bee stings.

Explain: \_\_\_\_\_

3. List any medications your child currently takes or needs for allergies:

Explain: \_\_\_\_\_

Dear Parent/Guardian:

According to State Law 18A:40-4, your child will be examined periodically by our school doctor and nurse together. This may require the loosening of clothing to the waist for adequate examination. If you have any objection because of religious beliefs or otherwise, you must file a written statement at the school office.

Please sign:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# Bloomfield Public Schools

155 Broad Street, Bloomfield, New Jersey 07003

**LANDLORD AFFIDAVIT-TO BE COMPLETED ONLY BY RENTERS WITHOUT A CURRENT LEASE OR IF YOU ARE LIVING WITH A FRIEND OR RELATIVE.** 2017-2018

Please Print:

Landlord Information			Renter's Information		
Name of Landlord _____			Name of the Family _____		
Street Address _____			Street Address _____		Apt No. _____
City _____	State _____	Zip Code _____	City _____	State _____	Zip Code _____
Telephone Number _____			Telephone Number _____		
Building Information					
Please specify the type of building in which the apartment is located.					
<input type="checkbox"/> Single Family House		<input type="checkbox"/> Two Family House		<input type="checkbox"/> Three Family House	
<input type="checkbox"/> Condominium		Multi-Dwelling, No. of Apartments: _____		<input type="checkbox"/> Other: _____	
Leasing Information					
Please specify the terms of the lease.					
Month to Month _____					
Starting Lease Date ____ / ____ / ____			Relation to the Renter: <input type="checkbox"/> No Relation		
Ending Lease Date ____ / ____ / ____			<input type="checkbox"/> Family Members		
List the Names of all Persons Living in the Apartment/House					
_____ _____ _____ _____					
Return to:			Office Use Only		

I attest to the best of my knowledge the information is true and correct, and I am aware that fraudulent statements or claims may be prosecuted to the full extent of the Law.

Sworn and subscribed to me

This \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Landlord

\_\_\_\_\_  
(A Notary Public of New Jersey)

\_\_\_\_\_  
Date

BLOOMFIELD PUBLIC SCHOOLS

HOME LANGUAGE SURVEY  
2017-2018

Please complete the following survey:

Student name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Date of Entry into U.S.: \_\_\_\_\_ Native Language: \_\_\_\_\_

What languages are spoken in the child's home? \_\_\_\_\_

Did your child first learn to speak in this or her native language or in English? (Circle one)

- A. Native Language      B. English

Which language do you use most often when speaking to your child at home?

- A. Native Language      B. English

Which language does your child use most often when speaking to other relatives?

- A. Native Language      B. English

Which language does your child use most often when speaking to friends?

- A. Native Language      B. English

Person completing this form: \_\_\_\_\_

Relationship to the student: \_\_\_\_\_ Date: \_\_\_\_\_



# Emergency Card Information

Emergency Telephone Number to be called by the District:

Student Number:

Name (Last, First Middle)  \*   Date of Birth

Address  School:   
City  Zip  Grade\_Level:   
Home phone  Teacher/H.R.

To Parent or Guardian: To serve your child in the case of accident or sudden illness, it is necessary that you give the following information for emergency calls:

Mother's Name (Last, First)  Home Address (Street, City, State, Zip)    Home Phone   
Employer, Work Phone   Day Phone   
Father's Name (Last, First)  Home Address (Street, City, State, Zip)    Home Phone   
Employer, Work Phone   Day Phone

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

EMERGENCY CONTACT 1

Contact 1 Name  EMERGENCY CONTACT 2   
Phone  Contact 2 Name   
Relationship  Phone  Phone Type   
Relationship  Relationship

Listing of 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 this child have any health insurance including NJ FamilyCare/Medicaid, Medicare, private or other?

Yes  No Health Insurance Provider

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)(f) 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 Reactions: \_\_\_\_\_ Date: \_\_\_\_\_ Medications: \_\_\_\_\_  
Immunizations/Tetanus: \_\_\_\_\_ Date: \_\_\_\_\_ Type: \_\_\_\_\_  
Restrictions: \_\_\_\_\_ Type: \_\_\_\_\_

Doctor \_\_\_\_\_ Doctor Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Dentist Phone \_\_\_\_\_  
Hospital Choice \_\_\_\_\_ Hospital Phone \_\_\_\_\_

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: \_\_\_\_\_

Print

Legend

Icons \* - Required Field | [ ] - Date Entry