



LITTLE EGG HARBOR TWP. SCHOOL DISTRICT

Robert C. Wood Sr. Early Childhood Center 950 Route 539, Little Egg Harbor, NJ 08087
609-296-7131 Ext 4213

Student's Name: _____ Gender: M F
Last First Middle

Home Address: _____ Phone: _____
(House Number and Street Number)

Date of Birth: _____ City/State of Birth: _____ Country of Birth _____

Please check the appropriate number: (1) _____ (2) _____ (3) _____
White/Non-Hispanic Black/Non-Hispanic Hispanic

(4) _____ (5) _____ (6) _____
American Indian/
Alaskan Native Asian Pacific Islander

FAMILY INFORMATION

	NAME	HOME #	WORK #	CELL #	Highest Level of Education	Primary Language
MOTHER						
FATHER						
STEP PARENT						
GUARDIAN						

Who is the child's primary contact: _____

Any Person Not Permitted to Pick Up Your Child: _____

Parent / Guardian Email Address: _____

Emergency Contacts:

- 1. _____ Phone: _____ Relationship _____
- 2. _____ Phone: _____ Relationship _____
- 3. _____ Phone: _____ Relationship _____
- 4. _____ Phone: _____ Relationship _____
- 5. _____ Phone: _____ Relationship _____

Parental Status in the home:

- One Parent
- Two Parents
- Guardian
- Foster Parent

Military Family: Yes or No

Do you receive SNAP (food stamps)? Yes or No

Do you receive CHS? Yes or No

Do you receive TANF? Yes or No

SSI? Yes or No

WIC? Yes or No WIC Id #: _____

Parental / Guardian Employment Status:

- Full Time (35+ hours) Mother / Father / Guardian
- Full Time & Training Mother / Father / Guardian
- Part Time Mother / Father / Guardian
- Part Time & Training Mother / Father / Guardian
- Retired / Disabled Mother / Father / Guardian
- Training / School Mother / Father / Guardian
- Seasonally Employed Mother / Father / Guardian
- Unemployed Mother / Father / Guardian

Do you have Custody and/or Guardianship Papers: _____

(Please note that the main office must have a copy on file for the safety of your child.)

If any home condition exists that should be taken into consideration in planning for your child's successful education (example: single parent head of household, another language spoken at home, chronic illness of members of the family, other relative living with the family, child custody order of Family Court, etc.), please indicate in the space below.

Number in Family: [] In Home:[] # of Children in family:[] Birth to 3 yrs old [] 4 to 5 yrs old [] Jr High [] High School

Family Member Information

First and Last Name of family members in home	Sex	Relationship to Child	Date of Birth
	Male or Female		
	Male or Female		
	Male or Female		
	Male or Female		
	Male or Female		

Does your child have a disability diagnosed by a doctor? Yes or No

Does your child have an IEP? Yes or No

Do you have concerns about your child in any of the areas below?

Hearing Speech Asthma Seizures Other medical problem _____
 Vision Allergies Diabetes Behavior/Emotional Other development concerns _____

Does your child wear glasses? Yes or No If yes, when should they be worn? _____

Signature of Parent/Guardian _____ Date: _____
 ** Parent / Guardian Email Address: _____



LITTLE EGG HARBOR TWP. SCHOOL DISTRICT

HOME LANGUAGE SURVEY

STUDENT'S NAME: _____

1. What language do you speak at home? _____
2. Is there another language spoken by your child, or in the home? **Yes or No**

If yes, which language: _____

IF YOUR CHILD SPEAKS MORE THAN ONE LANGUAGE:

1. Which language did your child speak first? _____
 2. Which language does your child speak more fluently? _____
 3. Which language do you speak most often to your child at home? _____
 4. Which language does your child most often use when speaking to brothers, sisters, and friends? _____
 5. Which language does your child most often use when speaking to you at home? _____
 6. Which language does your child speak most often with other adults in the home (grandparents, aunts, uncles & neighbors) _____
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LITTLE EGG HARBOR TWP. SCHOOL DISTRICT

ADDITIONAL INFORMATION FOR HEALTH RECORD CHRONIC ILLNESS

Name of Student: _____ **Date:** _____

Has your child had any long standing illnesses, emotional conditions, injuries, or surgical procedures? Yes or No

Does your child routinely take prescribed medication? Yes or No

If you answered yes to one or both of the questions above please use the space below to explain. Thank you.

Does child have Health Insurance: Yes _____ **No** _____

Health Insurance Provider: _____

Date of last Medical Exam: _____

Date of Last Lead Test: _____ **Lead Level** _____

Date of First Polio Immunization: _____

Signature of Parent/Guardian



LITTLE EGG HARBOR TWP. SCHOOL DISTRICT

HEALTH HISTORY FORM

NAME OF STUDENT: _____ DATE OF BIRTH: _____

THE BOARD OF EDUCATION REQUIRES EACH CHILD TO HAVE THE FOLLOWING IMMUNIZATIONS *BEFORE* ADMISSION TO SCHOOL. PROPER DOCUMENTATION MUST BE PRESENTED TO THE SCHOOL NURSE.

1. **DIPHTHERIA AND TETANUS TOXOIDS AND PERTUSSIS (DPT) VACCINE. *A MINIMUM OF 4 DOSES OF DPT OR DT ARE REQUIRED. ONE DOSE IS TO BE ADMINISTERED ON OR AFTER 4TH BIRTHDAY.**
2. **ORAL POLIO VACCINE *A MINIMUM OF 3 DOSES OF ORAL POLIO VACCINE ARE REQUIRED. ONE DOSE IS TO BE ADMINISTERED ON OR AFTER FOURTH BIRTHDAY.**
3. **MMR**
 MEASLES VACCINE - ONE DOSE AT 15 MONTHS OF AGE; *2ND DOSE PRIOR TO ENTERING KDN
 MUMPS VACCINE - ONE DOSE AT 15 MONTHS OF AGE; *2nd DOSE PRIOR TO ENTERING KDN
 RUBELLA VACCINE - ONE DOSE AT 15 MONTHS OF AGE; *2nd DOSE PRIOR TO ENTERING KDN
4. **HEPATITIS B VACCINE** – MUST RECEIVE 3 DOSES OF HEPATITIS B VACCINE – BEFORE ENTERING PRESCHOOL/KINDERGARTEN
5. **MANTOUX (T.B. TEST) MUST RECEIVE A MANTOUX TEST IF TRANSFERRING IN FROM CERTAIN COUNTRIES.**
6. **Hib – MUST HAVE AT LEAST ONE DOSE PRIOR TO ENTERING PRESCHOOL.**
7. **VARIVAX (CHICKEN POX) OR HAS HAD DISEASE. – BEFORE ENTERING SCHOOL**

****ABOVE LISTED IMMUNIZATIONS ARE AS PER STATE REGULATIONS****

Allergies to Food or Environmental			
Asthma			
Diabetes			
Ear Infections			
Seizure Disorder			

Operations or Injuries _____ Date _____

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Robert C. Wood Sr. Early Childhood Center, 950 Route 539, Little Egg Harbor, NJ 08087

REQUEST FOR IMMEDIATE RELEASE OF PUPIL RECORDS

To Whom It May Concern:

RE:

Please forward all **Mandated and Permanent Pupil Records** for the above student who is attending _____

and resides at _____

Please note: According to the Buckley Amendment, an educational institution may release records to officials of another school system without written consent from the parents. These are mandated records that must be forwarded for our review. In compliance with New Jersey Administrative code, parents are informed upon enrollment that the records are requested from the student's former school district as a matter of protocol.

Your immediate attention regarding this request will be greatly appreciated.

Sincerely,

RCW Early Childhood Center Main Office

PLEASE READ AND SIGN THE FOLLOWING FORMS:

- 1. INTERNET USER AGREEMENT/PARENT PERMISSION FORM**
- 2. PERMISSION FOR EDUCATIONAL FIELD TRIP**
- 3. PERMISSION FORM FOR PUBLISHING OF STUDENT WORK AND STUDENT IMAGE**
- 4. VOTER REGISTRATION APPLICATION (please fill out and sign).**

Little Egg Harbor Township School District Internet Safety Policy # 2361

Summary

User Agreement/Parent Permission Form

Please read the following carefully before signing the attached agreement

The Little Egg Harbor Township School District is pleased to be able to offer Internet access to your child at his/her school. The Internet is a vast, global network, linking computers at universities, schools, science centers and other sites. The Internet can give students and teachers access to a variety of rich, educational resources. These resources may include libraries, databases, museums, government institutions and educational sources specifically designed for children. In addition students will have opportunities to participate in online telecommunications projects directly related to their classroom studies. Our goal in providing this service to teachers and students is to promote educational excellence.

Students will be able to access the Internet at a number of locations including the computer lab, media centers, and individual classrooms. To access the Internet students will be using a browser (a software program) to navigate through information by pointing and clicking the mouse. Information is presented richly in text, pictures, sound, and some video. Students will be able to send electronic mail but will not have their own Internet e-mail address.

The educational value of information on the Internet is substantial. However, with access to worldwide computer systems comes the availability of material that may be considered objectionable and not educationally valuable. There exists information that may be judged as inaccurate, abusive, profane, sexually oriented, or illegal. The Little Egg Harbor Township School District does not condone or permit access to or the use of this material. The district will provide student access to Internet resources only in supervised environments and has taken steps to lock out objectionable material using filtering software and computer firewalls. Nonetheless, the school cannot completely prevent the possibility that some users may access material that is not consistent with the educational goals of the district. However, the district believes that the resources and interaction available on the Internet far outweigh the possibility that users may procure material that is not consistent with our educational goals.

STUDENT RESPONSIBILITIES

Students are expected to use Internet resources in a manner consistent with this contract and will be held responsible for their use. Students are responsible for good behavior on school computers and networks just as they are in a classroom or other school areas. Use of the Internet is a **privilege**, not a right; any inappropriate use will result in a cancellation of those privileges.

Little Egg Harbor Township School District

PROPER and ACCEPTABLE USE

- Be polite. Use of abusive, vulgar, threatening or obscene language is strictly forbidden.
- Be careful. Students are not to damage, deface, or vandalize computer equipment. Students are not to change, alter, or damage another student's personal work and/or files
- Be aware. Students are not permitted to knowingly download or transmit materials that are obscene, offensive, threatening or illegal.
- Be safe. Students should not reveal their own or someone else's address or phone number.
- Be honest. Students are to notify an adult immediately, if by accident, you encounter materials that violate the rules of appropriate use.
- Be prepared. Students will be held accountable for their actions and will lose their privileges if the Rules of Appropriate Use are violated.

The full text of both the # 2361 Policy and the # 2361 Regulation entitled "Acceptable Use of Computer Network/Computers and Resources" are available for review in the Board of Education office as well as on the district's web site at:

<http://www.lehsd.k12.nj.us/tech/tech.htm>

The attached form is to be signed by a parent. When completed, please return the form to the student's school.

Little Egg Harbor Township School District

User Agreement/Parent Permission Form

PARENT OR GUARDIAN As the parent or guardian of this student I have read and agree to the terms and conditions for in-school use of Internet resources. I understand that this use is for educational purposes and the student named below is expected to use the resources according to the specified guidelines. I have discussed these guidelines with the student and believe he or she has an understanding of them. I also recognize that it is impossible for the Little Egg Harbor Township School District to completely control information available through the Internet and I will not hold the school district or any of its employees responsible for materials this student may acquire on the Internet. I hereby give my permission for the student named below to use the Internet at school and certify that the information contained on this form is correct.

Student Name: _____

Parent / Guardian Name: (please print) _____

Signature of Parent / Guardian:) _____

Date: _____



LITTLE EGG HARBOR TWP. SCHOOL DISTRICT

PERMISSION FOR EDUCATIONAL FIELD TRIP

As the Parent/Guardian of _____ Grade: _____, approve the participation of my child in school sponsored educational field trips with his/her class. I understand that such trips will be properly supervised by a member of the faculty and that I will receive advance information about the activity.

I agree to instruct my child to follow all directions concerning good behavior, safety, and special procedures.

Signature of Parent/Guardian

Date

LITTLE EGG HARBOR TOWNSHIP SCHOOL DISTRICT

PRESCHOOL DEVELOPMENTAL HISTORY

CHILD'S NAME _____ **DATE OF BIRTH** _____

Any concerns or health related issues? _____

Any illnesses or accidents? _____

Pregnancy: Full Term _____ Premature _____

DEVELOPMENT

As an infant, were sleeping habits regular? _____

Any feeding problems? _____

Child sat alone at _____ **months.**

Child walked at _____ **months.**

Child spoke at _____ **months.**

GROWTH AND INDEPENDENCE

Toilet training completed at _____ **years** **Does your child wet at night?** _____

Was there anything unusual about your child's development? _____

Poor balance? _____

When did your child begin to feed himself/herself? _____

What responsibilities does the child have in the home? _____

How well does he/she fulfill them? _____

PRESCHOOL DEVELOPMENTAL HISTORY (continued)

EMOTIONAL AND SOCIAL ADJUSTMENT

Generally, my child feels:

Unsure of himself/herself _____

Very self-assured _____

Does your child have?

Nightmares	Yes	No	Sometimes
Temper tantrums	Yes	No	Sometimes
Excessive shyness	Yes	No	Sometimes
Unusual fears	Yes	No	Sometimes
Nervousness	Yes	No	Sometimes
Breath holding	Yes	No	Sometimes
Nail biting	Yes	No	Sometimes
Trouble sleeping	Yes	No	Sometimes
Destructive behavior	Yes	No	Sometimes
Prolonged thumb sucking	Yes	No	Sometimes
Extreme dependence on parents	Yes	No	Sometimes
Extreme dependence on family	Yes	No	Sometimes
Difficulty making friends	Yes	No	Sometimes

Does your child:

Cry easily	Yes	No	Sometimes
Frustrates easily	Yes	No	Sometimes
Anger easily	Yes	No	Sometimes
Enjoy toys	Yes	No	Sometimes
Ignore toys	Yes	No	Sometimes

What are your child's interests? TV _____ Games _____ Dolls _____ Trucks _____ Outdoor Activities _____

Has your child ever had an outside evaluation? (e.g., psychological, neurological, speech & language) Yes or No

If yes, when? _____ What were the results? _____

Does your child have any physical handicaps? _____

If yes, please explain. _____

Did your child ever attend Nursery School? _____ If yes, where _____

How many homes has your child lived in since the age of 2? _____

LITTLE EGG HARBOR TOWNSHIP SCHOOL DISTRICT

PRESCHOOL QUESTIONNAIRE

<u>Emotional Maturity:</u>	Does your child:	Yes	No	Sometimes
1. Have a positive self-concept? Does he/she feel good about the things he/she can do? COMMENTS _____		_____	_____	_____
2. Make needs known to others? (Example: requests help when needed) COMMENTS _____		_____	_____	_____
3. Show a sense of confidence when doing most tasks? COMMENTS _____		_____	_____	_____
4. Have the ability to separate from Parent (Mom/Dad) for two to three hours? COMMENTS _____		_____	_____	_____
5. Accept change in an established routine? (Example: Change in schedule) COMMENTS _____		_____	_____	_____
6. Initiate activities? COMMENTS _____		_____	_____	_____
7. Try new activities? COMMENTS _____		_____	_____	_____

<u>SOCIAL MATURITY:</u>	Does your child:	Yes	No	Sometimes
8. Interacts well with other children? COMMENTS _____		_____	_____	_____
9. Enjoy being with other children? COMMENTS _____		_____	_____	_____

10. Prefer same-age or older playmates as opposed to younger children? _____

PRESCHOOL / KINDERGARTEN QUESTIONNAIRE (Continued)

<u>Physical Maturity:</u>	Does your child:	Yes	No	Sometimes	
11.	Can your child sit still and <u>listen</u> to a story for 3 to 5 minute period?	_____	_____	_____	Comments: _____
12.	Can your child sit and concentrate on a TV show of his/her choice?	_____	_____	_____	Comments: _____
13.	Is your child physically coordinated? (e.g., walks, runs without tripping)	_____	_____	_____	Comments: _____
14.	Are small muscle skills developed? (e.g., holds a pencil with index and middle finger low on the point; handles scissors well)	_____	_____	_____	Comments: _____

<u>INTELLECTUAL MATURITY:</u>	Does your child:				
15.	Have an interest in printed words?	_____	_____	_____	Comments: _____
16.	Remember past events?	_____	_____	_____	Comments: _____
17.	Recall words to songs and rhymes?	_____	_____	_____	Comments: _____
18.	Recall name, address, and telephone #?	_____	_____	_____	Comments: _____
19.	Speak clearly?	_____	_____	_____	Comments: _____
20.	Speak clearly so that others can understand?	_____	_____	_____	Comments: _____
21.	<u>Follow</u> simple directions when asked? (e.g. "Go to the sink and get soap?")	_____	_____	_____	Comments: _____

Signature

Date

OFFICE USE ONLY

Teacher _____

Grade: PS K 1 2 3 4 5 6

Registration on _____

Start Date: _____

Bus #: _____

Records Requested from Previous School District: Yes or No

Date request was sent: _____

2 Forms of Proof of Residency: (verified by office) _____ Staff Initials: _____

Imaging of Student Image/Work, Field Trip Read and Signed: Yes or No

Date received: _____
