

# Flemington Raritan School District

## Registration Checklist

Date of Registration \_\_\_\_\_

<u>Legal Name of Student</u>	<u>Birth Date</u>	<u>Grade</u>
<u>Parent/Guardian Name</u>	<u>Email</u>	<u>Daytime Phone #</u>
<u>State or County Transferring from</u>	<u>Name of previous school, phone #</u>	<u>Start Date</u>

**Dear Parent/Guardian:**

Welcome to the Flemington-Raritan School District. These requirements must be completed within 30 days of registration unless otherwise noted.

**Section 1: documents provided for you to fill out for main office**

Complete	Document	Comments / Follow-up
	Request for Release of Student Records	
	Registration Data Sheet (Form A)	
	Residency/Domicile Forms (Forms B,C,D)	
	Special Circumstances (Form E)	
	Bus Transportation Request	
	MCV Residency Questionnaire	
	Native Language Survey	

**Section 2: documents you need to provide to the main office**

Complete	Document	Comments / Follow-up
	<b>Original Birth Certificate</b> or Original passport – must be provided within 30 days or law enforcement officials will be notified per state law	
	<b>Proof of Residency</b> (see district information regarding this requirement)	
	<b>Custody / Legal documents</b> (if divorced, separated, foster care, restraining order, etc.) <i>if applicable</i>	
	<b>IEP</b> – if your child receives special education services <i>if applicable</i>	

**Section 3: documents you need to provide to the School Nurse**

Complete	Document (For September start date: all requirements due by August 1 <sup>st</sup> )	Comments / Follow-up
	<b>Immunization Records</b> – subject to review by school nurse.	
	<b>Physical Exam</b> – Exam must be done on or after 8/1 of previous calendar year <i>Transfer students:</i> entrance physical exam due within 30 days of the first day of attendance.	
	<b>Student Health History</b>	
	<b>Medication or Treatment Orders</b> for conditions such as allergy, asthma, or seizure disorder (if applicable)	
	<b>Flu Shot</b> <i>Preschoolers ONLY:</i> Flu vaccine required annually by Dec 31 <sup>st</sup> .	

Copper Hill  
284-7670  
FAX: 284-7587

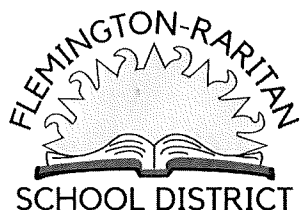
F.A. Desmares  
284-7545  
FAX: 284-7548

Barley Sheaf  
284-7588  
FAX: 284-7587

Robert Hunter  
284-7624  
FAX: 284-7630

Reading-Fleming  
284-7512  
FAX: 284-7512

J.P. Case  
284-5112  
FAX: 284-5134



# STUDENT REGISTRATION PACKET

## PRELIMINARY INFORMATION: PLEASE READ BEFORE PROCEEDING

The questions asked in the following pages will enable us to determine your student's eligibility to attend school in this district in accordance with New Jersey law. Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:28-2 specify that a free public education will be provided to any student between the ages of 5 and 20 who is:

- Domiciled in the district, i.e., living with a parent or guardian whose permanent home is located within the district. A home is permanent when the parent or guardian intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes or residences elsewhere.
- Living with a person, other than the parent or guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent cannot support the child due to family or economic hardship.
- Living with a person domiciled in the district, other than the parent or guardian, where the parent/guardian is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered into active military service in the U.S. armed forces in time of war or national emergency.
- Living with a parent or guardian who is temporarily residing in the district
- The child of a parent or guardian who moves to another district as the result of being homeless.
- Placed in the home of a district resident by court order pursuant to N.J.S.A. 18A:38-2.
- The child of a parent or guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency pursuant to N.J.S.A. 18A:38-3(b).
- Residing on federal property within the State pursuant to N.J.S.A. 18A:38-7.7 et seq.

Note that the following do **not** affect a student's eligibility to enroll in school:

- Physical condition of housing or compliance with local housing ordinances or terms of lease.
- Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition basis in a United States public secondary school.
- Absence of a certified copy of birth certificate or other proof of a student's identity, although these must be provided within 30 days of initial enrollment, pursuant to N.J.S.A. 18A: 36-25.1. Parents should be aware that if a birth certificate is not furnished within 30 days of initial enrollment that parents will be reminded to comply within 10 days at which point, the school district is required under N.J.S.A. 18A:36-26 to notify law enforcement officials.
- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, N.J.A.C. 8:57-4.1 et seq. Parents should, however, be aware that an entry-level physical completed by your child's doctor must be submitted no later than 30 days after enrollment as per N.J.A.C. 6A:16-2.2. If a physical is not furnished within 30 days of initial enrollment, parents will be notified that their child cannot continue to attend class until the school is in receipt of the necessary medical information.
- Absence of a student's prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district.

The following forms of documentation may demonstrate a student's eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from property owners and other evidence of property ownership, tenancy or residency.
- Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location.
- Court orders, state agency agreements and other evidence of court or agency placements or directives.
- Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student.
- Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency.
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, legal guardian, person keeping an “affidavit student,” adult student, person(s) with whom a family is living, or others, as appropriate.
- Documents pertaining to military status and assignment.
- Any business record or document issued by a governmental entity.
- Any other form of documentation relevant to demonstrating entitlement to attend school.

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

You will not be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may voluntarily disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but we may not, directly or indirectly, require or request:

- Income tax returns;
- Documentation or information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa;
- Documentation or information relating to compliance with local housing ordinances or conditions of tenancy;
- Social security numbers.

Please be aware that any initial determination of the student’s eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is later found ineligible. If your student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.

**If you have any questions or comments regarding the enrollment process, please contact Daniel E. Bland, Assistant Superintendent, at (908) 284-7538:**

## **Instructions**

All students regardless of circumstances must complete form A	<b>Form A</b>
The student is living with a parent or guardian whose permanent home is the address entered on the Registration Data Sheet and is located within the district.	<b>Form B</b>
The student is living with a person domiciled in the district other than the parent or guardian.	<b>Form C</b>
The student is living with a parent or guardian temporarily residing within the district, even if the parent has a domicile elsewhere	<b>Form D</b>
None of the above, but special circumstances apply	<b>Form E</b>

**Flemington-Raritan Regional School District****Registration Data Sheet – Form**

Student's Last Name			
Student's First Name			
Middle Name			
Preferred Name			
Generation (Jr, II, III)			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth			
City of Birth (if US)			
State of Birth (if US)			
Country of Birth (if not US)			
Home Mailing Address (number and street)			
Mailing City, State, Zip			
Home Physical Address (if different)			
Physical City, State, Zip (if different)			
Flemington or Raritan Twp	<input type="checkbox"/> Flemington Boro <input type="checkbox"/> Raritan Township		
Development Name			
Home Phone Number	Include Area Code (       ) –		
Physician's Name		Phone	
Ethnicity	Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Race	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> None (for Hispanic or Latino only)		
Home Language			
Has anyone in the child's immediate family had difficulties learning to read?	Reading Difficulties? : <input type="checkbox"/> Yes <input type="checkbox"/> No		

## Parent/Guardian Data

Student Lives With	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepparent <input type="checkbox"/> Other Guardian
Special Custody Requirements	<input type="checkbox"/> Yes (please notify Principal in writing)

Parent/Legal Guardian	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr	Parent/Legal Guardian	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr
First Name		First Name	
Last Name		Last Name	
Address (if different from student)		Address (if different from student)	
Phone (if different from student)		Phone (if different from student)	
Employer		Employer	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
Email Address		Email Address	
English	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	English	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
Marital Status	<input type="checkbox"/> Married/Civil Union <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Single	Marital Status	<input type="checkbox"/> Married/Civil Union <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Single

## Step-parent/Other Guardian Data

Name		Name	
Relationship		Relationship	

**Alternate/Emergency Contact Data**  
**(in the event that the school is unable to reach the parent/legal guardian)**

	<b>Contact 1</b>	<b>Contact 2</b>	<b>Contact 3</b>
Name			
Relationship			
Home Phone			
Cell Phone			

**Siblings**

	<b>Sibling 1</b>		<b>Sibling 2</b>
Name		Name	
Grade		Grade	
School		School	
Birth date		Birth date	
	<b>Sibling 3</b>		<b>Sibling 4</b>
Name		Name	
Grade		Grade	
School		School	
Birth date		Birth date	

## Form B (Domicile)

**Directions:** Complete this section if the student is living with a parent or guardian whose permanent home is the address given on Form A (Registration Data Sheet) of this application and is located in the district. If you are the student's guardian, or will be the guardian of a student from out of state following expiration of the required 6-month waiting period, you will be asked to provide official papers proving guardianship. You will not be asked to produce "affidavit student" proofs of the type requested in Form C (Affidavit).

How long have you lived in this home?

Do you have any present intention of moving from this home? If so, when and to where?

Do you have residences(s) elsewhere, and, if so, where are they and when do you live there?

Please list four forms of proof (see attached list) you will provide to demonstrate that the address given on Form A of this application is your permanent home.

1.	2.
3.	4.

**Directions:** If the student's parents are domiciled in different districts, regardless of which parent has legal custody, please answer the following questions:

Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy of this document.)

Does the student reside with one parent for the entire year? If so, with which parent and at what address?

If not, for what portion of time does the student reside with each parent and at what addresses?

If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application?

**Please note:** No district is required, as a result of being the district of domicile for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year, other than transportation based upon the home of the parent domiciled within the district to the extent required by law.

### Form C (Affidavit)

**Directions:** Complete this section if the student is living with a person domiciled in the district, other than the parent or guardian.

Is the person domiciled in the district, supporting the student without remuneration as if the student were his or her own child, keeping the student for a longer time than the school term and assuming all personal obligations for the student relative to school requirements? Please explain. (You will be asked to file a sworn statement, along with a copy of the person's lease, if a tenant, or a sworn landlord's statement, if a landlord without written lease.)

Students are not eligible to attend school as "affidavit" students unless the student's parent or guardian is not capable of supporting or providing care for the student due to family or economic hardship, and unless it is clear that the student is not living in the district solely for purposes of receiving a public education there. Please explain the circumstances applicable in this case, with special attention to the parent/guardian's family and/or economic hardship. (The parent/guardian will be required to file a sworn statement with documentation to support the claims made.)

**Please note:** Although a sworn statement/affidavit is required as evidence that a parent or guardian is not capable of supporting or providing care for the student due to family or economic hardship, in certain instances where the required sworn statement cannot be obtained enrollment will not be denied as long as the guardian is able to present evidence that he/she has met the underlying requirements of the law as per N.J.A.C. 6A:22-3.2

- A student will not be considered ineligible when evidence is presented that the student has no home or possibility of school attendance other than with a non-parent district resident who is acting as the sole caretaker and supporter of the student.
- A student will not be considered ineligible solely because a parent or guardian provides gifts or limited contributions, financial or otherwise, toward the welfare of the student, provided that the resident keeping the student receives no payment or other remuneration from the parent or guardian for the student's actual housing and support. Receipt by the resident of social security or other similar



benefits on behalf of the student do not render a student ineligible.

- It is not necessary that legal guardianship or custody be obtained before a student will be considered for enrollment on an “affidavit” basis.

### Form D (Temporary)

**Directions:** Complete this section if the student is living with a parent or guardian temporarily residing within the district, even if the parent has a domicile elsewhere.

How long have you lived in this residence?

Do you have a domicile or residences(s) elsewhere, and, if so, where are they and when do you live there?

Please list four forms of proof (see attached list) you will provide to demonstrate that you are residing at the address given on Form A of this application, and that such residence is not solely for the purpose of the student attending school in the district.

1.

2.

3.

4.

**Please note:** Under New Jersey law, where a dwelling is located within two or more local school districts, or bears a mailing address that does not reflect the dwelling’s physical location within a municipality, the district of domicile for school attendance purposes is that of the municipality to which the resident pays the majority of his or her property tax, or to which the majority of property tax for the dwelling in question is paid by the owner of a multi-unit dwelling.

**Directions:** If the student’s parents are domiciled in different districts, regardless of which parent has legal custody, please answer the following questions:

Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy of this document.)

Does the student reside with one parent for the entire year? If so, with which parent and at what address?

If not, for what portion of time does the student reside with each parent and at what addresses?

If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application?

**Please note:** No district is required, as a result of being the district of temporary residence for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year, other than transportation based upon the home of the parent residing within the district to the extent required by law.

### Form E (Special Circumstances)

**Directions:** Please indicate if any of the following apply:

	The student is the child of a parent or guardian who has moved to another district as the result of being homeless.		
	The student has been placed in the home of a district resident other than the parent or guardian by court order. (You will be required to provide a copy of the order.)		
	The student has been placed in the district by the Division of Youth and Family Services acting as the student's legal guardian.		
	The student is a child of a parent or guardian who previously resided in the district and is a member of the New Jersey National Guard or the United States reserves ordered to active service in time of war or national emergency.		
	The student is kept in the home of a person domiciled in the district, other than the parent or legal guardian, and the parent/guardian a member of the New Jersey National Guard or the reserve component of the United States armed forces and has been ordered into active military service in the United States armed forces in time of war or national emergency. If this applies, when is the parent or guardian expected to return from active military duty?		
	The student resides on federal property.	Where?	
	The student's circumstances do not appear to be addressed anywhere in this application. I understand that I will be contacted by a representative of the Flemington-Raritan Regional Schools Central Office for further information.		

# FLEMINGTON RARITAN SCHOOL DISTRICT - TRANSPORTATION DATA SHEET

## School Use

Student ID		State ID	
Date Sent to Transp		<input type="checkbox"/> Faxed	<input type="checkbox"/> Emailed
Data Entered	<input type="checkbox"/> Genesis <input type="checkbox"/> Transp Sheet	Notification	<input type="checkbox"/> Parent <input type="checkbox"/> Team

## STUDENT INFORMATION

Student Name <i>Nombre de estudiante</i>		Date of Birth <i>Fecha de nacimiento</i>	
School <i>Escuela</i>	<input type="checkbox"/> Barley Sheaf <input type="checkbox"/> Copper Hill <input type="checkbox"/> Frances A Desmares	<input type="checkbox"/> Robert Hunter <input type="checkbox"/> Reading Fleming Intermediate School <input type="checkbox"/> JP Case Middle School	Gender (el sexo) <input type="checkbox"/> Male <input type="checkbox"/> Female
Type of Request	<input type="checkbox"/> New Student <input type="checkbox"/> Address Change	<input type="checkbox"/> Re-Entry	Grade Level <i>el grado</i>
Special Instructions			

Parent/Guardian Name <i>Nombre de padre/guardián</i>		Phone # <i>Teléfono</i>	
Street Address <i>Nombre de Calle</i>		Start Date <i>Fecha de inicio</i>	
City, State, Zip Code <i>Ciudad, Estado, Zip Code</i>		Nearest Cross Road <i>Calle Mas Cercana</i>	

## EMERGENCY CONTACT *(Nombre Contactor Emergencia)*

Name <i>(Nombre)</i>	Relationship <i>(Relación)</i>	Phone # <i>(Teléfono)</i>

## LIST NAMES OF SIBLINGS ATTENDING OTHER SCHOOLS IN THIS DISTRICT

*Enumere los hermanos que asisten a otras escuelas en el distrito*

Last Name <i>Apellido</i>	First Name <i>Primer Nombre</i>	Date of Birth <i>Fecha de nacimiento</i>	School <i>Escuela</i>	Grade <i>el grado</i>

## Transportation Use

Bus # or Walker		Pick Up Time		Bus Stop	
Start Date		Drop Off Time		Notes	

<b>Flemington - Raritan Public School District</b>
--

Student's Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Parent/Guardian Name(s): \_\_\_\_\_  
 Phone number(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home School (based on current residence): \_\_\_\_\_  
 School of Origin (last school attended): \_\_\_\_\_

Siblings of student:

Name	School
_____	_____
_____	_____
_____	_____

Please answer the following questions:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Is this student's home address a temporary living arrangement?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is this a temporary living arrangement due to loss of housing or economic hardship? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is this student in temporary or emergency foster care placement?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. As a student, are you living with someone other than your parent or legal guardian? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered YES to any of the above questions, please complete the remainder of this form.

If you answered NO to all of the above questions, you may stop here.

1. Where is this student currently living? *(check box)*

- ☐ In a motel/hotel- Name of motel/hotel: \_\_\_\_\_
- ☐ In a shelter- Name of shelter: \_\_\_\_\_
- ☐ Transitional Housing- Name of transitional housing: \_\_\_\_\_
- ☐ Group Home- Name of group home: \_\_\_\_\_
- ☐ Temporary/emergency foster home
- ☐ With more than one family in a house or apartment
- ☐ Moving from place to place
- ☐ In a location not designed for sleeping accommodations such as a car, park, or campsite

2. How long have you lived at this residence? \_\_\_\_\_

3. How long do you plan to live at this residence? \_\_\_\_\_

4. With whom does the student currently live: *(check box)*

- ☐ Both parents
- ☐ One parent- Which parent? \_\_\_\_\_
- ☐ One parent and another adult- Which parent? \_\_\_\_\_
- ☐ A relative- Specify which (e.g. grandmother) \_\_\_\_\_
- ☐ Friends or other adults- please identify \_\_\_\_\_
- ☐ An adult who is not a parent or legal guardian- please identify \_\_\_\_\_

5. Describe the current living situation in detail: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. In your child's previous school, did he/she receive any of the following? *(check all that apply)*

- ☐ Special Education/Exceptional Children's Services- Describe: \_\_\_\_\_
- ☐ 504 Accommodation Plan- Describe: \_\_\_\_\_
- ☐ English As a Second Language (ESL) services
- ☐ Help for Behavior Improvement
- ☐ Tutoring Services
- ☐ Academically or Intellectually Gifted services
- ☐ Counseling services

7. At this time, what is the greatest need for your child? *(check all that apply)*

- ☐ School supplies
- ☐ School clothing
- ☐ Help for academic improvement
- ☐ Help for behavior improvement
- ☐ Referral for food assistance
- ☐ Medical referral/immunizations
- ☐ Mental health/counseling referral
- ☐ Other- Please describe: \_\_\_\_\_

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) the same information, as well as other information that may identify my child(ren), may be shared without my consent with community and governmental agencies pursuant to an interagency collaboration between this school district and may be shared without my consent with other staff members for a legitimate educational purpose. In addition, my signature affirms that I have received a copy of my rights under the McKinney-Vento law and I agree to allow school staff to conduct screenings as a part of the district's McKinney-Vento program.

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

School Liaison Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FLEMINGTON RARITAN REGIONAL SCHOOLS**  
**STUDENT HEALTH AND PHYSICAL EXAM FORM**  
 (FOR USE IN GRADES PRE-K TO 5)

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

**Sex:** ☐ Male ☐ Female **Immunization Registry Number:** \_\_\_\_\_

DISEASE HISTORY	TYPE/ YEAR	DISEASE HISTORY	TYPE/YEAR
Food Allergies		Mononucleosis	
Non-Food, non-drug allergies		Neuromuscular Disorder	
Asthma		Chronic Otitis Media	
Congenital Disorder		Autoimmune Disorder	
Convulsive Disorder		Strep Infections	
Diabetes		Juvenile Rheumatoid Arthritis	
Influenza		Autism Spectrum Disorder	
Other		Hematological Disorder	
Drug Allergies		ADD/ADHD	
Heart Disease		Concussion/TBI	
Chicken Pox		Vision Disorder	
Hepatitis		Hearing Disorder	
Lyme Disease			

**OPERATION/INJURIES (PLEASE SPECIFY):**

1. _____
2. _____
3. _____

**ADDITIONAL COMMENTS:**

_____
_____

**IMMUNIZATIONS: PLEASE ATTACH STUDENT'S VACCINE RECORD**

Influenza: Required for Pre-School only

Tdap and Meningococcal: Required for entrance into 6<sup>th</sup> grade

Mantoux (PPD)	Date administered:	Date Read and Results:	Vaccine, BCG date
IGRA			

**MEDICATIONS:** \_\_\_\_\_

\*\*\* Kindly provide medication order if medication is required during school hours\*\*\*

**ALLERGIES (Drug/Environmental/Food):**

**Student Requires Epinephrine:** \_\_\_\_ No \_\_\_\_ Yes → A med order & 2 Epinephrine auto injectors are needed for school

**Student Requires Rescue Inhaler:** \_\_\_\_ No \_\_\_\_ Yes → A med order & an inhaler are needed for school.

\*\*\*\*\*Please consider allowing 5<sup>th</sup> through 8<sup>th</sup> grade students to self-administer for sports and class trips\*\*\*\*\*

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

Height:	Weight:	Pulse:	B/P:
Vision:	Uncorrected	Right:	Left:
Vision:	Corrected	Right:	Left:
Hearing Screen:		Right:	Left:
	<b>Normal Exam</b>	<b>Abnormal Findings:</b>	
Head			
Eyes			
Ears			
Nose			
Throat			
Lymph Glands			
Heart			
Lungs			
Abdomen			
Hernia			
Genitalia			
Skin			
Orthopedic			
Scoliosis			
Neurological			
Speech			
Nutrition			

Any Limitation of Activity? : ☐ No ☐ Yes (Please define):

\_\_\_\_\_

\_\_\_\_\_

Physician's Comments and Recommendations:

\_\_\_\_\_

\_\_\_\_\_

Physician signature: \_\_\_\_\_

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

Physician's Name, Address and Telephone #:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Flemington – Raritan Regional Schools

## Special Services Department – Student Health History

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

### 1. Developmental History – Were there any problems during:

Check:	Yes*	No	*Explanation if "yes"
a. pregnancy			
b. labor and delivery			
c. infant's early months			
d. child's early years			

### 2. Has your child had any:

Check:	Yes*	No	*Explanation if "yes"
a. serious medical condition			
b. serious illness			
c. serious injuries			
d. hospitalizations			
e. surgery/operation			

### 3. Has your child had:

Check:	Yes*	No	* Date if "yes"
a. Chickenpox			
b. Hepatitis			
c. Meningitis			
d. Mononucleosis			
e. Pneumonia			
f. Rheumatic Fever			
g. Tuberculosis			
h. Strep			
i. Lyme Disease			
j. Any other communicable disease			Disease - _____ Date- _____

(Continued on back)



4. Does your child have any history of:

Check: Yes No

a. Allergies (medications, food, insect bites, bee sting, pollen, other)		
b. Asthma		
c. Bleeding disorder		
d. Bowel problems		
e. Cardiac (heart) condition		
f. Congenital (birth) defect		
g. Convulsions, epilepsy or seizures		
h. Ear condition or infections, fluid in ear 3 times or more		
i. Eczema, psoriasis or any other skin condition		
j. Genital defect/condition		
k. Hearing problems		
l. Kidney or urinary problems		
m. Muscular problems or diseases		
n. Neurological problems or diseases		
o. Orthopedic problems or diseases		
p. Speech problems		
q. Vision problems, or wear glasses/contacts (reason for glasses/contact and when they are worn)		
r. Any condition currently under the care of a doctor		
s. Any condition for which a doctor has advised student not participate fully in gym		
t. Need to take daily medication		
u. Need to take emergency medication		

Any "Yes" response requires an explanation:

Question No. \_\_\_\_ Explanation \_\_\_\_\_

\_\_\_\_\_

Question No. \_\_\_\_ Explanation \_\_\_\_\_

\_\_\_\_\_

Question No. \_\_\_\_ Explanation \_\_\_\_\_

\_\_\_\_\_

Please list any other information that would further complete the health history for this child.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PLEASE NOTE: Health information will be shared with all employees having a need to know, unless the health office is notified otherwise. Parents/Guardians are responsible for notifying the health office of any changes in the child's health.

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

September 2002

# HOME LANGUAGE SURVEY

*Office of the Assistant Superintendent*

**Purpose:** The home language survey is used solely to offer appropriate educational services (U.S. ED EL Toolkit, Chapter 1). This survey is the first of three steps to identify whether or not a student is eligible to be identified as an English language learner (EL). "Home" is defined as a student's current place of residence.

## Student Information

Student Name: \_\_\_\_\_

Date of Birth (YYYY-MM-DD): \_\_\_\_\_

## Survey Questions

1. List all languages used in the student's home.

\_\_\_\_\_

2. Was the first language used by the student a language other than English?

\_\_\_\_\_ **No**

\_\_\_\_\_ **Yes**

3. Does the student speak or understand a language other than English?

\_\_\_\_\_ **No**

\_\_\_\_\_ **Yes**

4. When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English **most of the time**?

\_\_\_\_\_ **No**

\_\_\_\_\_ **Yes**

5. When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English **most of the time**?

\_\_\_\_\_ **No**

\_\_\_\_\_ **Yes**

6. In which language do you wish to receive school communication?

\_\_\_\_\_ **English**

\_\_\_\_\_ **Spanish**

Other [specify] \_\_\_\_\_

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

[person completing the survey]



## FLEMINGTON-RARITAN REGIONAL SCHOOL DISTRICT

*Dr. Clifford Burns*  
*Assistant Superintendent of Schools*  
50 Court Street, Flemington, New Jersey 08822-1300  
908-284-7575 – (FAX) 908-284-7514

January 2025

Dear Kindergarten Parent/Guardian:

Welcome to Kindergarten! We are looking forward to your child's arrival in September. As we begin planning, your child's principal will be sharing information about scheduling a time for you to bring your child to school to participate in the Early Screening Inventory-Revised (ESI-R) assessment. This assessment helps staff develop well-balanced class lists and allows us to get to know your child better.

This assessment takes approximately 20-30 minutes during which each child's performance will be sampled in the areas of speech, language, cognition, perception, and motor coordination. Since the ESI-R is intended to survey a child's ability to acquire skills rather than a child's current level of skill achievement and performance, no preparation is needed. Parents may wish to explain to their child that they are visiting their new school to play a few educational games with one of the teachers they will get to know when school starts.

Please understand that the results are for the school's planning purposes, and the results will have no bearing whatsoever in the enrollment process. All children who are five years old on or before October 1, 2025 are automatically eligible, as in the past.

If you have any questions about scheduling or the ESI-R, please do not hesitate to contact your child's principal.

Sincerely,

Dr. Clifford Burns  
Assistant Superintendent

## A Day in the Life of a Kindergarten Student

- Arrival and Unpack
- Morning Meeting
- Shared Reading
- Break
- Small Group Reading Instruction
- Writer's Workshop
- Math Explorations
- Science
- Lunch
- Recess (indoor/outdoor)
- Learning Centers:
  - Literacy Center
  - Math Center
  - Dramatic Play Center
  - Discovery Center
  - Art Center
  - Block Center
- Daily Specialists:
  - Art
  - Robotics/Coding
  - World Language
  - Music
  - Physical Education
- Cleanup and Sharing

## Flemington-Raritan Regional School District

**Dr. Kari McGann**  
*Superintendent*

**Tanya Dawson**  
*Business Administrator*

**Dr. Danielle Hamblin**  
*Director, Special Education*

**Amy Switkes**  
*Principal, Barley Sheaf Elementary*

**Jesse Lockett**  
*Principal, Copper Hill Elementary*

**Mark Masessa**  
*Principal, Francis A. Desmares Elementary*

**Jessica Braynor**  
*Principal, Robert Hunter Elementary*

**Dr. Anthony DeMarco**  
*Principal, Reading-Fleming*

**Robert Castellano**  
*Principal, J.P. Case Middle School*

### Flemington-Raritan Regional Board of Education

50 Court Street  
Flemington, New Jersey 08822  
(908) 284-7561

[www.frdsd.k12.nj.us](http://www.frdsd.k12.nj.us)

## Flemington-Raritan Regional School District

## Welcome to Kindergarten



The Flemington-Raritan Regional School District values children. Together, W/E:

- ★ Foster social, emotional, and academic growth in a safe and nurturing environment.
- ★ Respect values and traditions within our families and schools.
- ★ Strive to respond to the needs of our diverse and changing community.
- ★ Develop the curiosity and creativity of critical thinkers to become collaborative problem solvers who meet the challenges of a globally competitive society.

*Every Student - Every Day - Every Opportunity*



# FLEMINGTON-RARITAN REGIONAL KINDERGARTEN PROGRAM

## What are the benefits of full-day Kindergarten?

- Contributes to school readiness
- Leads to higher academic achievement
- Improves student attendance
- Supports literacy and language development
- Benefits children socially and emotionally
- Reduces retention and remediation needs

## How old does my child need to be in order to register for kindergarten?

There has been no change. Board Policy requires that all students must be 5 years old by October 1.

## Will my child be ready for a longer kindergarten day?

It is natural for changes in routines and increased physical and cognitive activity to result in fatigue initially. However, years of experience teaches us that children adapt quickly. Teachers are sensitive to the transition, and they will build in quiet time options for those children who require it.

## Why are all kindergarten students assessed prior to the start of school?

The assessment serves two important purposes:

- ☐ Results are used to help us create well-rounded classes.
- ☐ It also helps teachers get to know your child better. This will allow us to better meet needs earlier in the year.

Test results are not used to determine kindergarten eligibility.

## When will we learn the name of my child's teacher?

Letters are mailed to the home prior to kindergarten orientation in late-July. All other grade levels typically learn about homeroom assignments via the District's online Parent Portal, *Genesis*.

## How can I learn more about the curriculum?

Each school hosts a Back to School Night during which your child's teacher will discuss the District's Curriculum and the materials we use to deliver the curriculum.

## I'm worried my child is not ready for Kindergarten. Should I be?

Children are not expected to come to kindergarten knowing all their letters, numbers, how to read, write, or add. We also don't expect that they know typical classroom norms. Our teachers are ready to differentiate instruction to meet your child's needs regardless of previous knowledge.

If you are worried, the best thing to do before school opens is to read to your child, ask them questions, let them share what they know, and expose them to new learning and social situations.

Once school starts, share your concerns with your child's kindergarten teacher.

## When will school start/dismiss?

8:55-3:35	Regular Day
8:55-1:20	Early Dismissal
10:25-3:35	Delayed Opening

## Will my child ride the bus?

Yes, if your child qualifies for transportation, he/she will ride each day to and from school with other grade 1-4 students from your neighborhood.

## Where will my child eat lunch and snack?

A healthy snack is encouraged for all students and is eaten in the classroom at a consistent time each day.

All kindergarten students will eat together in the school cafeteria. Students may bring a bagged lunch or purchase a lunch.

## My child requires mid-day medicine to be administered. Will a nurse be able to assist with this?

Yes. Parents must bring in a physician's order, sign a permission form, and deliver the medication to the school nurse in the original container.

## Will my child be able to play on the playground?

Yes, weather permitting; children will have access to age-appropriate equipment.