

Registration Requirements – Grades 1- 5

The following documents are required to complete registration:

- **Original birth certificate**
- **Proof of residency (three are required)**

ACCEPTABLE DOCUMENTS FOR PROOFS OF RESIDENCY:

MANASQUAN CERTIFICATE OF OCCUPANCY/LEASE

LAWYER STATEMENT

CONTRACTS

ELECTRIC

GAS

CABLEVISION

TELEPHONE BILL

DRIVER'S LICENSE

POST OFFICE CHANGE OF ADDRESS

HOUSE DEED

TAX BILL

HOMEOWNER'S INSURANCE

BANK CHANGE OF ADDRESS

CAR REGISTRATION

EMPLOYER DOCUMENTS

AUTOMOBILE INSURANCE CHANGE OF ADDRESS

VOTER'S REGISTRATION CHANGE OF ADDRESS

- **Copy of Current vaccine record**
- **A Physical examination by your child's doctor must be completed and returned as soon as possible. The Physical Appraisal document is included in the registration packet.**
- **A signed request for records**
- **A copy of child's Health History and Appraisal (form A45) and Transfer Card (A41) must be forwarded from the school that the student is leaving.**

MANASQUAN ELEMENTARY SCHOOL

**168 BROAD STREET
MANASQUAN, NJ 08736
(732) 528-8810
FAX (732) 223- 9736**

REQUEST FOR CUMULATIVE RECORDS

Dear Principal:

_____ has transferred from your school and enrolled into Grade _____
in Manasquan Elementary School.

In order to provide an appropriate program and meet the needs of the student, I would appreciate receiving copies of the following:

Transcript of grades

N.J. State Testing results: Grades 3-8 (NJ ASK – Home Report)
Standardized achievement test results (NJ) – Grades K,1,2 (if available)

Standardized achievement and/or aptitude test results (out of state): Grades K-8

Health Records

Speech Assessment

Psychological evaluation or other diagnostic results of Child Study Team evaluation, including
504 and/or IEP Plans, if applicable

Thank you for your cooperation.

Colleen Graziano
Principal

I hereby authorize the release of the records indicated above to the Manasquan Elementary School.

Date

Signature of Parents

GRADES 1 – 5 Physical Appraisal

168 Broad St., Manasquan, NJ 08736

Telephone: (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**

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 _____

Ht. _____ Wt. _____

Date of Last Dental Exam _____

Allergies _____

Has child ever been diagnosed with Covid 19? _____ **if so date:** _____

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 hospitalization

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 _____

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: _____

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