

# FRELINGHUYSEN TOWNSHIP SCHOOL

780 Route 94, Newton, NJ 07860 [frelinghuysenschool.org](http://frelinghuysenschool.org)

## Registration Checklist

The following is a checklist of the documents needed to register your child/children into the Frelinghuysen Township school system. You will be required to produce original documentation (3 proofs of residency, birth certificate, immunizations and landlord affidavit if applicable) to the office at which time copies will be made for your child's file. To schedule a registration appointment, please reach out to Mrs. Stracco at [stracco@frelinghuysenschool.org](mailto:stracco@frelinghuysenschool.org) or by calling 908-362-6319.

- (1) Registration packet must be completed in its entirety.
- (2A) Proof of Residency
  - **Renters must have** a notarized Landlord Statement Form (form included in packet) and a current valid lease **PLUS** three supporting items from (2B) below.
- OR**
- **Home owners must have** a mortgage statement or tax bill **PLUS** three supporting items from (2B) below.
- (2B) Three proof of residency must include items from the following categories: Cable bill, telephone bill, PSE&G bill, cell phone bill, insurance bill, water bill, bank statement, New Jersey Driver's license, or recent paycheck/stub.
- (3) Birth Certificate for Child/children with raised seal.
- (4) Up to date immunization record & Student Health Forms.
- (5) Custody/Adoption papers (if applicable).
- (6) Court orders or state agency agreements (if applicable).

### **Transfer Student – Must provide all the above and note the following:**

- (7) Transfer students must be signed out of prior school at time of registration.
- (8) Transfer students must provide an unofficial transcript and report card. Students coming from a public school in NJ must obtain a transfer card with the State Identification number from prior school and bring the completed Transfer Students Record Request Form.
- (9) If your child has special needs and has an IEP or Section 504 Accommodation Plan, please indicate at time of registration.

## Registration Checklist Continued

### Change of Address:

- (1) Registration packet must be completed with new address and contact numbers.
  - (2A) Proof of Residency
    - **Renters must have** a notarized Landlord Statement Form (form included in packet) and a current valid lease **PLUS** three supporting items from (2B) below.
    - OR**
    - **Home owners must have** a mortgage statement or tax bill **PLUS** three supporting items from (2B) below.
  - (2B) Three proof of residency must include items from the following categories: Cable bill, telephone bill, PSE&G bill, cell phone bill, insurance bill, water bill, bank statement, New Jersey Driver's license, or recent paycheck/stub.
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**FRELINGHUYSEN TOWNSHIP SCHOOL**  
**STUDENT REGISTRATION FORM**  
PLEASE PRINT ALL INFORMATION

**DIRECTIONS TO PARENTS/GUARDIAN:** The following questions on this form must be administered at the time of student enrollment. Some responses are optional to protect the privacy of student or family, however, the parent of guardian should understand that his/her responses to these questions will be of great help to the district and the state in planning a program that meets the unique needs of his/her child. If the parent or guardian declines to respond to a question, leave the item blank.

The Commissioner of Education has authorized school districts to request this information which will be used in the generation of a State Identification Number (SID) to uniquely identify students enrolled in public schools. The SID is used to monitor student performance data so that higher quality research can be obtained for the purpose of determining improved policies and program in New Jersey's public education system.

**PUPIL INFORMATION**

\_\_\_\_\_

Last Name	First Name	Entire Middle Name	Generation Suffix (Jr., I, II, etc)
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Gender of Child:      MALE                  FEMALE

Lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_

Address (mailing)	City	State	County	Zip	Home Phone # (include area code)
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Address (residing – if different from above)	City	State	County	Zip
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\_\_\_\_\_

E-Mail \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Month/Day/Year	City	State
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Student is transferring out of: \_\_\_\_\_

Name of School

\_\_\_\_\_

Street, City, State, Zip

\_\_\_\_\_

Phone Number (Include area code)

Grade \_\_\_\_\_ General Education Program      Yes \_\_\_\_\_      No \_\_\_\_\_

Grade \_\_\_\_\_ Is your child classified for Special Education & related services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is your child's classification? \_\_\_\_\_

What Special Education program(s) does your child attend? (i.e., In-class support, pull-out replacement resources, Language & Learning Disabilities (LLD), Preschool Disabilities, Behavioral Disabilities, Autism, Multiple Disabilities.)

\_\_\_\_\_



*Please place an "X" in the box indicating the Country of Birth of your child:*

	Afghanistan		Cook Islands		India		Nauru		South Georgia Is.
	Albania		Costa Rica		Indonesia		Nepal		Spain
	Algeria		Croatia		Isle of Man		Netherlands		Sri Lanka
	American Samoa		Cuba		Iran		Netherlands Antilles		Sudan
	Andorra		Cyprus		Iraq		New Caledonia		Suriname
	Angola		Czech Republic		Ireland		New Zealand		Svalbard
	Anguilla				Israel		Nicaragua		Swaziland
	Antarctica				Italy		Niger		Sweden
	Antigua & Barbuda		Denmark		Jan Mayen		Nigeria		Switzerland
	Argentina		Djibouti		Jamaica		Niue		Syria
	Armenia		Dominica		Japan		Norfolk Island		Taiwan
	Aruba		Dominican Republic		Jordan		Northern Mariana Is.		Tajikistan
	Australia		Ecuador		Kazakhstan		Norway		Tanzania
	Austria		Egypt		Kenya		Oman		Thailand
	Azerbaijan		El Salvador		Kiribati		Pakistan		Timor-Leste
	Bahamas		Equatorial Guinea		Korea, North		Palau		Togo
	Bahrain		Eritrea		Korea, South		Palestine (West Bank)		Tokelau
	Bangladesh		Estonia		Kuwait		Panama		Tonga
	Barbados		Ethiopia		Kyrgyzstan		Papua New Guinea		Trinidad & Tobago
	Belarus		Falkland Islands		Laos		Paraguay		Tunisia
	Belgium		Faroe Islands		Latvia		Peru		Turkey
	Belize		Fiji		Lebanon		Philippines		Turkmenistan
	Benin		Finland		Lesotho		Pitcairn Is.		Turks & Caicos Is.
	Bermuda				Liberia		Poland		Tuvalu
	Bhutan		France		Libya		Portugal		Uganda
	Bolivia		French Guiana		Liechtenstein		Puerto Rico		Ukraine
	Bosnia & Herzegovina		French Polynesia		Lithuania		Qatar		Union of Soviet Soc.
	Botswana		French Southern Ter.		Luxembourg		Reunion		United Arab Emirates
	Bouvet Island		Gabon		Macau		Romania		United Kingdom
	Brazil		Gambia		Macedonia		Russian Federation		United States
	British Indian Ocean		Georgia		Madagascar		Rwanda		
	Brunei				Malawi		Saint Helena		Uruguay
	Bulgaria		Germany		Malaysia		Saint Kitts & Nevis		Uzbekistan
	Burkina		Ghana		Maldives		Saint Lucia		Vanuatu
	Burundi		Gibraltar		Mali		Saint Pierre & Miguel.		Vatican City
	Byelorussian SSR		Grecece		Malta		Saint Vincent & Gren.		Venezuela
	Cambodia		Greenland		Marshall Islands		Samoa		Vietnam
	Cameroon		Grenada		Martinique		San Marino		Virgin Islands
	Canada		Guadeloupe		Mauritania		Sao Tome & Principe		Wake Island
	Cape Verde		Guam		Mauritius		Saudi Arabia		Wallis & Futuna
	Cayman Islands		Guatemala		Mayotte		Senegal		Western Sahara
	Central African Rep.		Guinea		Mexico		Serbia & Montenegro		Yemen
	Chad		Guinea-Bissau		Moldova		Seychelles		Zaire
	Chile		Guyana		Monaco		Sierra Leone		Zambia
	China		Haiti		Mongolia		Singapore		Zimbabwe
	Christmas Island		Heard & McDon. Isl.		Montserrat		Slovakia		
	Cocos (Keeling) Is.		Honduras		Morocco		Slovenia		
	Colombia		Hong Kong		Mozambique		Solomon Islands		
	Comoros		Hungary		Myanmar (Burma)		Somalia		
	Congo		Iceland		Namibia		South Africa		

***Please place an "X" in the box indicating the language that your child first learned to speak at home:***

	Arabic		Greek		Korean		Romanian		Thai
	Cantonese		Gujarati		Macedonian		Russian		Turkish
	Chinese		Hausa		Malayalam		Serbian		Ukranian
	English		Hebrew		Mandarin		Spanish		Urdu
	Farsi		Hindi		Marathi		Syrian		Uzbek
	Filipino		Hungarian		Persian		Tagalog		Vietnamese
	French		Italian		Polish		Tamel	Other	
	German		Japanese		Portuguese		Telugu	Other	

When did your child first enroll in a US school? \_\_\_\_\_

Does your child speak English? Yes \_\_\_\_\_ No \_\_\_\_\_

What language do you (his/her parents) use most often when speaking to your child at home? \_\_\_\_\_

What language does your child most often use when speaking to you (his/her parents)? \_\_\_\_\_

***YOUR SIGNATURE BELOW VERIFIES THAT ALL THE INFORMATION FILLED OUT, IN THIS REGISTRATION PACKET, IS ACCURATE AND CORRECT.***

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

**HEALTH INFORMATION****PLEASE PRINT ALL INFORMATION**

Student Name (Last Name, First Name) \_\_\_\_\_ Grade \_\_\_\_\_

What was the date (month/day/year required) of your child's last physical? \_\_\_\_\_  
Month/Day/Year

Is your child covered by health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the name of your insurance company: \_\_\_\_\_

Does your child receive treatment for: Diabetes \_\_\_\_\_ Heart Condition \_\_\_\_\_ Asthma \_\_\_\_\_ Is an inhaler prescribed? \_\_\_\_\_  
Seizure Disorder \_\_\_\_\_ Other \_\_\_\_\_Please indicate if your child has any allergies to: Peanuts \_\_\_\_\_, Milk \_\_\_\_\_, Eggs \_\_\_\_\_, List Other Foods \_\_\_\_\_  
\_\_\_\_\_, Latex \_\_\_\_\_, Bee Stings \_\_\_\_\_, Other Allergies (please give details) \_\_\_\_\_

Has your physician prescribed an EpiPen for treatment of this allergy? Yes \_\_\_\_\_ No \_\_\_\_\_

Has he/she ever received Adrenaline for treatment of an allergy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_  
Month/Day/Year

Is your child receiving treatment for any medical condition(s) not listed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details \_\_\_\_\_

Has your child had any contagious diseases? If so, please specify and include an approximate date:

\_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Is your child currently taking any prescribed medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify what medication, the dose, and when and how often it is administered \_\_\_\_\_

Has your child been tested for Lead? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate date (month/day/year required) and the level of lead \_\_\_\_\_  
Month/Day/Year Lead Level

Does your child use: Glasses/Contacts \_\_\_\_\_ Hearing Aid(s) \_\_\_\_\_ Any Other Physical Aids \_\_\_\_\_ If checked,

Please indicate what type of physical aid(s) \_\_\_\_\_

List surgeries, illnesses, injuries (fractures, head injury, etc.) or previous hospitalizations: \_\_\_\_\_

**Please contact the school nurse if your child will be needing medications, treatments, or has special needs so that the school can properly prepare the Health Office to meet those needs**

**EMERGENCY CARE FOR INJURIES AND/OR SUDDEN ILLNESSES**

In the event that a child requires emergency care for injuries, sudden illnesses or needs to be sent home because of illness, the parent/guardian is contacted immediately. Please list below the names, addresses and telephone numbers of 2 neighbors or relatives we can contact in case the parents/guardian cannot be reached at home, work or by cell:

Name	Home Phone # (include area code)	Cell Phone # (include area code)	Relationship to Student
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Name	Home Phone # (include area code)	Cell Phone # (include area code)	Relationship to Student
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Family Physician's Name	Address (city, state, zip)	Phone # (include area code)
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Name of hospital the child can be taken to for emergency treatment when we are unable to contact you:

Hospital	Address (city only)	Phone # (include area code)
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***PLEASE SIGN BELOW TO INDICATE THAT WE HAVE YOUR PERMISSION TO CALL THE PHYSICIAN LISTED OR TO TAKE YOUR CHILD TO THE DESIGNATED HOSPITAL. YOUR SIGNATURE ALSO VERIFIES THAT ALL THE HEALTH INFORMATION GIVEN IS ACCURATE AND CORRECT.***

Parent/Guardian Name (please print)	Parent/Guardian Signature	Date
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FRELINGHUYSEN TOWNSHIP SCHOOL  
IMMUNIZATION/HEALTH DATA SHEET

To the parents of \_\_\_\_\_ Birth Date \_\_\_\_\_

This form MUST be completed by your physician, signed and returned before September, in order for your child to attend school.

VACCINE TYPE	PRIMARY SERIES DOSES			BOOSTERS	
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	1 <sup>st</sup>	10 year
Diphtheria, Tetanus (DPT, TD)					
Oral Polio Trivalent (Sabin)			3 <sup>rd</sup> in series for monovalent	Booster must be at least 6 months after last dose in series.	
Measles (live virus vaccine)			Must	be given after	First birthday
Rubella					
Mumps					
Chicken Pox					
Hepatitis B.					
Haemophilus B (HIB)					

T.B. Skin Test – MANTOUX ONLY Date \_\_\_\_\_ Result \_\_\_\_\_

History of Communicable Disease: (indicate date or age)

CH.POX \_\_\_\_\_ GERMAN (RUBELLA) MEASLES \_\_\_\_\_  
MUMPS \_\_\_\_\_ PERTUSUS \_\_\_\_\_ MEASLES (RUBEOLA) \_\_\_\_\_  
SCARLET FEVER \_\_\_\_\_ OTHER \_\_\_\_\_  
Name of Illness Date or Age

PHYSICAL EXAMINATION

EYES \_\_\_\_\_ POSTURE \_\_\_\_\_ GLANDS \_\_\_\_\_  
EARS \_\_\_\_\_ HEART \_\_\_\_\_ FEET \_\_\_\_\_  
NOSE \_\_\_\_\_ LUNGS \_\_\_\_\_ GENERAL APPEARANCE \_\_\_\_\_  
THROAT \_\_\_\_\_ ABDOMEN \_\_\_\_\_ NUTRITION \_\_\_\_\_  
TEETH \_\_\_\_\_ SCOLIOSIS \_\_\_\_\_ HEIGHT \_\_\_\_\_  
WEIGHT \_\_\_\_\_

COMMENTS:

Medical/Surgical History: \_\_\_\_\_ (Specify Diag., Date, Treatment)

Daily and/or Emergency Medication: \_\_\_\_\_ (Specify Drug, Dose, Frequency & Reason for Medication)

Physician Signature  
File: KimmunizationChart

Date

# Frelinghuysen Township School

780 Route 94, Newton, NJ 07860  
Phone: (908) 362-6319 / Fax (908) 362-5730

## Jarlyn Veras

Chief School Administrator  
[veras@frelinghuysenschooo.org](mailto:veras@frelinghuysenschooo.org)

## Greg Brennan

Interim School Business Administrator  
[brennan@frelinghuysenschool.org](mailto:brennan@frelinghuysenschool.org)

Dear Parent/Guardian:

The New Jersey Department of Education is collecting additional information for state reporting. We are being asked to report whether a student's parent or guardian is on Active Duty, in the National Guard, or in the Reserve components of the United States Military Services. Please select one of the below and return to your child's homeroom teacher.

Thank you,

*Jarlyn Veras*

Jarlyn Veras, Chief School Administrator

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PLEASE PRINT-- Return to your child's homeroom teacher.

STUDENT'S NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

Please select only ONE of the following:

1. Not military connected.

Student is not military connected.

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.

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).