

# LITTLE EGG HARBOR TWP. SCHOOL DISTRICT

- K – 6 – Frog Pond Elementary School, 305 Frog Pond Rd, Little Egg Harbor, NJ 08087
- K – 6 – George J. Mitchell Elementary School, 950 Route 539, Little Egg Harbor, NJ 08087
- PK – Robert C. Wood Sr. Early Childhood Center, 950 Route 539, Little Egg Harbor, NJ 08087

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Teacher: \_\_\_\_\_ Grade: PS K 1 2 3 4 5 6 Bus: \_\_\_\_\_

Date Registered: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Sent for Records: \_\_\_\_\_

## PERSONAL INFORMATION

Student's Name: \_\_\_\_\_ Gender: M F  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(House Number and Street Name) (Township)

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

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

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

	<u>NAME</u> Last Name – First Name	<u>HOME PHONE</u>	<u>DAYTIME</u>	<u>CELL PHONE</u>
Natural Father				
Natural Mother				
Step Parent				
Guardian				

Who is the child's primary contact(s): \_\_\_\_\_

Emergency Contacts:

1. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
4. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_

Child Resides With: \_\_\_\_\_

Any Person **NOT PERMITTED** to pick up your child: \_\_\_\_\_

**\*CUSTODY/GUARDIANSHIP/COURT PAPERS**

Please note that the main office must have a copy on file for the safety of your child. Also, please update with any changes if applicable

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

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 below.

Children in family (in order of age, oldest first): Include all children even those not living with the family, and married children. If the last name of a child is different, please provide name.

NAME	BIRTHDATE	M	F	SCHOOL

**EDUCATION**

Has your child received any of the following special services in previously attended schools?  
 Child Study Team/IEP \_\_\_\_\_ Speech/ O/T \_\_\_\_\_ 504 Plan \_\_\_\_\_ Basic Skills \_\_\_\_\_  
 Has your child been retained? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, in what grade? \_\_\_\_\_

**HEALTH INFORMATION**

Has your child experienced any difficulties with?

Speech \_\_\_\_\_ Hearing \_\_\_\_\_ Vision \_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_ If yes, when should they be worn? \_\_\_\_\_

Asthma                    YES        NO  
 Diabetes                YES        NO  
 Convulsive Disorder YES        NO

**MILITARY AFFILIATION**

Please check applicable number below that the student's parent or guardian is on Active Duty, in the National Guard, or in the Reserve components of the United States military services.

\_\_\_\_\_ 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 National Guard).

\_\_\_\_\_ 4 = Unknown – It is unknown whether or not the student is military connected.

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## HOME LANGUAGE SURVEY

DATE: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

1. Date of birth: \_\_\_\_\_
2. Country of birth: \_\_\_\_\_
3. What language do you speak at home? \_\_\_\_\_
4. Is there another language spoken by your child, or in the home?  
YES \_\_\_\_\_ 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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**ADDITIONAL INFORMATION FOR HEALTH RECORD**

**CHRONIC ILLNESS**

To keep our health records as complete and helpful to your child as possible, we would like to know something about your child's health.

Has your child had any longstanding illnesses, emotional conditions, injuries, or surgical procedures? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child routinely take prescribed medication? Yes \_\_\_\_\_ No \_\_\_\_\_

Please use the space below to explain. Thank you.

**NAME OF STUDENT:** \_\_\_\_\_

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

**Do you 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 or Guardian** **Date**

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**HEALTH HISTORY FORM**

NAME OF PUPIL: \_\_\_\_\_ 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; \*2<sup>nd</sup> DOSE PRIOR TO ENTERING KDN  
 RUBELLA VACCINE - ONE DOSE AT 15 MONTHS OF AGE; \*2<sup>nd</sup> 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\*\*\*\*

DISEASE HISTORY	TYPE/ DATE	SENSITIVITIES AND ALLERGIES	DATE
ALLERGIES			
ASTHMA			
DIABETES			
ALLERGIES to FOOD			
ALLERGIES to ENVIRONMENTAL			
EAR INFECTIONS			
SEIZURE DISORDER			
CHICKEN POX			

OPERATIONS OR INJURIES \_\_\_\_\_ DATE \_\_\_\_\_

DOES YOUR CHILD TAKE DAILY MEDICATIONS? \_\_\_\_\_ WHAT IS THE MEDICATION? \_\_\_\_\_

**PLEASE CONTACT THE HEALTH OFFICE IF YOUR CHILD HAS SPECIAL HEALTH NEEDS\***

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## HEALTH OFFICE PHYSICAL EXAMINATION

\*\*\* PLEASE TAKE THIS FORM WITH YOU\*\*\*

### PARENTS PLEASE NOTE:

The N.J. State Department of Education states that student physical examinations are to be performed by your family physician (N.J.A.C. 6A:16-2.2(b)). Physical examinations are highly recommended for students in Grades 1, 3, 5 and for Child Study Team evaluations. ENTERING PRESCHOOL / KINDERGARTEN STUDENTS MUST HAVE A PHYSICAL EXAM. New student transfers are required to have had a physical during the past year, but if she/he has not had one then they are required to have a physical exam in 30 days. Proof of examination on this approved form is required.

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

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Health History: \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

### PHYSICIAN'S STATEMENT:

1. Medications (daily or taken as needed) \_\_\_\_\_
2. Does the pupil show evidence of any physical conditions which may currently affect his/her learning potential?  
\_\_\_\_\_
3. Are these physical conditions correctable? \_\_\_\_\_
4. Limitations? (In school) \_\_\_\_\_

PHYSICAL EXAMINATION: Vision Test \_\_\_\_\_ Hearing Test \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_ B/P \_\_\_\_\_

Teeth/Mouth \_\_\_\_\_ Abdomen (hernia) \_\_\_\_\_ Eyes \_\_\_\_\_

Ears (otoscopic) \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_

Neck \_\_\_\_\_ Chest \_\_\_\_\_ Heart \_\_\_\_\_

Genitalia (testicles) \_\_\_\_\_ Neuro/Reflexes \_\_\_\_\_

Nutrition \_\_\_\_\_ Physical Maturity \_\_\_\_\_

Extremities \_\_\_\_\_ Skin/Gen. Appearance \_\_\_\_\_

Scoliosis Screen \_\_\_\_\_ Comments/Recommendations \_\_\_\_\_

Immunizations given today: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print: Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone \_\_\_\_\_

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# Little Egg Harbor School District Transportation Form

Today's Date: \_\_\_\_\_

<b>Last Name:</b>		<b>First Name:</b>	
<b>Date of Birth:</b>		<b>Sex:</b>	<b>MALE    FEMALE</b>
<b>Street Address:</b>		<b>City:</b>	
<b>State:</b>		<b>Zip Code:</b>	
<b>Home Phone:</b>		<b>Cell Phone:</b>	
<b>Parent/Guardian:</b>		<b>Emergency Phone:</b>	
<b>Exact Location of your home</b>			
<b>Nearest Intersection</b>			
<b>Is there a sibling attending LEH?</b>	<b>YES    NO</b>	<b>If yes, what is their name?</b>	

**Transportation Office Use:**

<b>Start Date:</b>			
<b>School:</b>	<b>FP    GJM    ECC</b>	<b>Time:</b>	
<b>Bus Number:</b>		<b>Bus Code:</b>	
<b>Bus Stop:</b>		<b>Locator Code:</b>	





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### REQUEST FOR IMMEDIATE RELEASE OF PUPIL RECORDS

To Whom It May Concern:

Please forward all **Mandated and Permanent Pupil Records** for the below student who is currently enrolled in the Little Egg Harbor School District.

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

Name of school that student is transferring from: \_\_\_\_\_

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,

Registration

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**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).**

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# 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.

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# Little Egg Harbor Township School District

## PROPER & 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.***

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**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.

Parent or Guardian (please print): \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*

Student's Full Name (please print): \_\_\_\_\_

Teacher \_\_\_\_\_

**PLEASE SIGN AND RETURN TO YOUR CHILD'S TEACHER**

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## Little Egg Harbor School District Student Media Release Form

Little Egg Harbor School District is proud to celebrate student accomplishments and achievements with our community. This parental consent form requests your permission for the usage of your child's photo/image to be taken and his/her work to be published on the district website, newsletters or other publications, district social media (Facebook, Twitter, etc.), videos, and/or other multimedia productions. Pursuant to Law, the district is required to obtain your consent for the usage of your child's photo and/or work.

Our intent is to be informative and recognize our students' proud moments and achievements. Local newspapers and television stations may be invited to cover events at Little Egg Harbor School District during the school year. Also, staff members and/or PTO Members may take photos or video of students during school events as well as during instructional time. Our intent is to highlight all of the great things Little Egg Harbor School District is doing and to communicate it to the community via our district website, newsletters and social media page. Finally, students may publish or share educational content they created on the internet. Pursuant to Law, we will not release any personally identifiable information without prior written consent from you as a parent or guardian.

**Please check off one of the two boxes, sign and return this form with your request.**

I/We grant permission for the usage of a photo/image and name of my child and his/her work to be published on the district website, district social media (Twitter, Facebook, etc.), publications or newsletters, during public or district presentations/acknowledgements and multimedia productions.

I/We do **not** grant permission for the usage of a photo/image of my child and his/her work to be published on the district website, district social media (Twitter, Facebook, etc.), publications or newsletters, during public or district presentations/acknowledgements and multimedia productions.

Student's Name (please print): \_\_\_\_\_ Student's Grade: \_\_\_\_\_

Name of Parent/Guardian (please print): \_\_\_\_\_

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



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### PERMISSION FOR EDUCATIONAL FIELD TRIP

As the Parent/Guardian of \_\_\_\_\_ Grade: \_\_\_\_\_,  
I 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

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**LITTLE EGG HARBOR TOWNSHIP SCHOOL DISTRICT**  
**PRE-SCHOOL / KINDERGARTEN 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? \_\_\_\_\_

(See page 2)

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PRESCHOOL / KINDERGARTEN 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
Breathe 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 \_\_\_\_\_ Other: \_\_\_\_\_

Has your child ever had an outside evaluation? (e.g., psychological, neurological, speech & language)

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? \_\_\_\_\_

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LITTLE EGG HARBOR TOWNSHIP SCHOOL DISTRICT

PRESCHOOL / KINDERGARTEN QUESTIONNAIRE

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Check in the appropriate column.

<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? COMMENTS _____		___	___	___

(See page 2)

*"In order to prepare our children to be productive and responsible citizens, the Mission of the Little Egg Harbor Township School District is to develop and maintain a collaborative and nurturing learning environment fostering individual abilities and encouraging all children to achieve their highest potential. We expect all children to meet or exceed the grade level benchmarks set forth in the New Jersey Core Curriculum Content Standards (NJCCCS)."*

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

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Special Education Medicaid Initiative (SEMI) Parental Consent form

\_\_\_\_\_ School District

Our school district is participating in the Special Education Medicaid Initiative (SEMI) program that allows school districts to bill Medicaid for services that are provided to students.

In accordance with the Family Educational Rights and Privacy Act, 34 CFR §99.30 and Section 617 of the IDEA Part B, consent requirements in 34 CFR §300.622 require a one-time consent before accessing public benefits.

This consent establishes that your child's personally identifiable information, such as student records or information about services provided to your child, including evaluations and services as specified in my child's Individualized Education Program (IEP) (occupational therapy, physical therapy, speech therapy, psychological counseling, audiology, nursing and specialized transportation,) may be disclosed to Medicaid and the Department of the Treasury for the purpose of receiving Medicaid reimbursement at the school district.

As parent/guardian of the child named below, I give permission to disclose information as described above and I understand and agree that Medicaid may access my child's or my public benefits or public insurance to pay for special education or related services under Part 300 (services under the IDEA). I understand that the school district is still required to provide services to my child pursuant to his or her IEP, regardless of my Medicaid eligibility status or willingness to consent for SEMI billing

I understand that billing for these services by the district **does not** impact my ability to access these services for my child outside of the school setting, nor will any cost be incurred by my family including co-pays, deductibles, loss of eligibility or impact on lifetime benefits.

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

I give consent to bill for SEMI:            Yes       
    No    

This consent can be revoked at any time by contacting your child's Case Manager, or the administrator at your child's school, in writing.

