

**PITMAN SCHOOL DISTRICT
EMERGENCY INFORMATION AND MEDICAL CARD
2020-2021**

STUDENT'S NAME AND ADDRESS

ETHNICITY

Name _____ American Indian/Alaskan Native
Address _____ African American/Black
Primary Parent/Guardian Phone # _____ Asian/Pacific Islander
Caucasian/White Hispanic Other
Birth Date _____ Age _____ Teacher: _____ Grade: _____

PARENT OR GUARDIAN (circle)

Parent/Guardian #1 Name _____ Home Phone _____
Address _____
Does this parent/guardian reside with the student (y/n) _____ Custody (y/n) _____ School pick-up (y/n) _____
Work Phone _____ Place of Employment _____
Cell Phone _____ E-mail _____ Check if this is the primary email
Please check box to opt in for text messages

Parent/Guardian #2 Name _____ Home Phone _____
Address _____
Does this parent/guardian reside with the student (y/n) _____ Custody (y/n) _____ School pick-up (y/n) _____
Work Phone _____ Place of Employment _____
Cell Phone _____ E-mail _____ Check if this is the primary email
Please check box to opt in for text messages

Siblings (include ages) of Above Named Student:

1. _____ 2. _____
3. _____ 4. _____

**EMERGENCY CONTACTS: CAN TRANSPORT STUDENTS AND WHO WILL TAKE
RESPONSIBILITY FOR YOUR CHILD IF PARENTS CANNOT BE REACHED**

<u>Name</u>	<u>Relationship To Student</u>	<u>Email</u>	<u>Phone/Type:</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Check here if: **I DO NOT** grant my permission for pictures, video/audio recording of my child, or any of his/her work to be submitted to newspapers/media for publication or posted on the district website and/or social media pages.

OVER →

MEDICAL INFORMATION

CHECK IF THE STUDENT HAS ANY OF THE FOLLOWING CONDITIONS:

- | | |
|---|--|
| <input type="checkbox"/> Heart Condition: Restrictions <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Asthma: On medication <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Adverse Drug Reaction | <input type="checkbox"/> Severe allergies (including food or bee stings) |
| <input type="checkbox"/> Hearing Problems: <input type="checkbox"/> ear tubes <input type="checkbox"/> aids | <input type="checkbox"/> Braces |
| <input type="checkbox"/> ADHD: On medication <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> Vision problems: Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Fractures _____ year |

Please explain any of the above questions if they are checked:

My child is on the following medication: _____ (*CONTACT NURSE IF NEEDED DURING SCHOOL)

Recent surgery, illnesses, or injuries and date(s): _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Does your child have health insurance? Yes _____ No _____

If yes, name of insurance company: _____

If no, NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 1-800-701-0710 or visit www.njfamilycare.org to apply online.

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

Signature: _____ Printed Name: _____ Date: _____

(Written consent required pursuant to 20 U.S.C 1232g (b) (1) and 34 C.F.R. 99.30 (b))

In case of an **EMERGENCY** and your child has to be taken to the nearest hospital, your preference is: _____
I give my son/daughter permission to receive emergency hospital treatment, if necessary.

I hereby give permission to release information regarding my child's health condition(s) to essential school personnel and those authorized on this emergency card who assume temporary care of my child in order to best meet the medical and health needs of my child in the school setting.

Signature of Parent/Guardian

Date

PITMAN PUBLIC SCHOOLS
Pitman, New Jersey

REGISTRATION INFORMATION

NAME OF STUDENT: _____ MALE _____ FEMALE _____
Last First M.

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
Proof of Age: Transfer Card B.C GRADE _____

ADDRESS _____ PHONE _____
PO Box not accepted Indicate if not home phone

STUDENT RESIDES WITH: FATHER MOTHER BOTH OTHER _____
Please specify

PERSON ENROLLING STUDENT: _____

RELATIONSHIP TO STUDENT IF OTHER THAN PARENT: _____

ETHNICITY: American Indian/Alaskan Native Asian/Pacific Islander Black/African American
 Caucasian/White Hispanic Other

NATIVE LANGUAGE OF PARENT/GUARDIAN/PERSON ENROLLING STUDENT: _____
(If English is not the native language, please check here if English is spoken and understood by the parent/guardian/person enrolling student.)

FATHER/STEPFATHER/GUARDIAN INFORMATION:

NAME: _____ EMAIL ADDRESS: _____

PLACE OF EMPLOYMENT: _____ WORK PHONE: _____

MOTHER/STEPMOTHER/GUARDIAN INFORMATION:

NAME: _____ EMAIL ADDRESS: _____

PLACE OF EMPLOYMENT: _____ WORK PHONE: _____

LIST **ALL** CHILDREN IN FAMILY:
NAME

DATE OF BIRTH

GRADE

NAME	DATE OF BIRTH	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did the student receive speech? YES NO

Title 1/Basic Skills YES NO

Did this student receive special education services in previous district? YES NO Classification _____

Last school attended: _____ Address _____

I authorize the release of school records from the last school attended to the current school placement.

PARENT/GUARDIAN SIGNATURE

DATE _____

REGISTRAR SIGNATURE

Any false or fraudulent information will result in retroactive tuition charges and/or removal of the student from school.

PITMAN PUBLIC SCHOOLS
Pitman, New Jersey

Please bring the following with you when registering your child:

1. Your child’s school information—any report cards or information to assist us in placing your child, copy of transfer card and health card if child is school aged, IEP if child receives Special Education services.
2. Your child’s birth certificate (we will make a copy).
3. Photocopy of your child’s original immunization record—**TO BE RETAINED BY THE SCHOOL DISTRICT** (See immunization requirements below).
4. Completed Physical Exam Report by your family physician. (Attached)

IMMUNIZATION

All children are required by New Jersey State Law to be immunized prior to entering school.

By This Age	Child shall receive a total of	Interval
19 months-4 years	4 doses DPT/DTaP 1 dose Hib 3 doses Polio 1 dose MMR	16-17 months to complete the required series
School Entry Boosters (by ages 4-6)	School entry boosters consisting of: 1 dose DTP/DtaP 1 dose of poliovirus vaccine given on or after the 4 th birthday 1 dose of measles/MMR if not given before Hepatitis B – 3 doses required	Variable: Dependent upon when the child will be entering a school setting and the physician’s preference

5. Proof of Domicile—Parent must show registering official one of the following:

Student lives with his/her family in their own or rented house or apartment.

- Proof: 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**

Student domiciled with another family.

Proof: Affidavit of Support of Minor (Notarized)

Student was placed in Pitman by an agency or Court Order:

Proof: Letter from Agency **or**
 Court Order

Student living with his/her family, but in someone else’s house or apartment.

Proof: Letter from Homeowner (Notarized) **or**
 Letter from Landlord (Notarized)

PITMAN PUBLIC SCHOOLS
Pitman, New Jersey

REGISTRATION:
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:28-2 specify that a free public education will be provided to any student between the ages of 5 and 20 who is:

- 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.
- 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 US armed forces and has been ordered into active military service in the US 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 US 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).
- 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:*

- 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 student on a tuition basis in a US 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.

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, legal 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 assignments.
- Any business record or document issued by a government 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 or information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa;
- Documentation or 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 will be charged 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 reasons for our decision and instructions on how to appeal.

State law allows school districts to admit nonresident students, though 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 contacting the Director of Curriculum and Instruction at 856-589-2145.

If you experience difficulties with the enrollment process, please see the school principal for assistance.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.

SIGNATURE

PITMAN PUBLIC SCHOOLS
Pitman, New Jersey

Registrar Information Sheet

Procedure:

Give all registrants the Preliminary Information pages, Registration Information, the appropriate form (Section A, B, C or D) and, if applicable, the Sworn Statement of Landlord. If Section D applies under homeless, contact Jenifer Gillin at ext. 5010 before completing the registration.

If the student receives Special Education services, please direct the parent to the Child Study Team Office to complete the registration.

The person in each school who accepts and completes the registration must sign as the registrar on the bottom of the Registration Information page.

Complete **Section A (DOMICILE)** if **the student is living with a parent or guardian** whose **permanent home** is the address given on page 1 of this application and is **located in the district**.

Complete **Section B ("AFFIDAVIT" STUDENT)** if **the student is living with a person domiciled in the district, other than the parent or guardian**. Person who is domiciled in the district must provide proof of residency as in **Section A**. According to 6A:28-2.6 the district "...shall not demand or suggest that legal guardianship or custody must be obtained before enrollment will be considered..."

Complete **Section C (TEMPORARY RESIDENT)** if **the student is living with a parent or guardian temporarily residing within the district. (Not Homeless)**

Complete **Section D (SPECIAL CIRCUMSTANCES, including Homeless)** if **the student's situation is not addressed by Section A, B, or C** or if any of the circumstances in Section D apply. Refer to information sheet for Determination of Homelessness to assist in the determination.

SECTION A (DOMICILE): Complete this section if **the student is living with a parent or guardian** whose **permanent home** is the address given on page 1 of this application and is **located in the district**. If you are the student's guardian, or will be the guardian of a student from out of state following expiration of the required 6-month waiting period, you will be asked to provide official papers proving guardianship. You will not be asked to produce "affidavit student" proofs of the type requested in Section B.

How long have you lived in this home? _____

Do you have any present intention of moving from this home? If so, when and to where? _____

Do you have residence(s) elsewhere, and if so, where are they and when do you live there? _____

Please list two forms of proof (see Preliminary Information) you will provide to demonstrate that the address on page 1 of this application is your permanent home.

1. _____
2. _____

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, and if so, 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? 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 addresses? _____

If the student lives with both parents on 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 his 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 the 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. _____

SECTION B ("Affidavit" STUDENT): *Complete this section if the student is living with a person domiciled in the district, other than the parent or guardian.*

Is the person domiciled in the district, supporting the student without remuneration as if the student were his or her own child, keeping the student for a longer time than the school term and assuming all personal obligations for the student relative to school requirements? Please explain. (You will be asked to file a sworn statement, along with a copy of the person's lease, if a tenant, or a sworn landlord's statement, if the tenant is without written lease.) _____

Please list two forms of proof (see attached list) you will provide to demonstrate that the address on page 1 of this application is your permanent home.

1. _____
2. _____

Students are not eligible to attend school as "affidavit" students unless the student's parent or guardian is not capable of supporting or providing care for the student due to family or economic hardship, and unless it is clear that the student is not living in the district solely for purposes receiving a public education there. Please explain the circumstances applicable in this case, with special attention to the parent/guardian's family and/or economic hardship. (The parent/guardian will be required to file a sworn statement with documentation to support the claims made.) _____

Please note: A student will not be considered ineligible because required sworn statement(s) cannot be obtained, so long as evidence is presented that the underlying requirements of the law are being met.

A student will not be considered ineligible when evidence is presented that the student has no home or possibility of school attendance other than with a non-parent district resident who is acting as the sole caretaker and supporter of the student.

A student will not be considered ineligible solely because a parent or guardian provides gifts or limited contributions, financial or otherwise, toward the welfare of the student, provided that the resident keeping the student receives no payment or other remuneration from the parent or guardian for the student's actual housing and support. Receipt by the resident of social security or other similar benefits on behalf of the student do not render a student ineligible.

It is not necessary that legal guardianship or custody be obtained before a student will be considered for enrollment on an "affidavit" basis.

SECTION C (TEMPORARY RESIDENT): Complete this section if **the student is living with a parent or guardian and is temporarily residing within the district**, even if the parent has a domicile elsewhere.

How long have you lived in this residence? _____

Do you have a domicile or residence(s) elsewhere, and, if so, where are they and when do you live there?

Please list two forms of proof (see attached list) you will provide to demonstrate that you are residing at the address given on Page 1 of this application, and that such residence is not solely for the purpose of the student attending school in the district.

- 1. _____
- 2. _____

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, and if so, 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? 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 addresses?

If the student lives with both parents on an equal-time, alternating week/month or 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 temporary residence for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year, other than transportation based upon the home of the parent residing within the district to the extent required by law.

SECTION D (SPECIAL CIRCUMSTANCES): Please indicate if any of the following apply.

- The student is the child of a parent or guardian who has moved to another district as the result of being homeless (Referral will be made to the district liaison for Homeless Education).
- The student has been placed in the home of a district resident other than the parent or guardian by court order. (You will be required to provide a copy of the order.)
- The student has been placed in the district by the Division of Youth and Family Services with the foster parent acting as the student's legal guardian or caregiver.
- The student is a child of a parent or guardian who previously resided in the district and is a member of the New Jersey National Guard or the United States reserves ordered to active service in time of war or national emergency.
- The student is kept in the home of a person domiciled in the district, other than the parent or legal guardian, and the parent/guardian is a member of the New Jersey National Guard or the reserve component of the United States armed forces and has been ordered into active military service in the United States armed forces in time of war or national emergency. If this applies, when is the parent or guardian expected to return from active military duty? _____
- The student resides on federal property. Where? _____

- The student's circumstances do not appear to be addressed anywhere in this application. I understand that I will be contacted by the building principal for further information.

PITMAN PUBLIC SCHOOLS
Pitman, New Jersey

**SWORN STATEMENT OF LANDLORD
PURSUANT TO N.J.S.A. 18:38-1**

STUDENT NAME(S): _____

GRADE: _____
GRADE: _____
GRADE: _____
GRADE: _____

I, _____ taxpayer of record, own the property located at _____
Taxpayer's Name(s)
_____, Pitman, NJ. I have owned this property in Pitman since
_____. I am currently renting this property to _____
Month/Day/Year Renter's Name(s)

To my knowledge, there are _____ children living in this residence.

I have a written lease I have no written lease with the tenant and according to N.J.S.A. 18A:38-1, I am providing this sworn statement.

I have read or had read to me this sworn statement, and believe it to be true and correct to the best of my knowledge.

Property Owner's Signature

Property Owner's Name(s) [Please print]

Sworn to and subscribed before me this
_____ day of _____, 20____.

Property Owner's Residence

City State

Notary Public

Property Owner's Telephone Number

PITMAN PUBLIC SCHOOLS
Pitman, New Jersey

HOME LANGUAGE SURVEY

PART A
HOME INFORMATION

Student's Name: _____

Male Female

Date of Birth: _____

Place of Birth: _____

Address: _____

Telephone: _____

Parent/Guardian's Name(s):

School: _____

Teacher: _____

PART B
LANGUAGE INFORMATION

1. What language did your child speak first? English Other Language: _____
2. What language do you speak most often to your child at home? English Other Language: _____
3. What language does your child most often use when speaking to you at home? English Other Language: _____
4. What language does your child most often use when speaking to brothers and sisters? English Other Language: _____
5. What language does your child speak most often with other family members? English Other Language: _____

In which language do you wish the school to send you communications? Indicate Language and specific dialect: _____

PARENT/GUARDIAN SIGNATURE

DATE

RETURN TO DIRECTOR OF SPECIAL SERVICES IF ANY OTHER LANGUAGE CATEGORY IS INDICATED.

PITMAN PUBLIC SCHOOLS
Pitman, New Jersey

McKINNEY-VENTO ELIGIBILITY SCREENING

STUDENT NAME: _____

SCHOOL/GRADE: _____

In accordance with the New Jersey state law (N.J.S.A. 18A:38-1 and 18A:7B-12), it is necessary to determine the residence of students entering the school district.

Please indicate if the student resides in any following facilities. If you are in a homeless situation, be assured that this information is kept in the strictest of confidence.

- _____ Hotel/Motel
- _____ Car
- _____ Transitional housing facility
- _____ Shelter/Domestic violence shelter/Runaway youth shelter (circle)
- _____ Campground
- _____ Home for adolescent school-age mothers
- _____ Migrant family dwelling
- _____ Migrant family dwelling
- _____ Family/friend's home (relationship: _____)

_____ Is this arrangement by:
_____ Choice? Is this temporary or permanent (circle)
_____ Necessity in that you are homeless? **If homeless please
See Jenifer Gillen, Special Services**

_____ None of the above situations apply, i.e. residing in own residence

Parent/Guardian/Foster Caregiver

SIGNATURE: _____

DATE: _____



FOR SCHOOLS AND PARENTS: K-12 IMMUNIZATION REQUIREMENTS



NJ Department of Health
Vaccine Preventable Disease Program

New Jersey Minimum Immunization Requirements for Kindergarten-Grade 12 Attendance
N.J.A.C. 8:57-4 Immunization of Pupils in School

Guide for checking compliance
 Step 1: Each child attending/enrolling must present documentation of immunizations or valid medical or religious exemption to vaccines. In order to allow a child to enter school, he/she must have at least one dose of each age-appropriate required vaccine.
 Step 2: Determine child's present grade level.
 Step 3: Compare the child's record with the requirements listed on the chart below.

Grade/level child enters school:	Minimum Number of Doses for Each Vaccine							
	DTaP Diphtheria, Tetanus, acellular Pertussis	Polio Inactivated Polio Vaccine (IPV)	MMMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)	Hepatitis B	Meningococcal	Tdap (Tetanus, diphtheria, acellular pertussis)	
Kindergarten - 1 st grade	A total of 4 doses with one of these doses on or after the 4 th birthday OR any 5 doses*	A total of 3 doses with one of these doses given on or after the 4 th birthday.* OR any 4 doses	2 doses†	1 dose	3 doses	None	None	
2 nd - 5 th grade	3 doses <i>NOTE: Children 7 years of age and older, who have not been previously vaccinated with the primary DTaP series, should receive 3 doses of Tetanus, diphtheria (Td)</i>	3 doses	2 doses	1 dose	3 doses	None	None	
6 th grade and higher	3 doses	3 doses	2 doses	1 dose required for children born on or after 1/1/98†	3 doses†	1 dose required for children born on or after 1/1/97 given no earlier than ten years of age*	1 dose required for children born on or after 1/1/97	

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>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)	
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:			Scotiosis		
<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					

Pitman Public Schools
Pitman, New Jersey

RELEASE OF RECORDS

I hereby give my permission for the Pitman School District to RELEASE/OBTAIN the following information regarding my child:

_____ Entire Confidential Child Study Team Folder including:

- Psychological Evaluation
- Learning Disabilities Evaluation
- Social History Evaluation
- Medical Evaluation
- Any other Evaluations Pertinent for Classification

_____ Cumulative Folder

_____ Health Records/Immunization Records/A45 Card (Do not send separately)

_____ Allow for direct communication between person/agency indicated below and appropriate school personnel to coordinate services

_____ Other

NAME OF CHILD: _____ DATE OF BIRTH: _____

ADDRESS: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

Records to be OBTAINED FROM: _____

Elwood Kindle Elementary
211 Washington Avenue
Pitman, NJ 08071
856-589-2628

Memorial Elementary
400 Hudson Avenue
Pitman, NJ 08071
856-589-2526

W.C.K. Walls Elementary
320 Grant Avenue
Pitman, NJ 08071
856-589-1316

Pitman Middle School
138 East Holly Avenue
Pitman, NJ 08071
856-589-0636

Pitman High School
225 Linden Avenue
Pitman, NJ 08071
856-589-2121

**PITMAN PUBLIC SCHOOLS
AGREEMENT FOR USE OF
TECHNOLOGY**

As a user of Pitman School District's computing facilities, I agree to the following rules and provisions:

- I agree to use the Pitman Public School District's computing facilities for the purpose for which it was intended, that is, in support of education and consistent with the purpose of the Pitman School District.
- I understand that priority use of the computing will be for work directly related to the school curricula.
- I will only use the computer account provided to me and will take the responsibility to protect my account from unauthorized access.
- I will not give my password, when issued, to anyone and will take steps to prevent others from learning my password.
- I will not attempt to access, acquire, or modify in any way information that belongs to another person.
- I will not attempt to access, circumvent or modify system security or restricted portion of the network or operating system.
- I will not copy unauthorized software onto local drives or onto the network drive.
- I agree to abide by any patent, copyright or license restrictions that relate to the use of the computing facilities, programs, or documentation.
- I agree not to use Pitman School District's computing facilities to violate the terms of any software licensing agreement
- I agree not to use Pitman School District's computing facilities to violate any applicable local, state, or federal laws.
- I agree not to access any site on the Internet that is marked "over 18 only", even if I am over age 18.
- I agree not to review or download any material that is obscene, vulgar, sexually explicit or otherwise inappropriate.
- I agree not to use the computing facility to disseminate defamatory, inaccurate, abusive, obscene, profane, threatening, racially offensive or illegal material.
- I understand that the network administrators as well as the school district employees have the right to monitor all accounts at any time.
- I agree not to damage or vandalize any computer equipment and I agree not to introduce any virus into the system.
- I agree that as a network user I notify the staff member in charge of any security problem on the district system that I might identify.

I/we have reviewed the Acceptable Use Policy with our child. To the best of our abilities, we will do our best to live up to the standards expressed through the Pitman School District's Acceptable Use Policy.

Print Student Name: _____ Student Signature: _____
Parent's Signature: _____ Teacher _____ Grade _____