Bernards Township Public Schools
Office of the Registrar

Instructions for Kindergarten – 12th Grade Registrations

FOR ALL STUDENTS:

1. Please **print out one copy of the registration forms** for each student you need to register.

2. In addition to the completed registration forms, you will need an original birth certificate and three proofs of residency.*** Please have one photocopy of the birth certificate and residency proofs.** Originals will be returned to you.

3. Please note that your child will not be able to attend school unless the **Physical Examination / Immunization Form is** completed and signed by your child's physician. The physical exam must be no more than one year old as of the first day of school. **Also note that there are additional immunization requirements if you are registering a student in 6th grade or higher – please read the entrance requirements on the Physical Examination form carefully.**

4. Once all of your paperwork is complete, **please call our District Registrar, Michele Vitiello, at (908) 204-2585, Ext. 105 or email her at mvitiello@bernardsboe.com** to schedule a registration appointment. Mrs. Vitiello's office is located in the Counseling Office at Ridge High School, 268 South Finley Avenue, Basking Ridge**. PLEASE NOTE that if you will be enrolling your kindergartner in your districted school on registration day in February, you do not need to call the District Registrar for an appointment – you will bring your paperwork directly to the school.**

FOR WILLIAM ANNIN MIDDLE SCHOOL STUDENTS:

In addition to the general registration information above, please go to the William Annin Middle School website (under "Schools" tab on the district website, www.bernardsboe.com) and click on "Counseling." Go to "Course Selection"," and download the grade-appropriate form. This form must also be completed and signed by you and your child and brought to the registration meeting with your child's most recent report card. Your child does not need to accompany you to this appointment.

FOR RIDGE HIGH SCHOOL STUDENTS:

In addition to the general registration information above, please go to the Ridge High School website (under "Schools" tab on the district website, www.bernardsboe.com) and click on "Counseling." Go to "Scheduling," and download the grade-appropriate Course Selection sheet. Review the Program of Studies and then fill out the Course Selection sheet with your child and bring it to the registration/scheduling meeting with your child's most recent report card (for incoming 9th grade students) or transcript (for incoming 10th through 12th grade students), as well as course/curriculum descriptions from the prior school. Documentation must be in English. Your child should attend this meeting.

*** Acceptable proofs of residency include:**

- HUD Settlement Statement (if you have just closed on the sale of a new residence)
- Deed or current Lease Agreement
- Mortgage statement
- Bernards Township property tax or sewer bill
- Bank statement
- Homeowner's insurance bill
- Utility bills (e.g., gas, electric, cable, telephone)

Bernards Township Public Schools
Office of the Registrar

Registration Date: _____

REGISTRATION FORM

☐ *Cedar Hill School* ☐ *Liberty Corner School* ☐ *Oak Street School* ☐ *Mt. Prospect School*
☐ *William Annin Middle School* ☐ *Ridge High School*

Birth Certificate ____
Proof of Residency (3)____
Transportation _____
Immunization/Medical _____

Classroom Assignment: _____
Starting Date: _____
Student ID: _____
SID: _____

In the space below, please write the student's name EXACTLY as it appears on the birth certificate:

_____
Last Name **First Name** **Middle Name**

_____ _____
Address (City, State, Zip) **Home Phone**

Grade: _____ **Date of Birth**: _____ ☐ **Male** ☐ **Female**

City/State of Birth: _____ **Country of Birth:** _____

Language student uses to communicate at home: _____ **First language spoken:** _____

If not born in the US, date child first enrolled in a US school: _____ **Does the child speak English?** _____

Ethnicity (Check all that apply – see page 2 for explanation):

☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White or Caucasian
☐ Asian ☐ American Indian/Alaska Native ☐ Hispanic/Latino

Father		**Mother**	
Last Name	_____	Last Name	_____
First Name	_____	First Name	_____
Home Phone*	_____	Home Phone*	_____
Work Phone	_____	Work Phone	_____
Cell Phone	_____	Cell Phone	_____

* If different from student's home telephone number

Parent/Guardian Email Address (for all official correspondence): _____

Student resides with: ☐ Parents ☐ Mother ☐ Father ☐ Other (specify): _____

If the student does not reside with both parents, please provide the contact information (including email address) of the joint custodial or non-custodial parent entitled by law to receive reports:

_____

_____

Name and Address of School Last Attended: _____

_____

Has the student previously attended a Bernards Township School? _____ **If yes, dates:** _____

Emergency Contacts (other than parents) -- please list name and telephone number where contacts can be reached during the school day):

Emergency Contact #1: _____ Phone #:_____

Emergency Contact #2: _____ Phone #:_____

Emergency Contact #3: _____ Phone #:_____

Does student have siblings already attending school in the Bernards Township School District? ☐ Yes ☐ No

If yes, please list names below:

Last Name	First Name	Middle Name	Date of Birth	M/F
Last Name	First Name	Middle Name	Date of Birth	M/F
Last Name	First Name	Middle Name	Date of Birth	M/F
Last Name	First Name	Middle Name	Date of Birth	M/F

Explanation of ethnicity questions:

- **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race.
- **American Indian or Alaska Native** – A person having origins in any of the original people of North and South American (including Central American) and who maintains a tribal affiliation or community attachment.
- **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American** – A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islanders** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White or Caucasian** – A person having origins in the original peoples of Europe, the Middle East or North Africa.

Bernards Township Public Schools
Nursing Department

HEALTH HISTORY

(To be completed by Parent(s)/Guardian)

Student Name: _____ **Date of Birth**: _____/_____/_____ **Sex:** _____
Last First

Father's Name: _____ **Mother's Name:** _____

Address: _____ **Phone Number**: _____

Email Address: _____ (**Please Print Clearly)**

Place of Birth: _____ **Entering School From:** _____
City / State / Country

Siblings: Name _____ **Age:** _____ | **Name** _____ **Age:** _____

Name _____ **Age:** _____ | **Name** _____ **Age:** _____

Please review the conditions listed below and indicate any that apply with a check (✓) Provide further information in the comment section, as to medications for the condition, healthcare provider, last episode, symptoms etc. For all checked items.

✓	CONDITION	COMMENTS
	ADD/ADHD	
	Allergies	
	Food	
	Medication	
	Bee Sting	
	Environmental	
	Anaphylactic Reaction (give date)	
	Anemia	
	Asthma / Bronchitis	
	Bowel Problem	
	Cancer	
	Chicken Pox	
	Chronic / Recurrent Illness	
	Convulsions/Seizures	
	Concussion/Head Injury (give date)	
	Diabetes	
	Ear Infections	
	Eating Disorders	
	Emotional / Psychiatric Problems	
	Fainting	
	Fracture / Dislocation / Sprain	
	Frequent Colds / Sore throat	
	Frequent Headaches	
	Frequent Stomach Aches	

✓	CONDITION	COMMENTS
	Hearing Problem	
	Heart Problem	
	Hepatitis	
	Hypertension	
	Kidney/Urinary Problem	
	Leukemia	
	Lyme Disease	
	Mononucleosis	
	Neuromuscular Disease	
	Orthopedic Problem	
	Operations / Conditions Requiring Hospitalization	
	PDD / Autism	
	Rheumatic Fever	
	Scoliosis	
	Sickle Cell Anemia	
	Skin Condition	
	Speech Communication Problem	
	Strep Infections	
	Sustained illness past 3 months	
	Substance Abuse (alcohol, drugs)	
	Toothache, Dental problem	
	Tumor	
	Vision Problem	
	None of the above	

List any other concerns you may have about your child's health, development, learning, behavior or home situation, which might affect his/her performance: _____

Parent/Guardian Signature:_____ Date: _____ / _____ / _____

Bernards Township Public Schools
Nursing Department

Health Entrance Requirements

Kindergarten through 12th Grade

- **Physical examination** completed between **September 1** of the year your child is entering school and **September 1** of the previous year.

- **Immunizations**
  - **DTP (Diphtheria, Tetanus Toxoid and Pertussis)**
    - ***Age 1-6 years -*** 4 doses, with one dose given on or after the fourth birthday, OR any 5 doses
    - ***Age 7 or Older -*** 3 doses of Td or a combination of DTP, DtaP, and Td.
  - **Tdap booster**
    - Students born on or after 1/1/97 attending or transferring into NJ School at grade six or higher
  - **Poliovirus Vaccine**
    - ***Age 1 – 6 years*** - 3 doses, with one dose given on or after the 4th birthday, OR any 4 doses
    - ***Age 7 – 17 years -*** 3 doses, either OPV or IPV separately or in combination
  - **Measles**
    - 2 doses of a measles containing vaccine. First dose given on or after the first birthday (if before first birthday, re-immunization is required). Intervals between first and second measles/MMR cannot be less than one month. Laboratory evidence of immunity is also acceptable.
  - ***Rubella***
    - 1 dose OR laboratory evidence of immunity. First dose given on or after the first birthday. (If before first birthday, re-immunization is required).
  - ***Mumps***
    - 1 dose OR laboratory evidence of immunity. First dose given on or after the first birthday. (If before first birthday, re-immunization is required).
  - **Hepatitis B Virus Vaccine**
    - 3 doses (age 1- 15) OR 2 doses Adult Formulation (age 11- 15) OR laboratory evidence of immunity.
  - **Varicella (Chicken Pox) Vaccine**
    - 1 dose given on or after their first birthday, or documented proof of disease by a parent or physician statement or laboratory evidence of immunity
  - **Meningococcal Vaccine 6th - 12th grades**
    - Students born on or after 1/1/97 attending or transferring into NJ School at grade six or higher
  - **Mantoux Test (PPD)**
    - Students entering a US school for the first time in New Jersey or transferring into a New Jersey school from ANY country NOT listed below must receive an IGRA or Mantoux tuberculin skin test.

- Antigua and Barbuda
- Australia
- Austria
- Barbados
- Belgium
- Bermuda
- Canada
- Cayman Islands
- Cuba
- Cyprus
- Czech Republic
- Denmark
- Finland
- France
- Germany
- Greenland
- Grenada
- Iceland
- Ireland
- Israel
- Italy
- Jamaica
- Jordan
- Lebanon
- Luxembourg
- Malta
- Monaco
- Montserrat
- Netherlands
- Netherlands Antilles
- New Zealand
- Norway
- Oman
- Puerto Rico
- Saint Kitts and Nevis
- San Marino
- Sweden
- Switzerland Trinidad and Tobago
- United Kingdom of Great Britain and Northern Ireland
- United States of America
- United States Virgin Islands

Bernards Township Public Schools
Nursing Department

Health Entrance Requirements

Pre-Kindergarten

- **Physical examination** completed between **September 1** of the year your child is entering school and **September 1** of the previous year.

- **Immunizations**
  - **DTP (Diphtheria, Tetanus Toxoid and Pertussis)**
    - ***Age 1-5 years*** - 4 doses
  - **Poliovirus Vaccine**
    - ***Age 1 – 5 years*** - 3 doses
  - **Measles**
    - 1 dose of a measles containing vaccine given on or after the first birthday.
  - **Rubella**
    - 1 dose given on or after the first birthday.
  - **Mumps**
    - *1 dose given on or after the first birthday*
  - **Varicella (Chicken Pox) Vaccine**
    - 1 dose given on or after their first birthday, or documented proof of disease by a parent or physician statement or laboratory evidence of immunity
  - **Haemophilus influenza type b (Hib) conjugate Vaccine**
    - At least one dose of a separate or a combination Hib conjugate vaccine, on or after the first birthday.
  - **Pnueumococcal Conjugate Vaccine**
    - At least 1 dose, on or after the first birthday
  - **Influenza Vaccine**
    - Shall receive one dose of influenza vaccine between September 1 and December 31 of each year.
  - **Mantoux Test (PPD)**
    - Students entering a US school for the first time in New Jersey or transferring into a New Jersey school from ANY country NOT listed below must receive an IGRA or Mantoux tuberculin skin test.

- Antigua and Barbuda
- Australia
- Austria
- Barbados
- Belgium
- Bermuda
- Canada
- Cayman Islands
- Cuba
- Cyprus
- Czech Republic
- Denmark
- Finland
- France
- Germany
- Greenland
- Grenada
- Iceland
- Ireland
- Israel
- Italy
- Jamaica
- Jordan
- Lebanon
- Luxembourg
- Malta
- Monaco
- Montserrat
- Netherlands
- Netherlands Antilles
- New Zealand
- Norway
- Oman
- Puerto Rico
- Saint Kitts and Nevis
- San Marino
- Sweden
- Switzerland Trinidad and Tobago
- United Kingdom of Great Britain and Northern Ireland
- United States of America
- United States Virgin Islands

Bernards Township Public Schools
Nursing Department

Grade Entering:_____

Physical Examination

(To be completed by Physician)

Student Name:_____ **Date of Birth:** _____ / _____ / _____ **Sex : M**____**F** ____

Vaccine Type	MO/ DAY /YR	MO/ DAY/ YR	MO/ DAY/ YR	MO/ DAY/ YR	MO/ DAY/ YR	MO/ DAY/ YR	MO/ DAY/ YR
Diphtheria, Tetanus, Pertussis (Please Specify Type, Td, DT							
Tdap * *Entering grade six OR above							
Polio- (Please Indicate)	IPV / OPV	IPV / OPV	IPV / OPV	IPV / OPV	IPV / OPV	IPV / OPV	IPV / OPV
Measles, Mumps, Rubella (MMR)					Document single antigen, serology, varicella disease		
Haemophilus B (HIB)					Hepatitis B	Date:	Titer:
Hepatitis B					Varicella	Date:	Titer:
Meningococcal- (Please Indicate) * *Entering grade six OR above	MCV4 / Non-MCV4	MCV4 / Non-MCV4	MCV4 / Non-MCV4	MCV4 / Non-MCV4	Measles	Date:	Titer:
Varicella					Mumps	Date:	Titer:
Hepatitis A					Rubella	Date:	Titer:
Pneumococcal Conjugate							
HPV (Human Papillomavirus) - (Please Indicate)	4 / 9	4 / 9	4 / 9				
Flu * *Ages 6-59 months							
Other							
Mantoux TB Test * *See EXEMPT countries	Date Given: _____/_____/_____		Date Read: _____/_____/_____		Result: _____MM		

Date of Exam: _____ / _____ / _____ **Ht:** _____ **Wt:** _____ **B/P:** _____

Allergies: _____ **Medications:** _____

Significant Medical / Surgical History:_____

Vision (without glasses): Rt.: 20 / _____ **Lt.: 20 /** _____ **(with correction): Rt.: 20 /** _____ **Lt.: 20 /** _____

Hearing: Rt.:_____ **Lt.:**_____ ******Vision and Hearing MUST be completed by physician's office***

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

Based on the above physical exam, this patient is capable of FULL participation in all school activities: _____**Yes** _____**No**

Exceptions:_____

STAMP

(MUST BE PRESENT FOR THIS TO BE VALID)

Examining Practitioner:_____

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Bernards Township Public Schools
Nursing Department

Student ID: _____

EMERGENCY MEDICAL INFORMATION

Student Name _____ **School**_____

Reliable information is necessary should a sudden accident or illness occur while your student is at school.

We will attempt to contact you if any type of medical attention is needed. However, in the event that treatment is necessary and we are unable to contact you, your signature below will authorize the school authorities, doctor, or hospital to use their best judgment in the interest of your child's health.

Emergency Treatment Permission

Authorization is given to perform necessary emergency treatment of my child whose medical history is listed on the bottom of this form.

_____ _____ _____ _____

(Signature of legal guardian) (Date) (Signature of student if 18 or older) (Date)

Tylenol Authorization

I hereby authorize the nurse with the school physician's order to administer Tylenol (acetaminophen), (age and weight appropriate).

_____ _____ _____ _____

(Signature of legal guardian) (Date) (Signature of student if 18 or older) (Date)

Release of Medical Information

I hereby authorize the release of my child's pertinent medical information to appropriate professional staff. I give consent and understand that the medical information may be shared, **when necessary**, with appropriate professional staff involved in the care of my child.

_____ _____ _____ _____

(Signature of legal guardian) (Date) (Signature of student if 18 or older) (Date)

Emergency Health Information

List any illnesses; injuries or surgeries that have taken place in the last year: _____

_____

List allergies to food, medications, insect bites or stings (list and be specific): _____

_____

List any physical disorders, conditions or limitations: _____

_____

List **ANY** medications that are currently being taken: _____

_____

Epi-Pen: Yes No **Inhaler for**:_____ Yes No Type_____

Is this student covered by health insurance? _____
If yes, please provide Insurance Company name: _____
If no, you may release my name and address to NJ Family Care** to contact me about health insurance.

_____ _____ _____
Signature Printed Name Date

** NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents. For information, call (800) 701-0710 or visit www.njfamilycare.org to apply online.