

PRELIMINARY INFORMATION: PLEASE READ BEFORE PROCEEDING

The questions asked in the following pages will enable us to determine your student'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:22 require that a free public education be provided to students between the ages of 5 and 20, and to certain students under 5 and over 20 as specified in other applicable law, who are:

- Domiciled in the district, i.e., the child of a parent or guardian, or an adult student, whose permanent home is located within the district. A home is permanent when the parent, guardian or adult student intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes or residences elsewhere
- 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
- 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
- Living with a parent or guardian who is temporarily residing in the district
- The child of a parent or guardian who moves to another district as the result of being homeless
- Placed in the home of a district resident by court order pursuant to N.J.S.A. 18A:38-2
- 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, resulting in relocation of the student, pursuant to N.J.S.A. 18A:38-3(b)
- Residing on federal property within the State pursuant to N.J.S.A. 18A:38-7.7 et seq.

Note that "guardian" means a person to whom a court of competent jurisdiction has awarded guardianship or custody of a child, provided that a residential custody order shall entitle a child to attend school in the residential custodian's school district subject to a rebuttable presumption that the child is actually living with such custodian; it also means the Department of Children and Families for purposes of N.J.S.A. 18A:38-1(e). Also note that a student is entitled to attend school in the district of domicile notwithstanding that the student is qualified to attend school in a different district as an "affidavit" student or temporary resident.

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

- Physical condition of housing or compliance with local housing ordinances or terms of lease
- 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
- 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 pursuant to N.J.S.A. 18A: 36-25.1
- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, N.J.A.C. 8:57-4.1 et seq.
- Absence of a 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

WALLINGTON PUBLIC SCHOOLS

“There is Power in Pride”

www.wboe.org

Mr. James J. Albro
Superintendent of Schools
albro@wboe.org

ADMINISTRATIVE OFFICE
32 Pine Street
Wallington, NJ 07057
(973) 777-4421

Dear Parents/Guardians:

As you register your child(ren) for school in the Wallington Public School District it is important that you are made aware that the Borough of Wallington has passed an ordinance that specifically prohibits the enrollment of students who are not eligible to be enrolled in our public schools. To that end, please make note of the following information:

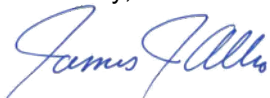
Borough ordinance Number 2016-5 is entitled the “Ineligible Student Enrollment Prohibition”. The purpose of this ordinance is to prohibit and penalize any parent or other person enrolling a student in the Wallington School District seeking free of charge education when such student is ineligible for free of charge education. Accordingly, it shall be unlawful for any person over the age of 18 to:

- Knowingly register or enroll a student in the Wallington School District seeking free of charge education or maintain the enrollment of a student receiving free of charge education when the student is ineligible for free of charge education pursuant to NJSA Title 18A; or
- Knowingly assist, aid or permit a student to register or enroll in the Wallington School District seeking free of charge education when the student is ineligible to attend free of charge pursuant to NJSA Title 18A; or
- Knowingly permit his or her name, address or other residence designating documentation to be utilized in the registration or enrollment of any student seeking free of charge education in the Wallington School District when the student is ineligible to attend free of charge pursuant to NJSA Title 18A; or
- Not notify or inform the Wallington School District when a student is no longer a resident in the household of that person who had previously knowingly permitted his or her name, address or other residence designating documentation to be utilized in the registration or enrollment of the student in the Wallington School District.

Please be advised that the provisions of this ordinance may be enforced by both the Borough of Wallington and the Wallington School District. Any person violating the provisions of this ordinance shall, upon conviction thereof, be sentenced to pay a fine up to \$2000 and to the maximum lawful extent make restitution to the Wallington Board of Education. In determining the amount of restitution, the Municipal Court of the Borough of Wallington, Bergen County shall include amounts incurred by the Wallington Board of Education, including but not limited to tuition costs, investigation expenses and attorney fees.

Please contact the Superintendent’s office or the Borough Clerk’s office with any questions on this ordinance.

Sincerely,



James J. Albro
Superintendent of Schools

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

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency
- Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location
- Court orders, State agency agreements and other evidence of court or agency placements or directives
- Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student
- Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency
- Affidavits, 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
- Any business record or document issued by a governmental entity
- 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:*

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

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 student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.

[Optional note if district permits attendance by nonresidents on a tuition basis: State law allows school districts to admit nonresident students, through policies adopted at Board discretion, on a tuition basis. If your student is not eligible to attend school in this district free of charge, he or she may enroll on a tuition basis by ... (instructions on how to obtain more information, or register for enrollment as a nonresident student.)]

If you experience difficulties with the enrollment process, please see (building principal or person in charge of registering) for assistance.

Registration Procedures for All Grades K-12

Before a child enters kindergarten he/she must be **FIVE YEARS OF AGE** on or before October 1st of the current year. On the day of registration, bring your forms **completely filled out**, along with **COPIES ONLY** of the following: **(WE WILL NOT BE ABLE TO MAKE COPIES)**

1. **Copy of child's birth certificate or passport**
2. **Proof of Residency:**

YOU MUST PROVIDE THE FOLLOWING: Documents **MUST** have your name & address on them

LIST "A"

(1 Document needed)

Deed
Lease
Real Estate Tax Bill
Residency Affidavit (Notarized)
Mortgage Statement
Contract of Purchase

LIST "B"

(1 Document needed)

PSE&G Bill
Cable Bill
Phone Bill
Water Bill
Driver's License
NJ State ID Card

LIST "C"

(2 Documents needed)

Section 8 Document
Bank Statement
Pay Check
Credit Card Bill
Income Tax Return
Car Lease/Finance Payment
Government Correspondence
Medical Bill
Public Assistance Document
Unemployment Verification
Insurance Bill

If you do not have a lease, you must request a "*RESIDENCY AFFIDAVIT*", available in either the FWG of Jefferson School Annex Main Office. This must be signed by your landlord & notarized. A copy of the landlord's Real Estate Tax Bill should be submitted. Dollar amounts can be blackened out.

3. All necessary medical documentation

The school is unable to translate birth certificates or foreign immunization records. It will be the responsibility of the parent/guardian to secure English translations of those documents.

In the event of divorce or separation of parents, legal guardianship papers must be presented also. Any legal change **MUST** be reported to the school.

Please note, **since all but one of the kindergartens are located at Jefferson School, placement will be at the discretion of the school administration.**

THE FOLLOWING FORMS MUST BE PRINTED UP AND BROUGHT IN WITH YOU ON THE DAY OF YOUR APPOINTMENT TO REGISTER.

1. REGISTRATION FORM – HOME AND FAMILY BACKGROUND
2. STUDENT EMERGENCY CARD
3. BILINGUAL ESL SERVICES
4. AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS (NOT NEEDED FOR KINDERGARTEN)
5. NEW STUDENT MEDICAL HISTORY QUESTIONNAIRE
6. HEALTH SCREENING PROGRAM PERMISSION

WALLINGTON PUBLIC SCHOOLS
HOME AND FAMILY BACKGROUND

Pupil _____ Sex: _____ U.S. Citizen: Yes No
(Last Name) (First Name) (Middle Name)

Person Registering Student: _____ Relationship to Student: _____

Date of Entry: _____ Grade: _____ Submission of Birth Cert. _____ or Passport _____

Date of Birth: _____ Country of Birth: _____

• If U.S., State and City of Birth: State _____ City: _____

• If foreign born:

Date entered U.S.: _____ Date entered NJ _____ First Entry into a U.S. School. _____

Address: _____ Tel. # _____ e-mail _____

Previous School: _____ Address: _____

Last Year of Attendance: _____ Last Grade of Attendance: _____

FATHER/GUARDIAN

MOTHER/GUARDIAN

Full Name: _____

Full Name: _____

Living: _____ Deceased: _____

Living: _____ Deceased: _____

Maiden Name: _____

Birthplace: _____

Birthplace: _____

Ancestry: _____

Ancestry: _____

Citizen: Yes _____ No _____

Citizen: Yes _____ No _____

Parents Divorced? _____

If so, list any restrictions on either parent on the reverse side.

Occupation: _____

Occupation: _____

Education: _____

Education: _____

PRIMARY LANGUAGE SPOKEN AT HOME: _____

SIBLINGS: NAME: _____ AGE: _____

_____ AGE: _____

_____ AGE: _____

STUDENT ETHNICITY: Ethnicity (Please select one) _____ Hispanic or Latino _____ Non-hispanic or Latino

PLEASE SELECT FROM BELOW (Multiple entries are permitted if appropriate).

_____ White _____ Black/African American _____ Amer. Indian or Alaskan Native

_____ Asian (Far East, Southeast Asia, China, India, Japan, Malaysia, Pakistan, etc.

_____ Native Hawaiian or Other Pacific Islander (Guam, Samoa, etc.)

Revised:

STUDENT EMERGENCY CARD

(Please notify the school of any changes during the school year)

Date: _____

GAVLAK _____ JEFF _____ JR./SR. H.S. _____ GRADE _____ TEACHER _____

Pupil's Last Name First Name Middle Initial Date of Birth Age

Home Address _____ Home Phone No. _____
(Indicate an Unlisted number with an *)

e-mail _____

Circle with whom child resides: Both Parents Mother Father Guardian (write name & relationship) _____

*Circle who has legal custody: Both Parents Mother Father Guardian (write name & relationship) _____

Please indicate if there are any restrictions pertaining to who is permitted to pick up your child.

*Contact the principal if special circumstances exist concerning the custody of your child. Be prepared to present a copy of the custody papers and/or restrictions of contact with your child by another person.

Mother's Name _____ Work # _____ Cell # _____

Father's Name _____ Work # _____ Cell # _____

Persons to whom school may entrust child in case parent cannot be reached.

1. _____
Name Address Phone # Relationship

2. _____
Name Address Phone # Relationship

Signature of parent/legal guardian: _____ Date: _____

THE CONTENTS OF THIS EMERGENCY CARD DO NOT CONSTITUTE ANY ADMISSION OF LIABILITY ON THE PART OF THE SCHOOL SYSTEM OR ANY EMPLOYEE THEREOF.

Sibling Information (Brothers and Sisters)

	Name	Age	School Presently Attending	Phone # of School
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Health Information:

Child's Physician: _____ Phone # _____ Hospital Choice _____

DID YOU PURCHASE SCHOOL INSURANCE: YES _____ NO _____

DOES YOUR CHILD HAVE HEALTH INSURANCE: YES _____ NO _____ If Yes, name of insurance company _____

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 online. **You may release my name & address to the NJ Family Care Program to contact me about health insurance**

Signature Printed Name Date

Is there any on-going illness, disease, or physical condition of which the Nurse should be aware? Yes _____ No _____ If Yes, explain below _____

Does your child take medication? YES _____ NO _____ Specify type & reason. Obtain required forms from nurse to be filled out by physician _____

Does your child have any allergies: YES _____ NO _____ If so, please describe _____

I agree that the school nurse may discuss my child's condition, diagnosis, clarify and/or define a procedure, medication, or degree of participation in physical activities including gym with the appropriate school personnel and authorizing physician.

In emergency situations, and/or if I/we cannot be reached, school district personnel (e.g. nurse, principal, teacher, coach, athletic trainer, etc.) may act on our behalf to obtain emergency treatment. The attending physician/hospital may render emergency medical services to my child.

(Print) Parent/Guardian Signature of Parent/Guardian Date: _____

WALLINGTON PUBLIC SCHOOLS

BILINGUAL/ESL SERVICES

HOME LANGUAGE SURVEY

SCHOOL: _____

STUDENT (Please print) _____

LAST GRADE ATTENDED: _____

TO BE COMPLETED BY THE PARENT/GUARDIAN

Please respond to the following questions by checking the appropriate response or writing in the information. This information will enable us to provide the proper instructional program for your child.

1. What language did your child first learn to speak?

Native language other than English _____

English _____

2. What language did you use most often when speaking to your child at home?

Native language _____

English _____

3. What language does your child use most often when speaking to you at home?

Native language _____

English _____

4. What language does your child use most often when speaking to brothers and sisters?

Native language _____

English _____

5. What language does your child use most often when speaking to other relatives?

Native language _____

English _____

6. What language does your child use most often when speaking to friends?

Native language _____

English _____

Parent Name (Print)

Parent Signature

Date: _____

Proposed: December 14, 1998

Adopted: December 14, 1998

SZKOLY PUBLICZNE W WALLINGTON
ANKIETA DOTYCZACA JEZYKA
UZYWANEGO W SRODOWISKU DOMOWYM

SZKOŁA: _____

STUDENT (Proszę drukować) _____

OSTATNIA UCZESZCZANA KLASA: _____

MUSI BYC WYPELNIONE PRZEZ RODZICA/OPIEKUNA

Proszę odpowiedzieć na następujące pytania zaznaczając odpowiednią odpowiedź lub wpisując właściwą informację. Informacja ta pomoże nam w przygotowaniu właściwego programu instruktazowego dla waszego dziecka.

1. Jaki był pierwszy język którym dziecko władało?

 Język narodowy inny niż angielski _____

 Angielski _____

2. Jakim językiem posługujecie się w rozmowie z dzieckiem w domu?

 Język narodowy _____

 Angielski _____

3. W jakim języku dziecko zwraca się do was w rozmowach w domu?

 Język narodowy _____

 Angielski _____

4. W jakim języku dziecko rozmawia ze swoimi braćmi i siostrami?

 Język narodowy _____

 Angielski _____

5. Jaki język wasze dziecko używa w rozmowach z innymi członkami rodziny?

 Język narodowy _____

 Angielski _____

6. Jaki język dziecko używa w rozmowie z kolegami lub koleżankami?

 Język narodowy _____

 Angielski _____

Nazwisko rodzica/opiekuna (proszę drukować)

Podpis

Data: _____

WALLINGTON PUBLIC SCHOOLS
WALLINGTON, NEW JERSEY 07057
www.wboe.org

Mr. James J. Albro
Superintendent of Schools
(973) 777-4421 – Fax (973) 614-9391

Mr. Frederic Fromfield, Principal
Wallington Jr./Sr. High School
(973) 777-0808 – Fax (973) 777-1434

Nancy Giambrone, Principal
Frank W. Gavlak & Jefferson Schools
(973) 777-4420 – Fax (973) 574-9517

Katherine Ventura
Director of Student Personnel Services
(973) 777-0808 – Ext. 120

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

As per N.J.S.A. 18A:36-19a the Wallington Public School District is requesting the following information from:

Date: _____
School _____
Address _____
City, State, Zip Code _____

For: _____ Grade: _____
Student's Legal Name (Last, First, Middle Initial)

Therefore, please send the following information for this student as soon as possible to:

- Guidance Office, Wallington Jr./Sr. High School, 234 Main Ave., Wallington, NJ 07057
- Jefferson School, Child Study Team, 32 Pine Street, Wallington, NJ 07057
- Frank W. Gavlak School, 106 King Street, Wallington, NJ 07057

Academic Record, including the grades for the current year, up to the date of transfer.

State Assessment Test Scores

Standardized Test Scores

Health Records (Original State A-45)

Child Study Team Reports (if applicable)

Disciplinary Records

Any additional information that would be beneficial

Dept. of Education Student Transfer Card

Your cooperation is appreciated.

Signature

Title

I hereby authorize you to forward all records as indicated above for _____
to the Wallington Public School District.

Parent/Guardian Signature (or student if 18 or over)

Date

KINDERGARTEN REGISTRATION MEDICAL FORMS

1. **Immunization Record:** completed dated & signed by physician
2. **Universal Child Health Record (Physical Exam):** completed dated & signed by physician
3. **Medical History Questionnaire:** completed & signed by parent/guardian
4. **Emergency Card:** completed & signed by parent/guardian

The attached forms are to be completed and **returned the day of registration**. It is the responsibility of the parent/ guardian to secure English translation of foreign medical records. Copies of medical records/forms are to be provided. **NO** copies will be made the day of registration. **All additional/incomplete forms are to be submitted no later than June 15th. As per N.J. State Law and the Wallington Board of Education children will not be permitted to enter school without ALL required health information**

In addition to chronological age, admission to kindergarten is based on completion of mandatory health requirements established by the New Jersey Department of Education and the Wallington Board of Education. These requirements include:

Immunizations:

1. DTP: 4 doses, with one dose given on or after the 4th birthday, or any 5 doses.
2. Polio: 3 doses of vaccine; one dose must have been administered on or after the 4th birthday or any 4 doses.
3. Measles: 2 doses of a measles containing vaccine, first dose administered on or after 1st birthday, the second dose no sooner than 1 month after first dose.
4. Rubella: 1 dose administered on or after 1st birthday.
5. Mumps: 1 dose administered on or after 1st birthday.
6. Hepatitis B: 3 dose series
7. Varicella: 1 dose of vaccine administered on or after first birthday or proof of disease immunity, physician or parent written proof of disease or serological evidence.

Mantoux Tuberculin Test:

Students entering for the first time into the New Jersey school system directly from a country outside the United States identified by the NJDHSS TB Program as countries with high TB morbidity are required to have a Mantoux tuberculin test. **Exceptions:** Documentation of a negative Mantoux tuberculin skin test results within the previous six months **or** documentation of a positive Mantoux test.

Physical Exam:

To be completed by family physician/healthcare provider. This exam must be done no more than 365 days prior to entry and must state what, if any, modifications are required for full participation in the school program. Date of physical and physician signature, name and address must appear on the form. **If you do not have health insurance please call the Wallington Health Department at 973-777-0318, ext. 213, for assistance or contact the FWG school nurse at 973-777-4420,x207.**

NEW AND TRANSFER STUDENT MEDICAL REGISTRATION REQUIREMENTS

Medical Forms to be Completed for Registration:

1. **Immunization Record:** completed dated & signed by physician
2. **Universal Child Health Record (Physical Exam):** completed, dated & signed by physician ******(high school students who plan to play a sport should use the Athletic Physical form found in "Athletics" or "Nurse's Office" tab
3. **Medical History Questionnaire:** to be completed by the parent/guardian
4. **Emergency Card:** completed, signed by parent/guardian
5. ***In addition to the above required forms, a Mantoux tuberculin test may be required.**
Mantoux Tuberculin Test Requirement: Students entering for the first time into the New Jersey school system directly from a country outside the United States identified by the NJDHSS TB Program as countries with high TB morbidity are required to have a Mantoux tuberculin test. **Exceptions:** Documentation of a negative Mantoux tuberculin skin test results within the previous six months or documentation of a positive Mantoux test. **Check with the school nurse to see if this requirement applies to your child**
6. **Medication Requirements:** if your child will be taking **any** medication during the school day; prescription or over the counter, a medication permission form is required from the physician and parent/guardian.

****All of the above forms are available on the school website and in the Health Office**

Physical Exam & Immunization Requirements:

1. All students are required to have a complete physical by a licensed practitioner upon entering a public school in the state of New Jersey.
 - a. Students transferring from another school district need to provide proof of a complete physical by a licensed practitioner. A documented physical from the previous school district is acceptable.
 - b. Students entering from **out of the country** must have a complete physical done by a licensed practitioner. The physical must be completed within 30 days of registration. **Physical exams done out of the country will not be accepted.**
2. The parent/guardian must provide written documentation of the student's immunizations. The document must have the complete date of the immunizations (Month, day, and year) and be signed and stamped by a physician
3. The parent/guardian is responsible for providing an English translation of any foreign immunization record. Translation must be completed, stamped and signed by a licensed practitioner.

THE ABOVE REQUIREMENTS CAN BE COMPLETED BY YOUR PRIVATE PHYSICIAN

OR

IF YOU DO NOT HAVE HEALTH INSURANCE YOU CAN CALL THE WALLINGTON HEALTH DEPARTMENT AT 973-777-0318 EXT. 213 FOR AN APPOINTMENT

Stacy Geltrude
Jefferson Annex School Nurse
973-836-4700 ext. 306

Linda Finke
FW Gavlak School Nurse
973-777-4420 ext. 207

Mary Bartlett
Jr./Sr. High School Nurse
973-777-0808 ext.111

Wallington, NJ Public Schools
 New Student Medical History Questionnaire
 (TO BE COMPLETED BY PARENT/GUARDIAN)

Student Name: _____ Date of Birth: _____

Grade: _____ Homeroom: _____ School Year: _____

Last school attended and address: _____

Please explain "yes" answers in the space provided with appropriate details.

	Yes	No
Has your child been medically advised not to participate in any sport or physical activity?		
Is your child currently or recently under physician's care for any medical reason?		
Has your child ever experienced loss of consciousness after an injury?		
Has your child experienced a fracture or dislocation?		
Has your child had any surgery?		
Does your child take any medications on a regular basis? For what? Will it need to be administered in school?		
Does your child have allergies, including hives, asthma, or reaction to bee stings? Does it require medication?		
Has your child ever experienced frequent chest pains or palpitations?		
Does your child have a history of fatigue or undue tiredness?		
Does your child have a history of fainting with exercise?		
Is there any history of a family member having a sudden death?		
Does your child have any hearing loss, tubes in ears?		
Does your child wear glasses or contact lenses? Reading ___ Distance ___ Boardwork ___ Always ___		
Other medical/physical conditions not listed??		

Parent Signature: _____ Date: _____

IMMUNIZATION RECORD

FY-12

IMMUNIZATION REGISTRY NUMBER

Name of Child (Last, First, M.I.)		Date of Birth (Mo/Day/Yr)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
PARENT OR GUARDIAN	NAME	TELEPHONE NO.	
	ADDRESS		

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	
						Test Date	Result
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination <i>(If Td or DT, indicate in corner box)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tdap							
POLIO – INACTIVATED POLIO VACCINE (IPV) <i>If oral vaccine, indicate (OPV) in corner box</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
MEASLES, MUMPS, RUBELLA (MMR)						Document below single antigen vaccine receipt, serology titers, or varicella disease history	
HAEMOPHILUS B (HIB)**							
HEPATITIS B					Hepatitis B	Date:	Titer:
VARICELLA					Varicella	Date:	Titer:
PNEUMOCOCCAL CONJUGATE **					Measles	Date:	Titer:
MENINGOCOCCAL					Mumps	Date:	Titer:
HEPATITIS A ***					Rubella	Date:	Titer:
HPV (HUMAN PAPILLOMAVIRUS) ***							
OTHER							

Provisional admission attached–Date Granted: _____
 Medical exemption attached
 Religious exemption attached

Physician Signature

Physician 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 and Senior Services

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 give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
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)			
IMMUNIZATIONS		<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		
Name of Health Care Provider (Print) _____			Health Care Provider Stamp: _____		
Signature/Date _____					