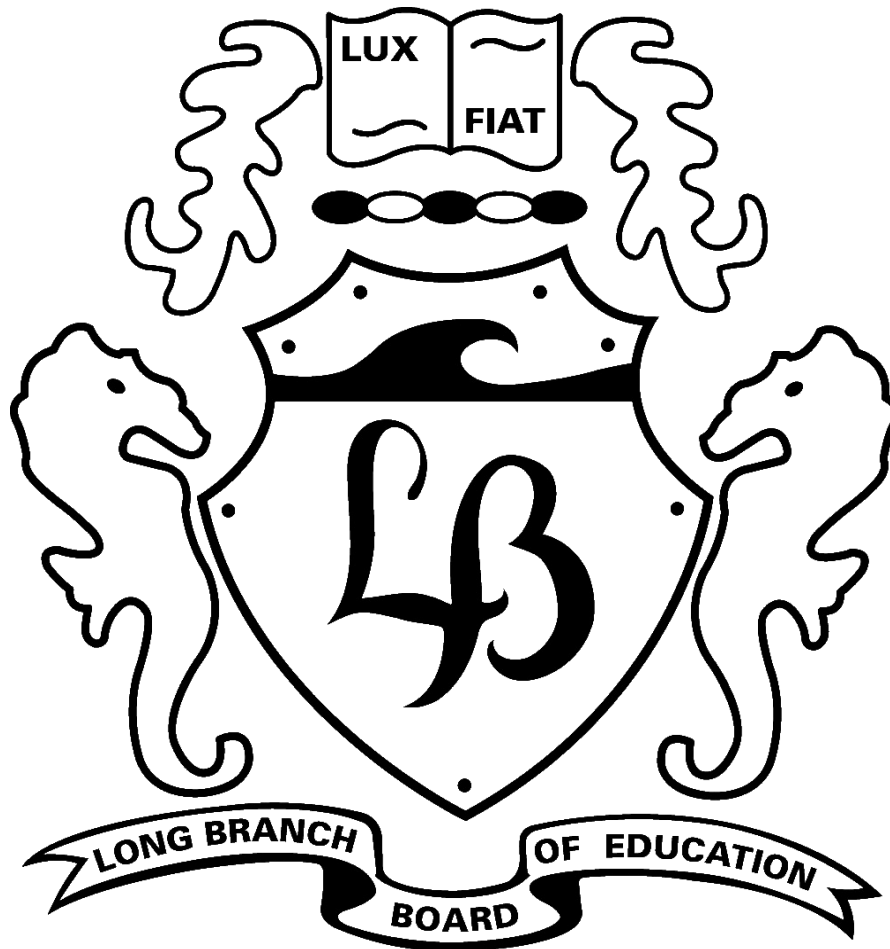


# Long Branch Public Schools

391 Westwood Ave  
Long Branch NJ

732 229-6306



## High School Grades 9-12 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

540 Broadway  
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. 40000 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

540 Broadway  
Long Branch NJ 07740  
732-229-6306

\*\*\* Cuando haya completado el paquete y tengas los elementos necesarios, por favor llame a  
732-229-6306 ext. 40000 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  
**Registros 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 Grades 9 - 12 students. Students are required to wear any combination of the following, which will be strictly enforced:

- \* Pants, shorts, jumpers and/or skorts in khaki or black 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
- \* In addition to a solid green, grey, or white collared shirt, students will be permitted to wear a Long Branch High School affiliated non-collared shirt. This non-collared shirt can be that of the school uniform or be from an extra-curricular activity within the school (i.e. Athletics, VPA, club, etc.).

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**

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**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 del Grado 9 hasta el Grado 12 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
- \* Además de una camisa de cuello verde, gris o blanco, se les permitirá a los estudiantes a llevar una camiseta sin cuello, afiliados con los equipos de las Escuelas Publicas de Long Branch. Esta camiseta puede ser la del uniforme de la escuela o ser de una actividad "extra- curricular" de la escuela (es decir, Atletismo, VPA, Club)

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)

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

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**“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](mailto: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	<b>Full Name</b>	<b>School</b>

---

**Signature of Parent/Guardian**

---

**Date**



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

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**“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](mailto: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)	<b>Nombre Completo</b>	<b>Escuela</b>

---

**Firma del Padre:**

---

**Fecha**



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

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**“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 freqüência 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](mailto: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	<b>Nome Completo</b>	<b>Escpola</b>

---

**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**

<b>Student:</b> _____ <b>Grade:</b> _____ <b>Date of Birth:</b> _____ <b>State ID#:</b> _____
--

**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:**

<b>School Name:</b> _____	<b>Address:</b> _____
<b>Phone Number:</b> _____	<b>Fax:</b> _____ <b>Attention:</b> _____

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:** \_\_\_\_\_ **Homerom:** \_\_\_\_\_

**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"/>
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Gender</b>	
_____	_____	_____		
<b>Country of Birth</b>	<b>Date of Birth (mm/dd/yyyy)</b>	<b>Date first enrolled in ANY US school</b>		
_____	_____	_____		

**School Information**

_____	_____	_____
<b>Start Date in New School</b>	<b>Name of Former School and Town</b>	<b>Current Grade</b>

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



**OFFICE OF THE SUPERINTENDENT  
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 _____	Sexo F <input type="checkbox"/> M <input type="checkbox"/>
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 _____
---	--	-------------

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

## NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION TRANSFER FORM

THE UNDERSIGNED HEREBY CERTIFY THAT THE STUDENT NAMED HEREIN HAS TRANSFERRED TO HIS/HER PRESENT SCHOOL OF ENROLLMENT WITHOUT INDUCEMENT OR RECRUITMENT OR TO SEEK AN ATHLETIC ADVANTAGE. THE PARENTS/GUARDIANS ALSO AGREE TO THE SUBMISSION TO THE NJSIAA OF ANY PERTINENT RECORDS, INCLUDING TRANSCRIPTS, MAINTAINED BY THE SCHOOLS. REFUSAL TO SIGN THE TRANSFER FORM **MAY NOT** BE BASED UPON NONPAYMENT OF FEES, FAILURE TO RETURN SCHOOL PROPERTY AND THE LIKE. **THE TRANSFER FORM IS NECESSARY FOR STUDENTS WHO ARE RESIDING WITH THEIR PARENTS WHO HAVE MOVED TO THE UNITED STATES OR WHO HAVE MOVED FROM ONE SECONDARY SCHOOL DISTRICT TO ANOTHER SECONDARY SCHOOL DISTRICT.**

**STEP 1 – TO BE COMPLETED BY PRESENT SCHOOL AND FORWARDED TO PREVIOUS SCHOOL (PLEASE PRINT LEGIBLY)**

Name of **Present School**: **LONG BRANCH HIGH SCHOOL** City: **LONG BRANCH**  Check if Choice School?

Student's Name: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Date of Enrollment at Present School (If enrollment occurs after the beginning of the school year, Month, Day, Year, student first attended class: \_\_\_\_\_)

Principal's Name: **Vincent Muscillo** Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director's Name: **Jason M. Corley, CAA** Athletic Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian **PRESENT** complete Address: \_\_\_\_\_

**STEP 2 – TO BE COMPLETED BY PREVIOUS SCHOOL IMMEDIATELY AND RETURNED TO PRESENT SCHOOL**

Name of **Previous School**: \_\_\_\_\_ City: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_ Student first entered 9<sup>th</sup> grade/school: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian **PREVIOUS** Address: \_\_\_\_\_

A. List all sports in which the student participated on a varsity level in a sports season during the calendar year prior to the transfer:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

*Student is ineligible for thirty (30) calendar days from the start of the Present School's regular schedule for each sport listed above.*

B. Has the student participated in a 9-12 program while in the 6, 7, 8<sup>th</sup> grade? \_\_\_\_\_ Yes \_\_\_\_\_ No (See Bylaws, Art.V, Sec.4.I)

ATTENTION: If the student is from a high school in a foreign country which does not sponsor interscholastic athletics, the adult(s) with whom the student is domiciled must attach a summary of the sports in which the student participated in a non-school community and/or national team/program for participants 14 years old or above. Said participation will be evaluated in "non-school" play to determine varsity status.

Check box if there is evidence that the student transferred for athletic advantage

Check box if there is evidence that the student was recruited.

**IF EITHER BOX IS CHECKED, WRITTEN EVIDENCE OF SUCH MUST BE SENT DIRECTLY TO NJSIAA FOR REVIEW.**

(If either of the two boxes is checked, or the form is not signed by the Principal and/or Athletic Director of the previous school, the transfer student is not eligible for regular season interscholastic competition until a hearing is held by NJSIAA.)

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If unsigned, please state reason(s): \_\_\_\_\_

**PLEASE FORWARD ALL FORMS/DOCUMENTS TO LARRY WHITE AT THE NJSIAA OFFICE:**

[lwhite@NJSIAA.org](mailto:lwhite@NJSIAA.org) OR Fax to: 609-259-3047 OR Mail to: P. O. Box 487, Robbinsville, NJ 08691

**LONG BRANCH PUBLIC SCHOOLS**  
**Long Branch, New Jersey**  
Transportation Request

\_\_\_\_\_  
New Entrant \_\_\_\_\_ Moved  
Change in Transportation  
SCHOOL \_\_\_\_\_  
GRADE \_\_\_\_\_

**\*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**

**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.  
(Check sitter info below, if needed)  AM  
 PM

3 <input type="checkbox"/> My child will go to a babysitter (within Long Branch School District)  (Fill in additional sitter information)	<input type="checkbox"/> AM	<input type="checkbox"/> AM
	<input type="checkbox"/> PM	<input type="checkbox"/> PM
	Sitter's Name: _____ Sitter's Phone: _____ Sitter's Address: _____	

4  My child will go to wrap-around care.  
(transportation is not provided to/from home for wrap around care)

AM  PM **CHILD MUST BE REGISTERED WITH THE WRAP-AROUND PROGRAM BEFORE THEY CAN ATTEND.**

**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**



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**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.*

<b>STUDENT'S NAME</b> / <i>Nombre del Estudiante:</i>	<b>DATE OF BIRTH</b> / <i>Fecha de Nacimiento:</i>	<b>SEX</b> / <i>Sexo:</i>  <b>M F</b>
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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)**

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

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

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

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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.*

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

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

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**Signature / Firma:** \_\_\_\_\_ **Date / Fecha:** \_\_\_\_\_

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



**LONG BRANCH HIGH SCHOOL**  
404 Indiana Avenue, Long Branch, New Jersey 07740

**MICHAEL SALVATORE, Ph.D**  
Superintendent of Schools

**"Where Children Matter Most"**

**MARY WHALEN, RN**  
High School Nurse  
(732) 229-7300 x 41050  
Fax (732) 229-9314

**STUDENT HEALTH PROCEDURES**  
**AND TYLENOL CONSENT**

1. BOTH SIDES OF THE DEMOGRAPHIC PAPER MUST BE COMPLETED, SIGNED AND RETURNED TO YOUR HOMEROOM TEACHER BY SEPTEMBER 14, 2016. DEMOGRAPHIC PAPER returned after this date must be brought to the Nurse's office.

It is very important that telephone numbers are updated when there is a change so we can reach you in an emergency. Please write-in the names of a relative and/or friend, who will be available during the school day to take your son/daughter home if they are ill when we are unable to reach you.

**Your son/daughter will only be dismissed from school to the relative/friend you listed on the DEMOGRAPHIC PAPER.**

2. **COMPLETE ANY "MEDICAL INFORMATION" ON THE BACK OF THE DEMOGRAPHIC PAPER.** We will update your son/daughter's health record and advise their teachers of any medical illnesses/conditions only if it is necessary for your son/daughter's well being. If you have any concerns about sharing the medical information you may call or send a note to the School Nurse as soon as possible. If the School Nurse does not hear from you, it will be understood that you have no objections.
3. **LONG BRANCH SCHOOL DISTRICT POLICY REQUIRES THAT ALL NEW STUDENTS AND/OR 10<sup>TH</sup> GRADE STUDENTS MUST HAVE A PHYSICAL EXAM.** We encourage your doctor to examine your son/daughter. Please call the Nurse's Office by September 30, 2016 so we can mail a "Physical Evaluation Form" which your doctor must complete and return by March 4<sup>th</sup>, 2017. Otherwise, the School Physician or Nurse Practitioner will do the physical exam in school. A copy of the completed physical exam will be sent home along with any necessary referrals.  
**The exam includes height, weight, blood pressure, vision, hearing and scoliosis screenings as well as an assessment of the ears, eyes, throat, heart, lungs, and stomach.**
4. **Immunizations must be up to date or students will be excluded from school.** Please send a physician's note to the School Nurse every time your son/daughter receives a vaccine/booster so their school health records are updated.
5. **Medication Administration for High School students.** See the attached policy for Tylenol\* (acetaminophen) Administration and the "Tylenol Administration Consent" form. All other medications (i.e. Midol\*, aspirin, Motrin\*/Advil, antibiotics and prescriptions) require a doctor's note with written parental permission renewed every school year. Please call the School Nurse to obtain the required form.
6. **The School Based Youth Services Program (SBYS)** Offers a full set of services to students on a "one-stop shopping basis" during the school day. These **FREE** services provide preventive, primary health care and mental health counseling to "keep the students mentally and physically healthy so they may complete their High School education through grade twelve".

**SBYS Program is located in Long Branch High School.**

**To be eligible for any services offered by the SBYS program, written consent from the parent/guardian must be signed each school year and submitted to the Nurse's Office.**

Consent forms will be in the "Student Health Procedure Packet" at the beginning of the school year.

*Example: If a student has a sore throat, he/she can be tested for strep throat, given a prescription for antibiotics and sent home. Follow up is then provided by the nurse practitioner.*

**Call the SBYS Program (732-728-9533 or 732-229-7300 x 9) for any questions or concerns.**

- 7. We encourage you to consult with the School Nurse (732-229-7300 x 4) any time you have health concerns or questions related to your son/daughter's health or safety.**

\*\*\*\*\*

### **Tylenol Administration for High School Students**

The **High School Nurse** is permitted to dispense **Tylenol** as needed to High School students who complain of headaches, menstrual cramps or body aches. Parent/Guardian must submit **written parental consent** that will be valid until your child graduates.

**This is a privilege for High School Students ONLY!**

If after one hour of receiving **Tylenol** there is no improvement in condition, the student can be sent home. If there are two or more days of continued use, the nurse will call the parent/guardian and recommend follow-up with either the School-Based Youth Services or a private MD.

Students who are 18 or older; may sign their own consent, however all other rules for Tylenol administration remain in effect.

### **Tylenol Administration PERMISSION**

Date: \_\_\_\_\_

I, \_\_\_\_\_ agree to allow the School Nurse to dispense **Tylenol 650 mg.** to  
**Parent's Name (print)**  
my High 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

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

#### **Contact Numbers:**

Work # \_\_\_\_\_

Home # \_\_\_\_\_

Cell # \_\_\_\_\_



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**Procedimientos de Salud para los Estudiantes  
Y Consentimiento Para Administración de Tylenol**

1. **AMBOS LADOS DE LA HOJA DEMOGRAFICA DEL ESTUDIANTE DEBEN SER LLENADOS, FIRMADOS Y DEVUELTOS AL MAESTRO EL 14 DE SEPTIEMBRE DE 2016** las hojas demográficas entregadas después de esta fecha deben ser traídas a la oficina de la Enfermera

Es importante que los números telefónicos sean puestos al día cuando haya algún cambio, para ayudar a la seguridad de los estudiantes. Bajo números de contacto de emergencia, por favor poner el nombre de un amigo/a o familiar quienes estén disponibles durante el día de escuela y tengan permiso para llevar a su niño/a a casa si no podemos localizar a los padres o encargado.

**Su hijo/a se le dejará salir de la escuela solo con la persona que usted puso en la hoja demográfica.**

2. **COMPLETE CUALQUIER “INFORMACIÓN MÉDICA” EN LA PARTE DE ATRÁS DE LA HOJA DEMOGRAFICA.** Nosotros pondremos al día el record de salud de su hijo/a y dejaremos saber a los maestros de cualquier condición solo si es necesario para el bienestar de su hijo/a. Si tiene alguna información médica que quiera compartir puede llamar o enviar una nota a la enfermera de la escuela lo más pronto posible. Si la enfermera de la escuela no ha escuchado de usted se entenderá de que usted no tiene ninguna objeción.
3. **LA POLITICA DEL DISTRITO DE LONG BRANCH, REQUIERE QUE LOS ESTUDIANTES DE 10<sup>mo</sup> GRADO TENGAN UN EXAMEN MEDICO.** Le sugerimos que su doctor examine a su hijo/a. Llame a la oficina de la enfermera hasta Septiembre 30 del 2016 para enviarle el formulario que deberá ser llenado y firmado por su doctor y enviarlo de vuelta para el 4 de enero del 2017. De otra manera el Doctor o la Enfermera Medico (Nurse Practitioner) de la escuela examinara a su hijo/a. Una copia del examen médico completo le será enviado a casa. **El examen incluye el peso, la altura, presión de la sangre, visión, audición y escoliosis como también los ojos, oídos, garganta, corazón, pulmones y estomago.**
4. Todas las vacunas deben estar completas y al día, o los estudiantes pueden ser excluidos de la escuela. Si ha recibido alguna vacuna o refuerzo, favor enviar la verificación de su doctor a la enfermera de la escuela para ayudar a mantener el historial al día
5. **Administración de Tylenol para los estudiantes de High School.** Mirar la póliza de consentimiento adjunta para Tylenol\*(acetaminophen) “Permiso para administrar Tylenol”. Otras medicinas (ejemplo: Midol\*, Aspirina, Motrin\*, Advil, Antibióticos etc.\*) requieren de una receta/prescripción médica más el permiso escrito del Padre o Encargado. Por favor llamar a la enfermera de la escuela si tiene alguna pregunta y para obtener dicha forma al (732) 229-7300 x 4
6. **El programa School Based Youth Services (SBYS)** ofrece un completo servicio a los estudiantes durante el día de escuela. **Este servicio provee cuidados gratis de salud preventiva y primaria, consejería, prevención de abuso de sustancias, consejería de familia.** esta designado para “mantener a los estudiantes mental y físicamente saludables así ellos pueden completar su educación hasta el grado doce”.

AL OTRO LADO



**SBYS está localizada en el mismo edificio del High School.**

Para ser elegible para cualquiera de los servicios ofrecidos por el programa SBYS un consentimiento escrito debe ser firmado por el padre/representante y ser entregado a la enfermera de la escuela.

Formularios de consentimiento para SBYS estará en el Paquete de Procedimiento de Salud para el Estudiante al principio del año escolar.

*Ejemplo: Si el estudiante tiene dolor de garganta, el/ella pueden tener una infección a la garganta; una prescripción para antibióticos será dada y el estudiante será enviado a casa. Se provee un chequeo diario por la enfermera.*

**Si tiene alguna pregunta acerca de SBYS puede llamar al (732) 229-7300x 41650**

- 7. Usted esta invitado a consultar con la enfermera de la escuela en cualquier momento todo lo relacionado con la salud de su niño/a.

\*\*\*\*\*

Administración de Tylenol para estudiantes de High School

A la enfermera de High School se le permite 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 High School.

**Este es un privilegio SOLAMENTE para los estudiantes de High School**

Después de una hora de haber recibido **Tylenol** y no hay mejora de su 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 18 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: \_\_\_\_\_

I, \_\_\_\_\_ acuerdo en permitir que la enfermera de la escuela dispense

**Nombre del Padre (imprenta)**  
**Tylenol 650 mg.** a mi hijo/a de High 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:

Trabajo # \_\_\_\_\_

Casa # \_\_\_\_\_

Cell # \_\_\_\_\_

**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 <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>c</sup>Consider 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 \_\_\_\_\_

**LONG BRANCH PUBLIC SCHOOLS**  
**Long Branch, NJ**  
**“Where Children Matter Most”**

**PARENTAL CONSENT**  
**SCHOOL BASED YOUTH SERVICES PROGRAM**  
High School

The mission of the SBYS Program is to provide an array of services to our students in a warm, supportive, and professional environment. Our goals are to enable our youth to complete their education and enjoy healthy emotional well-being.

In addition to direct contact and case management, we also use a variety of assessment & evaluation tools to help maintain that accurate and consistent services are taking place. We are bound by the laws of confidentiality and work in conjunction with other professionals who may evaluate, review, and provide support and recommendations to the student and parent/guardian(s).

Our individual and group services include Mental Health, Substance Abuse counseling, primary and prevention Medical/Nursing services, Learning Support, Life Skills support and Youth Development activities.

Date \_\_\_\_\_

\*STUDENT NAME \_\_\_\_\_ Grade/Academy \_\_\_\_/\_\_\_\_  
(please print)

**I give permission** for my child to receive services offered by the LONG BRANCH SCHOOL BASED YOUTH SERVICES PROGRAM.

Please Sign X \_\_\_\_\_  
Signature, Parent/Guardian

Do you currently have Health Insurance Coverage? \_\_\_ Yes \_\_\_ No  
\_\_\_ Private Insurance \_\_\_ NJ Family Care \_\_\_ Medicaid

Do you need assistance if you do not have insurance? \_\_\_ Yes \_\_\_ No

---

No, I **DO NOT** want services: \_\_\_\_\_  
Signature, Parent/Guardian

*\*This consent remains in effect until the student's High School graduation.*

# ESCUELAS PÚBLICAS DE LONG BRANCH

Long Branch, NJ

"Donde los niños son más importantes"

## PERMISO PARA RECIBIR SERVICIOS DEL PROGRAMA "SBYSP"

### PROGRAMA DE SERVICIOS PARA JOVENES

#### HS

La misión de la SBYS programa es proporcionar una serie de servicios a nuestros estudiantes en un ambiente cálido, y entorno profesional. Nuestros objetivos son para que nuestros jóvenes a completar su educación y sana bienestar emocional.

Además de contacto directo y de la gestión de los casos, también utilizamos una variedad de evaluación y herramientas de evaluación para ayudar a mantener coherente y precisa que los servicios están teniendo lugar. Estamos obligados por las leyes de confidencialidad y trabajar conjuntamente con otros profesionales que puedan evaluar, revisar, y prestar apoyo y recomendaciones para el estudiante y padre/tutor(s).

Nuestros servicios individuales y de grupo incluyen Salud Mental, Abuso de Sustancias, asesoramiento y prevención primaria Médicos/servicios de enfermería, apoyo escolar, apoyo las habilidades para la vida y actividades de desarrollo juvenil.

Fecha \_\_\_\_\_

Nombre del estudiante \_\_\_\_\_ grado/academia  
\_\_\_\_\_/\_\_\_\_\_

Doy permiso a mi hijo a recibir los servicios ofrecidos por el programa de servicios basados en la escuela de jóvenes de Long Branch. Favor de firmar aquí  
X \_\_\_\_\_

Firma, Padre/Encargado

Tiene seguro médico?  Sí  No

Uso servicios médicos con:  Seguros Privados  NJ Family Care  Medicaid

Necesita ayuda si usted no tiene seguro medico?  Sí  No

---

No, yo no quiero servicios: \_\_\_\_\_

Firma, Padre/Encargado

\*Este permiso permanece en efecto hasta la graduación de High School secundaria del estudiante.



**LONG BRANCH HIGH SCHOOL**  
404 Indiana Avenue, Long Branch, New Jersey 07740

**MICHAEL SALVATORE, Ph.D**  
Superintendent of Schools

**"Where Children Matter Most"**

**MARY WHALEN, RN**  
High School Nurse  
(732) 229-7300 x 41050  
Fax (732) 229-9314

***SCHOLASTIC STUDENT-ATHLETE SAFETY ACT***  
**INFORMATION FACT SHEET**  
**FOR PARENTS/GUARDIANS**

Prior to participation on a school-sponsored interscholastic or intramural athletic team or squad, each student-athlete in grades six through 12 must present a completed Preparticipation Physical Evaluation (PPE) form to the designated school staff member. Important information regarding the PPE is provided below, and you should feel free to share with your child's medical home health care provider.

1. **The PPE may ONLY be completed by a licensed physician, advanced practice nurse (APN) or physician assistant (PA) that has completed the Student-Athlete Cardiac Assessment professional development module.** It is recommended that you verify that your medical provider has completed this module before scheduling an appointment for a PPE.
2. The required PPE must be conducted within 365 days prior to the first official practice in an athletic season. The PPE form is available in English and Spanish at <http://www.state.nj.us/education/students/safety/health/records/athleticphysicalsform.pdf>.
3. The parent/guardian must complete the History Form (page one), and insert the date of the required physical examination at the top of the page.
4. The parent/guardian must complete The Athlete with Special Needs: Supplemental History Form (page two), if applicable, for a student with a disability that limits major life activities, and insert the date of the required physical examination on the top of the page.
5. The licensed physician, APN or PA who performs the physical examination must complete the remaining two pages of the PPE, and insert the date of the examination on the Physical Examination Form (page three) and Clearance Form (page four).
6. The licensed physician, APN or PA must also sign the certification statement on the PPE form attesting to the completion of the professional development module. Each board of education and charter school or nonpublic school governing authority must retain the original signed certification on the PPE form to attest to the qualification of the licensed physician, APN or PA to perform the PPE.
7. The school district must provide written notification to the parent/guardian, signed by the school physician, indicating approval of the student's participation in a school-sponsored interscholastic or intramural athletic team or squad based upon review of the medical report, or must provide the reason(s) for the disapproval of the student's participation.
8. For student-athletes that had a medical examination completed more than 90 days prior to the first official practice in an athletic season, the Health History Update Questionnaire (HHQ) form must be completed, and signed by the student's parent/guardian. The HHQ must be reviewed by the school nurse and, if applicable, the school's athletic trainer. The HHQ is available at <http://www.state.nj.us/education/students/safety/health/records/HealthHistoryUpdate.pdf>.

For more information, please review the Frequently Asked Questions which are available at <http://www.state.nj.us/education/students/safety/health/services/athlete/faq.pdf>.