

KINDERGARTEN

MUST BE 5 YRS OLD BY OCTOBER 1ST

NAME: _____

FORMER DISTRICT: _____

___ REGISTRATION FORM

___ ORIGINAL BIRTH CERTIFICATE OR PASSPORT

___ CERTIFICATE OF RESIDENCY FORM

___ HOME VISIT FORM

___ FOUR (4) PROOFS OF RESIDENCY—COPIES ONLY

___ EMERGENCY CONTACT FORM

___ KINDERGARTEN INFORMATION SHEET

___ DISMISSAL FORM

___ DIVORCE/CUSTODY PAPERS/COURT DOCUMENT

___ HOME LANGUAGE SURVEY

___ TRANSFER CARD FROM PRIOR DISTRICT

___ REQUEST FOR RECORDS

___ FREE & REDUCED LUNCH FORM (IF NEEDED)



Somerville Public Schools

ADMINISTRATIVE OFFICES * 51 WEST CLIFF STREET * SOMERVILLE, NJ 08876

Student Registration Form

Date: _____ School: _____

Name of Parent(s)/Guardian Registering: _____ Relationship to Student: _____

Student Information: **FORMER DISTRICT:** _____ **FORMER SCHOOL NAME:** _____

Student Name – Last	First Name	MI	Date of Birth	<input type="checkbox"/> Male Grade: <input type="checkbox"/> Female
Current Address			City	Zip Code
Home Phone	Mailing Address if Different		City	Zip Code
City of Birth (If born outside of the United States; declare Country)		State	What date did your child first enter a U.S. school?	
Native Language:		Ethnic Classification of student. Please check groups best describes your student (Optional)		
		<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Multiracial		

Family Information

Parent/Guardian Relationship to student (ex. Mother/ Father/Stepparent/Aunt/Uncle)	Parent/Guardian Relationship to student (ex. Mother/Father/Stepparent/Aunt/Uncle)
Name:	Name:
Address (if different)	Address (if different)
City	City
Zip Code	Zip Code
Cell Phone:	Cell Phone:
Business Phone:	Business Phone:
Other Phone:	Other Phone:
Email:	Email:

Please check all that apply. Student lives with: Both Parents Father Mother



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PARENT/GUARDIAN STATEMENT OF RESIDENCY

I am _____ the _____ of
(Parent/Guardian name) (Parent or Guardian)

(Child/Children name)

I currently live and reside with my child/children at:

I do/do not maintain any other residence.

If so, where are they and when do you live there?

In the event an investigation should disclose that my child is not entitled to a free education in the district, I understand the student will be dis-enrolled, and that I will be held responsible for the cost of tuition to the district for any periods of unlawful attendance.

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THEM ARE WILLFULLY FALSE, I WILL BE SUBJECT TO LEGAL ACTION.

Date: _____

Signature: _____



Somerville Public Schools

ADMINISTRATIVE OFFICES * 51 WEST CLIFF STREET * SOMERVILLE, NJ 08876

HOME VISITS TO NEW STUDENTS

Date of Enrollment: _____

School: _____

Grade: _____

Student Name: _____

Parent(s) / Guardian(s): _____

Address: _____

Phone Number: _____

Signature of Parent / Guardian

TO BE COMPLETED BY ATTENDANCE OFFICER

DATE OF VISIT: _____

PERSON INTERVIEWED: _____

PUPIL RESIDES WITH: _____

TYPE OF RESIDENCE: APARTMENT: _____ HOUSE: _____

ARE YOU SATISFIED THAT PUPIL LEGALLY RESIDES HERE: Yes _____ No _____

Signature of Attendance Officer



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PROOF OF RESIDENCY DOCUMENTS

Proof of domicile/residency at address where you claim to live. Acceptable documentation may include, but is not necessarily limited to, the following:

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed notarized letters from landlords (affidavit) 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 agreement and other evidence of court or agency placements or directives.
- Receipt bills, cancelled checks and other evidence of expenditures demonstration 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
- Documents pertaining to military status and assignment



Somerville Public Schools
ADMINISTRATIVE OFFICES * 51 WEST CLIFF STREET * SOMERVILLE, NJ 08876

SECTION A- DOMICILE
(Student Registering with Parent/Guardian in the District)

Complete this section if the student is living with a parent or guardian whose permanent home is located in the Somerville Public School 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 providing guardianship. You will not be asked to produce "affidavit student" proofs of the type requested in Section B.

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 residence(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 this application is your permanent home.

1. _____

2. _____

3. _____

4. _____

If the student's parents are domiciled in different school 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 need 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 you are claiming to be an emancipated student, are you living independently in your own permanent home in the district? If yes, please provide the proofs you will provide, in addition to those demonstrating domicile, to demonstrate that you are not in the care and custody of a parent or legal guardian.



SOMERVILLE PUBLIC SCHOOLS
Emergency Contact Form

Dear Parent/Guardian:

Each year we ask you to update information to help us serve you should an emergency arise. Please complete the information requested. **(Please print)**

Student Name: _____ Grade: _____ DOB: ____ / ____ / ____ Gender: M / F
Address: _____

Mother/Guardian Name: _____ Home: _____ Cell: _____
Work: _____
Address (if different from student): _____
Email Address _____

Father/Guardian Name: _____ Home: _____ Cell: _____
Work: _____
Address (if different from student): _____
Email Address _____

Name of two persons (**not parents**) willing to arrange for transportation and care of your child if you cannot be reached. **Please inform the persons below of this responsibility. Nurses are not permitted to transport children.**

Emergency Contact 1. _____ Relationship: _____
Home: _____ Cell: _____ Work: _____

Emergency Contact 2. _____ Relationship: _____
Home: _____ Cell: _____ Work: _____

Doctor to notify in case of emergency: _____ Phone: _____

Brothers and/or sisters, **in school**, listed in order of age:

- | | | | |
|----------|---------------|------------|---|
| 1. _____ | School: _____ | DOB: _____ | Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female |
| 2. _____ | School: _____ | DOB: _____ | Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female |
| 3. _____ | School: _____ | DOB: _____ | Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female |

As Parent/Guardian of the above named student, I hereby authorize the release of pertinent medical information (medical conditions, allergies, and/or medication regimes) to be exchanged among appropriate professional staff (teachers, counselors, coaches, athletic trainer) involved in the care of the student.

I authorize the release of information with the exception of _____

I do not authorize release of medical information.

Signature Parent/Guardian _____ Date: _____

Does child have Health Insurance?

Yes - If YES, name of insurance company _____

No - NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents.

For more information call 800-701-0710 or visit www.njfamilycare.org to apply online.

You may release my name and address to NJ FamilyCare Program to contact me about Health insurance

Signature: _____ Date: _____

Printed Name: _____



SOMERVILLE PUBLIC SCHOOLS

Kindergarten Information Sheet

We would like to have your child receive the most benefit from his/her kindergarten school experience. To help us get better acquainted with your child, we would appreciate your filling out the following information below.

Child's Name: _____

1. What would you like us to call your child at school? _____
2. Did your child attend preschool? _____ Where? _____
3. Can your child use the bathroom facilities alone? _____
4. Can your child dress him/herself? _____ Which clothes does your child need help with? _____

5. Does your child tie his/her shoes? _____ Does your child zip? _____
6. Is your child right or left handed? _____
7. Does your child wear eye glasses? _____ Should they be worn all the time? _____
8. Is your child's speech (**check one**): Distinct _____ Understandable _____ Difficult to Understand _____
9. Has your child been receiving speech therapy? _____ If so, where? _____
10. Does your child have any special difficulties? _____ If yes, explain: _____

11. Does your child have any allergies the teacher should know about? _____
12. Does your child get many colds? _____ Chronic illnesses? _____
13. Does your child still nap? _____
14. What are your child's favorite play materials? _____
15. How does your child spend his/her free time? _____
16. Does your child have any daily responsibilities at home? _____
17. Does your child have any activity that he/she feels particularly successful at? _____
18. Is there an activity he/she feels especially frustrated by? _____
19. Does your child enjoy being read to? _____
20. Can your child read? _____ Words? _____ Sentences? _____ Simple Stories? _____
21. Is there any other important information which you feel would be helpful for us to know about your child?

22. Is English the first language your child learned at home? _____ If no, what is the language? _____
23. What are your goals for your child? _____

Completed by: _____

Date: _____



SOMERVILLE PUBLIC SCHOOLS

Van Derveer

Student Dismissal Procedure Form

Parent/Guardian: Please complete this form and return it immediately to ensure the proper dismissal of your child.

***Unless prior written notification is received by the school, your child will be dismissed according to this form. A dismissal Change Form is available from the main office or the district website.**

****All authorized adults must provide photo ID to pick up child.**

Child's Name: _____ Teacher: _____

Parent/Guardian Name: _____ Mother/Father/Guardian

Contact Phone Numbers: _____

Parent/Guardian Name: _____ Mother/Father/Guardian

Contact Phone Numbers: _____

Indicate how your child will go home by checking one box below:

Preschool & Van Derveer students:

My child will be picked up by parent/guardian or the following authorized adults:

My child will walk or ride a bike home.

Additional Options for Van Derveer Students:

My child will board prearranged bus transportation to (circle one): MLK Center YMCA

My child will attend Right at School in the Van Derveer School multi-purpose room.

My child will take a prearranged taxi service which is: _____

PARENT/GUARDIAN SIGNATURE

DATE



Home Language Survey*
Parent/Guardian Language Questionnaire

Child's Name: _____ Age: _____

Month/Year of School Entrance _____

Person completing the survey: Mother Father Grandparent
 Guardian Other _____

Directions: Check or write in the correct response for each of the following questions about your child.

1. What language did the child learn when he/she first began to talk?
English _____ Other [specify] _____
2. What language does the family speak at home most of the time?
English _____ Other [specify] _____
3. What language does the parent [guardian] speak to the child most of the time?
English _____ Other [specify] _____
4. What language does the child speak to his/her parent [guardian] most of the time?
English _____ Other [specify] _____
5. What language does the child speak to her/her brothers and sisters most of the time?
English _____ Other [specify] _____
6. What language does the child speak to his/her friends most of the time?
English _____ Other [specify] _____
7. In which language do you wish to receive school communication?
English _____ Other [specify] _____

Signature: _____ Date: _____
[person completing the survey]

*Adapted from the sample survey in A Manual for Community Representatives of the Title VI Steering Committee, published 9/76 by the Institute for Cultural Pluralism, Lau General Assistance Center, San Diego University, San Diego, CA 92182



Somerville Public Schools
ADMINISTRATIVE OFFICES * 51 WEST CLIFF STREET * SOMERVILLE, NJ 08876

PERMISSION TO OBTAIN RECORDS

Date: _____ School: _____

Fax Number: _____ Phone Number: _____

Name of Student: _____ Date of Birth: _____

Parent Signature: _____

Please send an official copy of this student's transcript, standard test scores, discipline records, attendance grades, grades to date of withdrawal, health records, child study team records, and any additional information which you deem appropriate to include clarification of subject matter to the listed school and/or department listed below:

Mr. Robert Reavey, Principal
Van Derveer Elementary School
51 Union Avenue
Somerville, New Jersey 08876
(P) 908-218-4105, (F) 908-218-4185

Mr. Anthony Benjamin, Principal
Somerville Middle School
51 West Cliff Street
Somerville, New Jersey 08876
(P) 908-218-4107, (F) 908-575-9526

Mr. Gerard Foley, Principal
Somerville High School
222 Davenport Street
Somerville, New Jersey 08876
(P) 908-218-4108, (F) 908-218-8844

Dr. Tanya McDonald, Director of Special Services
Administrative Offices
51 West Cliff Street
Somerville, New Jersey 08876
(P) 908-218-4104, (F) 908-218-0085

CHECKLIST FOR VDV —PART II

GRADES K-5



REGISTRATION— HEALTH RECORDS

NAME: _____

GRADE: _____

FORMER DISTRICT: _____

_____ CURRENT PHYSICAL (dated less than 1 year)

_____ IMMUNIZATION RECORDS

_____ MEDICATION AT SCHOOL FORM

_____ HEALTH HISTORY FORM

20. Immunizations (MUST give month/day/year):

DTP Series 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ DTP Boosters _____

Polio Series 1 _____ 2 _____ 3 _____ 4 _____ Polio Boosters _____

Measles, Mumps, Rubella 1 _____ 2 _____

HIB Series 1 _____ 2 _____ 3 _____ 4 _____

Hepatitis B 1 _____ 2 _____ 3 _____

HPV 1 _____ 2 _____ 3 _____

Hepatitis A 1 _____ 2 _____

Pneumo 1 _____ 2 _____ 3 _____ 4 _____

Meningococcal _____

Varicella 1 _____ 2 _____

History of Disease (when) _____

Influenza 1 _____ 2 _____ 3 _____ 4 _____

Mantoux Tuberculin Test Given _____ Read _____ Results _____ MM _____

Have there been many serious illnesses or accidents?

RECOMMENDATIONS

Referrals made _____

Weight counseling given _____

Student may participate in physical education Yes _____ No _____

Medications currently in use (Orders must be separate) _____

Date of Exam

Examining Physician
(Please print) MD/ DO / NP

Address

*This form will not
be accepted without
the Office stamp.

Telephone Number



SOMERVILLE PUBLIC SCHOOLS

Medication Administration at School

In order to protect the health of _____, it is necessary for him/her to have the following medication during school hours:

Medication: _____

Dosage: _____

Time to be administered: _____

Purposed of Medication: _____

Diagnosis: _____

Ill effects that might occur if medication is not given or an overdose is given:

Date(s) effective
(Duration of time)

Signature of Physician/Dentist

Print Name

Physician/Dentist Telephone Number

Physician/Dentist Address

Signature of Parent/Guardian

Date

**RECOMMENDATIONS ARE EFFECTIVE FOR ONE SCHOOL YEAR ONLY
AND MUST BE RENEWED ANNUALLY**

SOMERVILLE PUBLIC SCHOOLS
SOMERVILLE, NEW JERSEY 08876
Van Derveer School (908) 218-4105

HEALTH HISTORY FORM – TO BE FILLED OUT BY PARENT

Child's Name: _____ Birth Date: _____
Address: _____ Telephone: _____
Physician: _____ Telephone: _____
Dentist: _____ Telephone: _____

PERINATAL

Complications of Pregnancy or Delivery _____
Gestation/Pre-maturity _____

DEVELOPMENTAL

Age of talking _____ Walking _____ Toilet trained _____
Bowel habits _____
Description of General Behavior/Temperament _____

Nursery school experience: Y / N How long _____

MEDICATIONS: (Must have a Medication Form from Doctor/Dentist office on file to be administered by school nurse)

Does your child take medicine on a daily basis?

No Yes, for _____

Does your child take medicine on an as-needed basis?

No Yes, for _____

ALLERGIES

Does your child have current allergies or food restrictions?

No Yes

Please be specific:

MEDICAL HISTORY - DISEASES/CONDITIONS

Diseases/Conditions (please specify year)

_____ Asthma	_____ Glasses
_____ Arthritis	_____ Orthopedic Condition
_____ Chicken Pox	_____ Lactose Intolerant
_____ Convulsive Disorder	_____ ADD/ADHD
_____ Diabetes	_____ Nosebleeds
_____ Eczema	_____ Pneumonia
_____ Eye Problems	_____ Rheumatic Fever
_____ Food Sensitivities	_____ Stomach Disorders
_____ Headaches/Migraines	_____ Tonsillitis
_____ Hearing Problem	_____ Other
_____ Hernia (Rupture)	
_____ Kidney disease / Urinary Problem	

Accidents _____

Surgery and Other Illness _____

Speech Defecit _____

Physical Handicap(s) _____

Any restrictions on physical activity? _____

Tuberculosis contacts: State who and when _____

FAMILY

Student lives with: Both Parents _____ Father _____ Mother _____

Court Designated Custodial Person(s) _____

Recent changes in family life _____

Parent/Guardian Signature Date

I would like information on the State Health Insurance program?

Yes No