

MANASQUAN ELEMENTARY SCHOOL

KINDERGARTEN REGISTRATION

Registration packets will be available in the Main Office and online starting February 15th. Packets will also be available online by accessing the school website at www.manasquanschools.org (select: elementary school)

To be eligible for Kindergarten, children must be 5 years old on or before October 1. No exceptions will be made.

The following documents are required to complete registration:

- Original birth certificate
- Proof of residency (**three are required**: certificate of occupancy, lease or deed, driver's license, utility bills, tax bill, bank statement, etc.)
- Copy of current vaccine records showing immunization of:
 - 5 DPT
 - 4 Polio
 - 2 MMR
 - 3 Hepatitis B
 - 1 Varicella

Your child's immunization records must be continually updated with the most current document forwarded to the school nurse including your child's five year old vaccines. Please note that if these required immunizations are not completed by the time your child is to enter Kindergarten in September, it will be necessary to postpone your child's entrance until the required immunizations are completed.

- A Physical examination by your child's doctor must be completed.
- The Kindergarten Physical Appraisal document is included in the registration packet.

Completed packets must be returned by March 30th.

Registering your child will help us determine more accurate enrollment figures so that we may plan appropriately for the next school year.

Thank you for your cooperation!

Manasquan Elementary School

HOME LANGUAGE SURVEY

Date _____ Grade _____

Child's Name _____
FIRST MIDDLE LAST

PARENT/GUARDIAN'S NAME _____
FIRST MIDDLE LAST

ADDRESS _____
STREET CITY STATE ZIP

PHONE _____

1. What is the language most frequently spoken at home? _____
2. If available, in what language would you prefer to receive communication from the school? _____
3. Please check if your child is: Native American Indian
 Alaska Native Native Pacific Islander
 Native U.S. Virgin Islander Asian/Pacific Islander

4. Is your child's first-learned or home language anything other than English? Yes No

IF you responded "Yes" to question number 4 above, please answer the following questions:

5. What is your child's country of origin? _____
6. Which language did your child learn when he/she first began to talk? _____
7. What language does your child most frequently speak at home? _____
8. What language do you most frequently speak to your child? _____(father)
_____ (mother)

Please describe the language understood by your child. (Check only one)

- Understands only the home language and no English.
- Understands only the home language and some English.
- Understands the home language and English equally.
- Understands mostly English and some of the home language.
- Understands only English.

Parent or Guardian's Signature

Date

Manasquan Elementary School Student Registration & Information Record

Directions: All information on this form must be completed, including presentation of required documents prior to enrolling in school. One form must be used for each child registering.

First Name: _____ **Middle Name:** _____

Last Name: _____

Student's Legal Residence: _____

Date of Birth: _____ **Male:** ____ **Female:** ____

Place of birth: Country: _____ **City:** _____ **State:** _____

***Ethnicity:** White ____ Black ____ Hispanic ____ American Indian ____
Asian ____ Hawaiian native/other Pacific Islander ____

*(*This information is optional & for statistical purposes only)*

Is Parent/Guardian on Active Duty Forces or in the National Guard: Yes__ No __

If yes please indicate: Army, Navy, Air Force, Marine Corps, or Coast Guard

Language other than English spoken at home: _____

Name of Last School Attended: _____

School Address _____ **School Phone** _____

Received special services from the previous school district? Yes No
(If yes, describe) _____

Has student been classified by the Child Study Team? Yes No

Does student currently have 504 plan? Yes No

Has your child had a physical examination within the past 365 days? Yes No

Does your child have any significant chronic medical conditions? Please list and explain:

Siblings: Name(s)	Sex (M or F)	Date of Birth	School Attended

Student lives with: Both Parents: ____ **Mother:** ____ **Father:** ____ **Guardian:** ____ **Other:** ____

Parental rights in case of separation: _____ (Please provide documentation)

Manasquan Elementary School Student Registration & Information Record- Contact Information

Guardian 1 (Parent/Guardian student lives with at legal residence)

First Name: _____ Last Name _____

Relationship to student: _____

Home Phone Number: _____ Cell Phone : _____

Guardian 1 E-Mail: _____ Work Phone: _____

Guardian 1 Employer Name/Address: _____

Guardian 2 (Parent/Guardian student lives with at legal residence)

First Name: _____ Last Name _____

Relationship to student: _____ Cell Phone: _____

Guardian 2 E-Mail: _____ Work Phone: _____

Guardian 2 Employment Name/Address _____

Guardian 3 (Non-Custodial Parent)

First Name: _____ Last Name: _____

Relationship to student: _____

Guardian 3 Address: _____

Home Phone Number: _____

Work Phone: _____ Cell Phone: _____

Guardian 3 Email: _____

Other Contact – Emergency

First Name: _____ Last Name: _____

Relationship to student: _____

Other Contact Address: _____

Home Phone Number: _____

Work Phone: _____ Cell Phone: _____

Other Contact Email: _____

I certify that the information provided in this form is true and accurate. I understand that misrepresenting myself as a legal resident of Manasquan may result in *criminal prosecution* or legal attempts to collect tuition.

Signature(s) of Parent(s) / Guardian(s) completing this Record

Date

KINDERGARTEN ENROLLMENT

MANASQUAN ELEMENTARY SCHOOL

DATE: _____

NAME OF CHILD _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

PRE-SCHOOL EXPERIENCE:

HAS CHILD ATTENDED NURSERY SCHOOL? YES ___ NO ___ (# OF YEARS _____)

NAME OF PRE- SCHOOL: _____

ADDRESS OF PRE- SCHOOL: _____

LANGUAGE SPOKEN AT HOME: _____

HAS CHILD RECEIVED PRE-SCHOOL SERVICES:
(CHECK ALL THAT APPLY)

___ SPEECH SERVICES

___ VISION TESTING

___ HEARING TESTING

IF YES, PLEASE EXPLAIN: _____

Kindergarten Physical Appraisal

MANASQUAN ELEMENTARY SCHOOL
168 Broad St., Manasquan, NJ 08736
(732)528-8810 ext. 2007
Fax: (732) 223-9736

- PLEASE ATTACH A COPY OF IMMUNIZATIONS TO THIS FORM
- PHYSICALS MUST BE DONE NO MORE THAN 365 DAYS PRIOR TO THE ENTRANCE OF SCHOOL
- **THIS FORM IS DUE BY JUNE 1.** If your child turns 5 after June 1, please contact the school nurse.

Name of Child _____ Birthdate _____

Address _____ Home Tel: _____

History of diseases, disorders, surgeries, severe allergies, asthma, diabetes, etc.

Eyes _____

Heart _____

Ears _____

Nutrition _____

Glands _____

Orthopedic _____

Nose _____

Skin _____

Mouth _____

Apical Pulse _____

Throat _____

* Blood Pressure (mandated) _____

Lungs _____

Abdomen _____

Dental _____

Date of Last Dental Exam _____

Ht. _____ Wt. _____

Allergies _____

Does this child wear glasses? _____

**Vision Screening results _____

Does this child have a hearing loss? _____

**Hearing Screening results _____

Is this child receiving medication? _____

Explain _____

Physician's Comments:

Date: _____

Physician's Signature _____

Physician's Stamp _____

** Vision and Hearing Screening must be completed to be considered valid physical.

MANASQUAN ELEMENTARY SCHOOL - PARENT HEALTH QUESTIONNAIRE

168 Broad St., Manasquan, NJ 08736

Telephone: (732)528-8810 ext. 2007 Fax: (732) 223-9736

Child's Name _____

Date of Birth _____ **Grade** _____

Dear Parents/Guardians,

In order to provide the best possible health services for your child, the school nurse needs to know your child's health history as well as their current health status. Your response to this letter will allow me to update your child's school health file. Please feel free to call me with any special concerns.

MY CHILD HAS NO HEALTH CONCERNS

Please indicate below if the following applies to your child:

Asthma

Has had chicken pox

Allergies

Any hospitalizations

Serious injury

Surgery

Frequent ear infections

Any other health conditions to be aware of: _____

Currently on over-the-counter or prescription medications

Wears glasses or contacts

Has had a recent Dental Exam Date of last dental exam: _____

I give my permission for the school nurse to share information concerning my child's health to those faculty/staff members who work directly with my child. I recognize that sharing this information is important to my child's well-being while attending school.

Signature of Parent/Guardian _____ Date _____