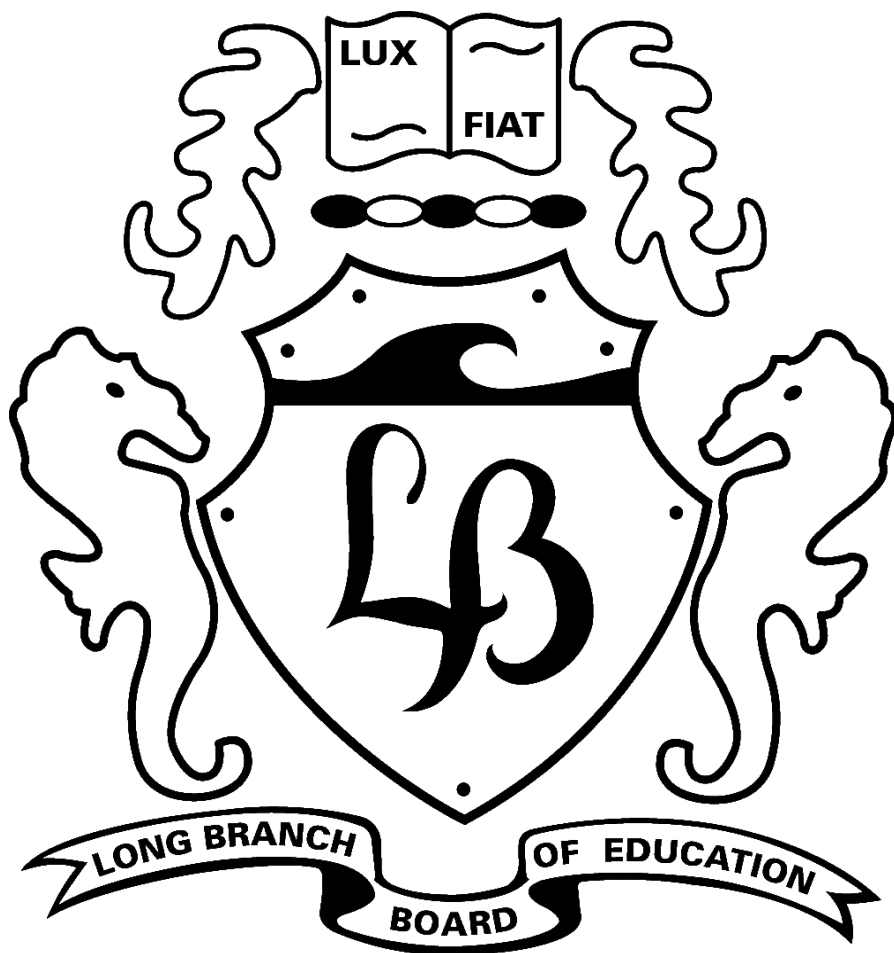


Long Branch Public Schools

391 Westwood Ave
Long Branch NJ
732-229-6306



Grades 6-8 Registration Packet

To be completed by school personnel/ Personal de la escuela debe llenar esta parte

Home School _____ ID # _____

Assigned School _____ Homeroom _____ Program _____

Date _____ Entry Date _____ Entry Code _____ Entry Grade _____

Evidence of Birth: Birth Certificate _____ Passport _____ Baptismal Certificate _____

Revised April 2019

Welcome to Long Branch Public Schools Central Registration

391 Westwood Ave
Long Branch NJ 07740
732-229-6306

*** Once you have completed the attached registration packet and have the necessary items listed below, contact 732-229-6306 ext. 51000 to schedule an appointment between the hours of 9:00 am and 3:00 pm.
Registrations are on an appointment only basis.

If you own the home, you need to bring with you on the day of your appointment:

3 Proof of Residency
Photo ID of the Parent/guardian

If you rent the home you need to bring with you:

3 Proof of Residency
Photo ID of the parent/Guardian

If you live with another family: (affidavit)

The Home owner needs to provide the proper proof of residence from the homeowner list above*
*Needs to be completed & notarized with the parent/legal guardian & home owner.

Acceptable proof of residency:

NOTE: Bills must have a current date. No bills are accepted under someone else's name.

A Deed/Mortgage, Current Lease or Tax bill

Utility bill (gas, water, electric)

Tax bill

Telephone/Cell phone bill

Cable bill

Medical bill

Insurance Bill

Correspondence from the Monmouth County Social Services

Additional information needed to be brought for each student registering:

Birth Certificate

Immunization Record

Transfer card/ Report card if coming from another school district

Child Study Team/Special Services records (IEP) (If applicable)

504 Accommodations (If applicable)

Completed Registration Packet

**Only the Legal Parent/Guardian can register students in the school district.
The parent or guardian's full name listed on the Birth Certificate must be on the Proof of Residency.
Bring Custody Papers (If you are not the Legal Parents)**

Bienvenido al Registro Central de Las Escuelas Pública de Long Branch

391 Westwood Ave
Long Branch NJ 07740
732-571-2868

*** Cuando haya completado el paquete y tengas los elementos necesarios, por favor llame a
732-229-6306 ext. 51000 para programar una cita entre las horas de 9:00 am y 3:00 pm.
Cada registro requiere una cita.

Si usted es el dueño de la casa, usted necesita:

Tres Prueba de residencia
Identificación con foto del padre / guardián:

Si usted rentas, necesita llevar con usted:

Tres Prueba de residencia
Identificación con foto del padre / guardián:

Si vive con familia (declaración jurada)

El dueño de la casa necesita proporcionar una prueba de residencia de la lista anterior.
*Debe ser completado y notariado con el padre / guardián y dueño de la casa .

La prueba aceptable de residencia:

NOTA: Las facturas deben tener una fecha corriente. No se aceptan facturas a nombre de otra persona. Factura de servicios públicos (gas, agua , electricidad)

A Escritura/facture/contrato de arrendamiento de hipoteca o facture de impuestos

Factura de impuestos

Factura de Teléfono/ celular

Factura de cable

Factura médica

Factura de seguros

La correspondencia de los Servicios Sociales de Monmouth County

Información necesaria adicional:

Certificado de nacimiento

Registro de Inmunización

Tarjeta de Transferencia / Notas si viene de otro distrito escolar

Recordes de “Child Study Team/ Servicios Especiales” (IEP) (si aplica)

Alojamientos de 504 (si aplica)

Paquete de Registro completado

Sólo el padre/ guardián puede inscribir los estudiantes en el distrito escolar. El nombre completo del padre/ guardián que aparece en el certificado de nacimiento deben estar en la prueba de residencia. Trae documentos de custodia (Si no son los padres)



**OFFICE OF THE SUPERINTENDENT
LONG BRANCH PUBLIC SCHOOLS
540 Broadway, Long Branch, New Jersey 07740**

MICHAEL SALVATORE, Ph.D. "Where Children Matter Most"

Superintendent of Schools
(732) 571-2868, Ext 40010
Fax: (732) 229-0797

Dear Long Branch Families,

The Long Branch Public Schools has refined the dress and grooming policy, which reflects "Uniformity of Dress" for all Preschool - Grade 8 students. Students are required to wear any combination of the following, which will be strictly enforced:

- * Pants, shorts, jumpers and/or skorts in khaki color
- * Collared Golf/Polo shirts, short or long-sleeved, in dark green, white or gray
- * Collared Shirt Exceptions: Turtlenecks and blouses in dark green, white or gray
- * All shirts must have the Long Branch Public Schools Emblem

Purchases for clothing can be made at the store of your choice. The district does not have a private provider for clothing. Local stores and vendors that stock the items mentioned above are as follows:

- *Target*
- *Walmart*
- *Kohls*
- *Kmart*
- *JC Penney*
- *Old Navy*
- *GAP*

The District's extension of "Uniformity of Dress" for the current school year will be extremely successful with your cooperation. We look forward to a wonderful school year with many safe and exciting learning opportunities ahead.

Sincerely,

Michael Salvatore, Ph.D.
Superintendent of Schools





**OFFICE OF THE SUPERINTENDENT
LONG BRANCH PUBLIC SCHOOLS
540 Broadway, Long Branch, New Jersey 07740**

MICHAEL SALVATORE, Ph.D. "Where Children Matter Most"

Superintendent of Schools
(732) 571-2868, Ext 40010
Fax: (732) 229-0797

Estimadas familias en Long Branch,

Las Escuelas Públicas de Long Branch han revisado la poliza de vestir y cuidado personal de los estudiantes. La poliza indica que los estudiantes Pre-escolares hasta el Grado 8 deben de seguir "Uniformidad de vestido". Los estudiantes están requeridos a vestirse usando las siguientes opciones, que se aplica estrictamente:

- * Pantalones, pantalones cortos, o falda de color caqui
- * Camisas de polo, de manga cortas o larga, de color verde oscuro, blanco o gris
- * Excepciones de camisas de polo: Camisas y blusas cuello tortuga de color verde oscuro, blanco o gris
- * Todas las camisas deben llevar puesta el emblema de las Escuelas Publicas de Long Branch

La compra de ropa puede hacerse en la tienda de su gusto. El distrito no tiene una tienda privada para la compra de ropa. Algunas tiendas locales que venden los artículos de ropa mencionados son:

- *Target*
- *Walmart*
- *Kohls*
- *Kmart*
- *JC Penney*
- *Old Navy*
- *GAP*

Con su cooperación, la extensión de la "Uniformidad de Vestir" del Distrito para el año escolar tendrá gran éxito. Esperamos un año escolar maravilloso con muchas oportunidades de aprendizaje seguras y emocionantes.

Atentamente,
Michael Salvatore, Ph.D.
Superintendente de Escuelas



Long Branch Public Schools

Registration Packet



Student Information/ Informacion del Estudiante

➤ **STUDENT INFORMATION / INFORMACIÓN DEL ESTUDIANTE**

Country of Birth / País de Nacimiento

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Student's Birth Certificate # (If applicable) / # de Certificado de Nacimiento (Si es aplicable)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Primary Language Spoken at Home / Idioma hablado en su casa

<input type="checkbox"/>	English / Inglés
<input type="checkbox"/>	Spanish / Español
<input type="checkbox"/>	Portuguese / Portugués
<input type="checkbox"/>	Italian / Italiano
<input type="checkbox"/>	Creole / Creole (Haitiano)
<input type="checkbox"/>	Korean / Coreano
<input type="checkbox"/>	Russian / Ruso
<input type="checkbox"/>	Chinese / Chino
<input type="checkbox"/>	Other (print below) / Otro (indique abajo)

First entry into U.S. Schools (If applicable)

Entrada inicial en las escuela de los EE.UU. (Si es aplicable)

		-			-				
--	--	---	--	--	---	--	--	--	--

[MM-DD-YYYY]

2. STUDENT CONTACT INFORMATION / INFORMACIÓN DE CONTACTO DEL ESTUDIANTE

A. Primary Residence / Residencia Primaria

Phone Number / Número de teléfono

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

Street Name / Nombre de la calle

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City / Ciudad

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State / Estado

--	--

Who Does the Child Live With? / ¿Con Quién Vive el estudiante?

- Mother / Madre**
 Father / Padre
 Both Parents / Ambos Padres
 Grandparent(s) / Abuelo(s)
 Guardian / Tutor
 Other / Otro _____

➤ STUDENT CONTACT INFORMATION / INFORMACIÓN DE CONTACTO DEL ESTUDIANTE

D. Emergency Contact Information / Contacto de Emergencia

Primary emergency contact name / Nombre del contacto primario en caso de emergencia

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to student / Relación parentesca al estudiante

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Primary phone number / Número de teléfono Primario

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

Additional phone number / Número de teléfono adicional

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

Secondary emergency contact name / Nombre del contacto secundario en caso de emergencia

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to student / Relación parentesca al estudiante

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Primary phone number / Número de teléfono

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

Secondary emergency contact additional phone number / Número de teléfono adicional

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

3. STUDENT SUPPORT SERVICES / SERVICIOS DE APOYO AL ESTUDIANTE

1. Does your child speak English? / ¿Su niño habla Ingles?

<input type="checkbox"/>	Always / Siempre
<input type="checkbox"/>	Sometimes / A veces
<input type="checkbox"/>	Never / Nunca

2. Does your child have an Individualized Education Program (IEP) or a 504 Plan? /

¿Su hijo tiene un Programa de Educación Individualizado (IEP) o plano 504?

<input type="checkbox"/>	Yes (Provide additional information on Section A) / Sí (proporcione información adicional sobre la Sección A)
<input type="checkbox"/>	No

➤ **STUDENT SUPPORT SERVICES / SERVICIOS DE APOYO AL ESTUDIANTE**

- A. If applicable, what immediate services are required (i.e.: medical, counseling, instructional support...)?
 ¿Si es applicable, qué servicios inmediatos se requieren (médico, consejo, instrucción académica...)?

4. MORE INFORMATION / MAS INFORMACIÓN

1. What was the last school the student attended? /Cuál fue la última escuela que el estudiante asistió?

School/ Escuela: _____ District/ Distrito: _____

2. Has the student previously attended Long Branch Public Schools?
 El estudiante ha asistido las Escuelas Públicas de Long Branch previamente?

Yes/ No/ Si/ No? _____

If so, When?/ Cuando? _____ What school?/ Que Escuela? _____

3. Does your child have any military connections? (check one)
 Su hijo tiene conexiones militares? (marque uno)

	<p>1= Student is not military connected/ El estudiante no tiene conexiones militares</p>
	<p>2= Active Duty: Student is a dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps or Coast Guard/ Servicio Activo: El estudiante es un dependiente de un miembro de las fuerzas en servicio activo (a tiempo completo) de Ejercito, Armada, Fuerza Aerea, Infanteria de Marina or la Guarda Costera</p>
	<p>3= National Guard or Reserve- Student is a dependent of a member of the National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps or Coast Guard)/ Guardia Nacional o la Reserva- El estudiante es un dependiente de un miembro de la Guardia Nacional o la Reserva de las Fuerzas (Ejercito, Armada, Fuerza Aerea, Infanteria de Marina or la Guarda Costera)</p>

6. ACKNOWLEDGMENT / RECONOCIMIENTO

By completing and signing this form, I _____,
[Print Full Name]

as Legal Guardian to the child named above, attest that to my knowledge the information provided is correct:

Signature

Date

Al llenar y firmar este formulario, yo _____,
[Imprima su nombre completo]

como tutor legal del menor mencionado anteriormente, aseguro que la información proporcionada es correcta:

Firma

Fecha

Please Note: The Long Branch Public Schools provide a free breakfast program to every student prior the start of the school day. / Las Escuelas públicas de Long Branch proporcionan un programa de desayuno gratis a cada estudiante antes del inicio de la jornada escolar.



**OFFICE OF THE SUPERINTENDENT
LONG BRANCH PUBLIC SCHOOLS
540 Broadway, Long Branch, New Jersey 07740**

“Where Children Matter Most”

Dear Parent/Guardian:

The Long Branch Public Schools is excited to present the Genesis Student Information System Parent Portal. This powerful tool will allow parents to view their child’s grades, attendance, and schedule via the internet. In order to create an account for this service, please provide the information requested below. Once the system is ready for general use, you will receive an e-mail with your login information and you will be able to view your child’s information only. An active e-mail account is necessary for the setup of users in Genesis.

Please fill out this form completely and either e-mail it to genesislb@longbranch.k12.nj.us, or send it to back to your child’s homeroom teacher.

Email address:		
Parent Last Name:		
Parent First Name:		
Parent Middle Name:		
Address:		
Home Phone:		
Alt. Phone:		
Student’s Full Name:		
Sibling(s) Full Name	Full Name	School

Signature of Parent/Guardian

Date



**OFFICE OF THE SUPERINTENDENT
LONG BRANCH PUBLIC SCHOOLS
540 Broadway, Long Branch, New Jersey 07740**

“Where Children Matter Most”

Queridos Padres de Familia:

Las Escuelas Públicas de Long Branch están contentos de poder ofrecer el nuevo sistema “Génesis” para los padres. Este programa les permitirá a los padres ver las calificaciones, asistencia y horarios de sus hijos por el Internet. Para poder crear una cuenta de servicios favor de proveer la información apropiada. Cuando el programa este disponible, le enviaremos una correo electrónico con la información para acceder la cuenta de su hijo. Para poder tener acceso al programa “Génesis” es necesario que su cuenta de correo electrónico este activa. Si usted no tiene una cuenta activa, favor de marcar el cuadro en este formulario y le enviaremos una copia de la información por correo.

Favor de completar la siguiente información y enviarla ya sea electrónicamente a lbpsparents@longbranch.k12.nj.us o enviar este papel al maestro(a). Gracias!

Dirección de correo electrónico:		
Apellido del Padre:		
Primer nombre del Padre:		
Segundo Nombre del Padre:		
Dirección:		
Número de Teléfono:		
Número de Teléfono Alternativo:		
Nombre del Estudiante:		
Escuela		
Nombres de hermano/a (os/as)	Nombre Completo	Escuela

Firma del Padre: _____

Fecha _____



**OFFICE OF THE SUPERINTENDENT
LONG BRANCH PUBLIC SCHOOLS
540 Broadway, Long Branch, New Jersey 07740**

“Where Children Matter Most”

Queridos Pais/Guardião:

As escolas publicas de Long Branch estão animados de lhe apresentar o novo sistema de informação do estudante chamado Genesis. Este poderoso instrumento permitirá que os pais vejam as notas de sua criança, a frequência que a criança esta na escola, e sua agenda de classes via a internet. Para criar uma conta para este serviço, forneça as informações solicitadas abaixo. Uma vez que o sistema está pronto par uso geral, você receberá um e-mail con suas informações de login e você será capaz de ver a informação apenas de sua criança. Uma conta de e-mail ativa é necessária para a configuração de usuários em Genesis. Se voce não tiver uma conta de e-mail ativa, marque a caixa abaixo e uma copia dos documentos mencionados será mandado para voce pelo correio.

Por favor, preencha este formulário completamente e envie um e-mail para genesislb@longbranch.k12.nj.us ou enviá-lo de volta para o professor de homeroom. Obrigada!

E-mail:		
Ultimo Nome dos Pais:		
Primeiro Nome dos Pais:		
Nome do Meio dos Pais:		
Endereço:		
Telefone de Casa:		
Telefone Alternativo:		
Nome Completo de Estudante:		
Nome dos Irmãos	Nome Completo	Espola

Assinatura dos Pais:

Data



**OFFICE OF THE SUPERINTENDENT
LONG BRANCH PUBLIC SCHOOLS
540 Broadway, Long Branch, New Jersey 07740**

“Where Children Matter Most”

REQUEST FOR STUDENT RECORDS

Student: _____ Grade: _____ Date of Birth: _____ State ID#: _____
--

REQUEST FOR STUDENT RECORDS

Last School Attended

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

School Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

--	--

Date Last Attended

		-				-									
--	--	---	--	--	--	---	--	--	--	--	--	--	--	--	--

[DD-MM-YYY]

School Phone Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--

The above student has been registered in the Long Branch Public School District, please forward all academic/health (original A45 form), IEP and Special Placement Information records concerning this student to the school specified below.

***FOR OFFICE USE ONLY:**

School Name: _____ **Address:** _____

Phone Number: _____ **Fax:** _____ **Attention:** _____

As a legal guardian to the student named above, by completing this form, I give permission for the release of any and all information requested.

Signature of Parent/Guardian **Date**



**OFFICE OF THE SUPERINTENDENT
LONG BRANCH PUBLIC SCHOOLS
540 Broadway, Long Branch, New Jersey 07740**

“Where Children Matter Most”

PARENTAL CONSENT TO PUBLISH STUDENT PROGRAMS AND ACTIVITIES



Dear Long Branch Families,

During the school year, the children participate in various programs and activities, which celebrate innovation, character and learning. At times, we broadcast these events to the public via social media, television, local newspapers and/or our webpage.

We realize some families would like to preserve the anonymity of their child/children and would prefer NOT to be included in broadcasts; therefore, we kindly request you complete the information below and return to your child's teacher.



PARENTAL CONSENT TO PUBLISH STUDENT PROGRAMS AND ACTIVITIES

Student: _____ **Grade:** _____ **Homeroom:** _____

Signature of Parent: _____ **Date:** _____

I DO NOT give permission for my child's photo to be used.

I GIVE permission for my child's photo to be used.



**OFFICE OF THE SUPERINTENDENT
LONG BRANCH PUBLIC SCHOOLS
540 Broadway, Long Branch, New Jersey 07740**

“Where Children Matter Most”

Home Language Survey

New Jersey Department of Education regulations require that all schools determine the language(s) spoken in each student’s home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. **If a language other than English is spoken in the home, the District is required to do further assessment of your child.** Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information

_____	_____	_____	F <input type="checkbox"/>	M <input type="checkbox"/>
First Name	Middle Name	Last Name	Gender	
_____	_____	_____		
Country of Birth	Date of Birth (mm/dd/yyyy)	Date first enrolled in ANY US school		
_____	_____	_____		

School Information

_____	_____	_____
Start Date in New School	Name of Former School and Town	Current Grade

Questions for Parents/Guardians	
What is the native language(s) of each parent/guardian? _____ Mother _____ Father _____ Guardian	Which language(s) are spoken with your child? <i>(include relatives-grandparents, uncles, aunts, etc & caregivers)</i> _____ sometimes / often / always _____ sometimes / often / always _____ sometimes / often / always
What language did your child <u>first</u> understand and speak?	Which language do you use most to communicate with your child?
Which other languages does your child know? _____ speak / read / write _____ speak / read / write	Which languages does your child use to communicate? _____ sometimes / often / always _____ sometimes / often / always
Will you require written information from school in your native language? <input type="checkbox"/> Yes <input type="checkbox"/> No X	Will you require an interpreter/translator at Parent-Teacher meetings?
X Parent/Guardian Signature: _____	_____ Today’s Date: (mm/dd/yyyy)



LONG BRANCH PUBLIC SCHOOLS
540 Broadway, Long Branch, New Jersey 07740

“Where Children Matter Most”

Idioma hablado en el hogar

Los reglamentos del Departamento de Educación de New Jersey exigen que *todas* las escuelas determinen los idiomas que se hablan en los hogares de los estudiantes para así identificar sus necesidades específicas relacionadas con el idioma. Esta información es esencial para que las escuelas puedan proveer instrucción que todos los estudiantes puedan aprovechar. **Si en su hogar se habla otro idioma que no sea inglés, se requiere que el Distrito evalúe a su hijo más a fondo.** Ayúdenos a cumplir con este importante requisito respondiendo a las siguientes preguntas. Gracias por su ayuda.

Información del estudiante

Nombre _____ Segundo nombre _____ Apellido _____ F M
Sexo

Pais de nacimiento _____ Fecha de nacimiento (mm/dd/aaaa) _____ Fecha de matriculación inicial en cualquier escuela de E.U. (mm/dd/aaaa) _____

Información de la escuela

Fecha de comienzo en la escuela nueva _____ Nombre de la escuela y ciudad anterior _____ Grado _____

Preguntas para los padres/encargados

<p>¿Cuál es el idioma natal del padre/la madre/los encargados?</p> <p>_____ Madre</p> <p>_____ Padre</p> <p>_____ Encargado</p>	<p>¿Qué idioma(s) se habla(n) con su hijo? (incluya parientes -abuelos, tíos, tías, etc. - y encargados del cuidado)</p> <p>_____</p> <p>_____</p>
<p>¿Cuál fue el primer idioma que entendió y habló su hijo?</p>	<p>¿Qué idioma usa usted principalmente con su hijo?</p>
<p>¿Qué otros idiomas sabe su hijo?</p> <p>_____ habla / lee / escribe</p> <p>_____ habla / lee / escribe</p>	<p>¿Qué idiomas usa su hijo?</p> <p>_____</p> <p>_____</p>
<p>¿Requerirá usted la información impresa de la escuela en su idioma natal?</p> <p><input type="checkbox"/> Si <input type="checkbox"/> No</p>	<p>¿Requerirá usted un intérprete/traductor en reuniones de padres y maestros?</p> <p><input type="checkbox"/> Si <input type="checkbox"/> No</p>
<p>X</p> <p>Firma del padre/la madre/encargado:</p>	<p>X</p> <p>_____ / ____ /20 _____</p> <p>Fecha de hoy: (mm/dd/aaaa)</p>

LONG BRANCH PUBLIC SCHOOLS
Long Branch, New Jersey
Transportation Request

***Please mark only one (X) for an AM box and one (X) for PM box.
You can choose from Walker, Bus, Babysitter or the Wrap-Around Program**

New Entrant _____ Moved _____
Change in Transportation
SCHOOL _____
GRADE _____

Child's Name/Nombre de Nino _____ Date/Fecha _____

Check all boxes that apply:



1 I will drive my child. AM
I will drive my child. PM
Parent will drive child to /from school

2 My child needs bus transportation. AM
(Check siter info below, if needed) PM

3 <input type="checkbox"/> My child will go to a babysitter (within Long Branch School District) (Fill in additional siter information)	<input type="checkbox"/> AM	Sitter's Name: _____	<input type="checkbox"/> AM	Dirección del Niño/Niña _____
	<input type="checkbox"/> PM	Sitter's Phone: _____	<input type="checkbox"/> PM	Address of Child _____
	<input type="checkbox"/> _____	Sitter's Address: _____	<input type="checkbox"/> _____	Nombre de padre/madre _____
			<input type="checkbox"/> _____	Parent's Name _____
			<input type="checkbox"/> _____	Telefono _____
			<input type="checkbox"/> _____	Phone # _____
			<input type="checkbox"/> _____	Celular _____
			<input type="checkbox"/> _____	Cell # _____
			<input type="checkbox"/> _____	Firma _____
			<input type="checkbox"/> _____	Parent's Signature _____

4 My child will go to wrap-around care. AM PM CHILD MUST BE REGISTERED WITH THE WRAP-AROUND PROGRAM
BEFORE THEY CAN ATTEND.

(transportation is not provided for/from home for wrap around care)

ANY CHANGES to transportation must be made in person at your child's school.

LONG BRANCH PUBLIC SCHOOLS

"Where Children Matter Most"

540 BROADWAY
LONG BRANCH, NJ 07740



DISTRICT MEDICAL FORMS



LONG BRANCH PUBLIC SCHOOLS
SCHOOL BASED YOUTH SERVICES PROGRAM
404 Indiana Ave, Long Branch, New Jersey 07740

MICHAEL SALVATORE, Ph.D.
Superintendent of Schools

“Where Children Matter Most”

Kathleen Celli, RN
District Head Nurse/ SBYS Director

New Jersey Department of Health
MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE
IN NEW JERSEY

N.J.A.C. 8:57-4 Immunization of pupils in school

Grace Period:

30-Day Grace Period: Those children transferring into a New Jersey school, pre-school, or child care center from out of state/out of country may be allowed a 30-day grace period in order to obtain past immunization documentation before provisional status shall begin.

Provisional Admission:

Provisional admission allows a child to enter/attend school after having received a minimum of one dose of each of the required vaccines. Pupils must be actively in the process of completing the series.

Pupils must receive the required vaccines otherwise exclusion from school will be necessary.

**If you need an appointment for immunizations/Physical exams call Monmouth Family Health Center
732-413-2030/732-923-7100**

Departamento de Salud de Nueva Jersey
REQUISITOS DE VACUNAS MINIMO DE ASISTENCIA ESCUELA EN NUEVA JERSEY

N.J.A.C. 8:57-4 La inmunización de los alumnos de la escuela

Periodo de gracia:

30 días de periodo de gracia: Esos niños transferidos en una escuela de Nueva Jersey, preescolar, o un centro de cuidado de niños de fuera del estado / fuera del país se puede permitir un periodo de gracia de 30 días con el fin de obtener la documentación de inmunización pasado antes de estado provisional comenzará.

Admision provisional:

Admisión provisional permite a un niño para entrar / asistir a la escuela después de haber recibido un mínimo de una dosis de cada una de las vacunas requeridas. Los alumnos deben estar activamente en el proceso de completar la serie.

Los alumnos deben recibir las vacunas requeridas de lo contrario exclusión de la escuela será necesario.

**Si necesita una cita para llamadas vacunas/exámenes físicos- llame Monmouth Family Health Center
732-413-2030 / 732-923-7100**



LONG BRANCH PUBLIC SCHOOLS
SCHOOL BASED YOUTH SERVICES PROGRAM
404 Indiana Ave, Long Branch, New Jersey 07740

MICHAEL SALVATORE, Ph.D.
Superintendent of Schools

“Where Children Matter Most”

Kathleen Celli, RN
District Head Nurse/ SBYS Director

New Jersey Department of Health
MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE
IN NEW JERSEY

N.J.A.C. 8:57-4 Immunization of pupils in school

Grace Period:

30-Day Grace Period: Those children transferring into a New Jersey school, pre-school, or child care center from out of state/out of country may be allowed a 30-day grace period in order to obtain past immunization documentation before provisional status shall begin.

Provisional Admission:

Provisional admission allows a child to enter/attend school after having received a minimum of one dose of each of the required vaccines. Pupils must be actively in the process of completing the series.

Pupils must receive the required vaccines otherwise exclusion from school will be necessary.

**If you need an appointment for immunizations/Physical exams call Monmouth Family Health Center
732-413-2030/732-923-7100**

Departamento de Saúde de Nova Jersey
REQUISITOS MINIMOS PARA IMUNIZAÇÃO FREQUENCIA ESCOLAR
EM NOVA JERSEY

N.J.A.C. 8: 57-4 A imunização de alunos na escola

Período de carencia:

30-Dia Carência: Aquelas crianças que transferem em uma escola de Nova Jersey, pré-escola ou creche de fora do estado / fora do país podem beneficiar de um periodo de carência de 30 dias, a fim de obter documentação imunização passado, antes estatuto provisório deverá começar.

Admissão provisória:

Admissão provisória permite que uma criança para entrar / frequentar a escola depois de ter recebido um mínimo de uma dose de cada uma das vacinas necessárias. Os alunos devem ser activamente no processo de completar a série.

Os alunos devem receber as vacinas exigidas caso contrário a exclusão da escola será necessário.

**Se você precisa de um compromisso para a chamada imunizações Monmouth Family Health Center.
732-413-2030-732-923-7100**



**OFFICE OF THE SUPERINTENDENT
LONG BRANCH PUBLIC SCHOOLS
540 Broadway, Long Branch, New Jersey 07740**

“Where Children Matter Most”

Your child's learning depends upon good health. To assist in providing health services at school, please complete and return this form. / *Por favor rellene el formulario.*

STUDENT'S NAME / <i>Nombre del Estudiante:</i>	DATE OF BIRTH / <i>Fecha de Nacimiento:</i>	SEX / <i>Sexo:</i> M F
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1. Does your child have any of the following conditions/illnesses?
Su niño/niña tiene algunas de estas condiciones?

√CHECK ANY THAT APPLY √ (MARCA LA QUE APLICA)

ADHD	Heart condition (<i>enfermedad del corazón</i>)
Allergy (<i>Alergias</i>)	Hepatitis (<i>hepatitis</i>)
Bee sting allergy (<i>Alergia a picadura de abejas</i>)	Hernia
Food allergy (<i>alergia de comidas</i>)	Hospitalization /emergency room visits
Medication allergy (<i>alergia de medicinas</i>)	Lead poisoning (<i>envenenamiento por plombo</i>)
Peanut allergy (<i>alergia nueces/cacahuete</i>)	Lyme Disease
Asthma (<i>Asma</i>)	Menstrual Problems (<i>problemas de menstruación</i>)
Bladder problems (<i>problemas de las vejiga</i>)	Mononucleosis
Broken bones (<i>fracturas</i>)	Nosebleeds (<i>sangra mucho de la nariz</i>)
Bone or joint problems (<i>problemas musculares</i>)	Operations (<i>Operaciones</i>)
Cancer (<i>cáncer</i>)	Rheumatic Fever (<i>Fiebre Reumática</i>)
Chicken pox (<i>viruelas</i>)	Scoliosis (<i>Escoliosis</i>)
Chest pains (<i>dolor de pecho</i>)	Seizures (<i>Convulsiones</i>)
Contagious disease (<i>Enfermedades contagiosa</i>)	Serious Illness/Injury (<i>enfermedad/accidente serio</i>)
Concussion (<i>conmoción cerebral</i>)	Sickle Cell Anemia (<i>Anemia de células falciformes</i>)
Dental problems (<i>problemas dental</i>)	Skin Rashes (<i>problemas de la piel</i>)
Diabetes (<i>diabetis</i>)	Sleeping Problems (<i>problemas de dormir</i>)
Dietary restrictions (<i>restricciones de dieta</i>)	Strep Infections (<i>Infección de la garganta</i>)
Ear infections/tubes (<i>infección del oído/tubos en los oídos</i>)	Substance Abuse (<i>toxicomanía/alcohólico</i>)
	Stitches (<i>puntos</i>)
Fainting (<i>desmayo</i>)	Tuberculosis

2. Please explain any checked answers / *Haga el favor de comentar sobre los problemas medicos:*

3. School transferring from / *Escuela de Transferencia:*

4. Did student ever attend Long Branch Public Schools? Yes No
El estudiante ha asistir a las Escuelas Públicas de Long Branch?

Important Questions / Preguntas Importantes

1. Was the child born premature? / *El niño nació prematuro?* Yes No
2. Did the child have any difficulty before, during or after delivery? Yes No
El niño/niña tuvo problemas durante el parto?
3. Did the child have any delays in sitting or walking? Yes No
El niño/niña se detuvo en aprender a sentarse o caminar?
4. Did the child have any delays in starting to speak? Yes No
El niño/niña se detuvo en aprender a hablar?
5. Does the child have any speech problems? Yes No
El niño/niña tiene problemas al hablar?
6. Does the child wear eyeglasses or contact lenses? Yes No
El niño/niña usa los anteojos o lentes de contacto?
7. Does the child have any hearing difficulty? Yes No
El niño/niña tiene problemas de oír?
8. Does the child take any medication besides vitamins daily? Yes No
El niño/niña necesita medicamentos?
9. Has the child ever had a serious illness or injury? Yes No
El niño/niña tuvo un golpe serio?
10. Has the child ever had an operation? Yes No
El niño/niña tuvo una operación?
11. Does your child have depression or emotional difficulties? Yes No
El niño/niña tiene depresión o dificultades emocionales?

12. Mother's age at birth of this child: _____
Edad de la madre en el nacimiento de este niño:

13. Date of last physical exam: / *Fecha del último examen físico:* _____

13A. Please explain any "YES" answers or medical problems in this area.
Haga el favor de comentar sobre los problemas médicos del niño/niña.

14. Do you have health insurance? / *Tiene segura de salud?* Yes No

15. Name of Health Care Provider / *Nombre del eguro medico:*

Signature / Firma: _____ **Date / Fecha:** _____

UPDATED IMMUNIZATION RECORD MUST BE ATTACHED TO FORM.
REGISTRO DE VACUNAS ACTUALIZADOS DEBE ESTAR JUNTO CON ESTE FORMULARIO



LONG BRANCH MIDDLE SCHOOL
350 Indiana Avenue, Long Branch, New Jersey 07740

MICHAEL SALVATORE, Ph.D.
Superintendent of Schools

"Where Children Matter Most"

Michelle Baker, RN
Middle School Nurse
(732) 229-5533 x 42050
Fax (732) 483-5517

Administración de Tylenol para estudiantes de Middle School

A la enfermera de Middle School se le pennite dispensar Tylenol como necesiten a los estudiantes que se quejan de dolor de cabeza, cólicos menstruales o dolor del cuerpo. El padre o encargado tiene que presentar por escrito el permiso que será valido hasta que su hijo/a se gradúe del Middle School.

Este es un privilegio SOLAMENTE para los estudiantes de Middle School

Después de una hora de haber recibido Tylenol y no hay mejora de gu condición al estudiante se le enviara a casa. Si hay mas de dos días de uso continuo de Tylenol la enfermera llamara al padre o encargado y recomendara un seguimiento ya sea con School-Based-Youth-Services de la escuela o su medico privado.

Estudiantes de 1 8 años o más podrán firmar su propio consentimiento, las reglas para la administración de Tylenol son las mismas y tienen el mismo efecto.

PERMISO PARA LA ADMINISTRACION DE TYLENOL

Fecha: _____

_____, 1, acuerdo en permitir que la enfermera de la escuela dispense

Nombre del Padre (imprenta)
Tylenol 650 mg. a mi hijo/a de Middle School

Nombre del Estudiante (imprenta) Grado como necesite para dolor de cabeza, cólicos menstruales o dolor de cuerpo. Estoy al tanto de que se hará una evaluación completa antes de administrar Tylenol.

Firma del Padre o Encargado

Números de Contacto:



LONG BRANCH MIDDLE SCHOOL
350 Indiana Avenue, Long Branch, New Jersey 07740

MICHAEL SALVATORE, Ph.D. "Where Children Matter Most"
Superintendent of Schools

Michelle Baker, RN
Middle School Nurse
(732) 229-5533 x 42050
Fax (732) 483-5517

PERMISSION for Tylenol Administration.

Date: _____

I, _____ agree to allow the School Nurse to dispense Tylenol
Parent's Name (print)

650 mg. to my Middle School son/daughter _____
Student's Name (print) Grade

as needed for headaches, cramps, or body aches. I am aware that an assessment will be completed before Tylenol is administered. I am also aware that Tylenol should be brought into school in the original bottle, labeled with my child's name.

If student's Tylenol is not provided, the HSIMS School Nurse will use our school stock.

Parent/Guardian Signature

Contact Numbers:

Work # _____

Home # _____

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practice nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date of exam _____
 Address _____ Phone _____
 Signature of physician, APN, PA _____

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

EMERGENCY INFORMATION

Allergies _____

Other information _____

HCP OFFICE STAMP

SCHOOL PHYSICIAN:

Reviewed on _____
(Date)

Approved _____ Not Approved _____

Signature: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____