

# GARWOOD PUBLIC SCHOOL

www.garwoodschoools.org



- ❖ An **original** and a copy of child's birth certificate and current immunization records are required for registration.
- ❖ The following are required proofs which may be used to establish residency and/or domicile in Garwood:
  1. Mortgage, lease or rental agreement with Garwood address; **AND**
  2. Two or more of the following:
    - a) Utility bill in your name with a Garwood address
    - b) Credit card bill in your name at a Garwood address
    - c) Voter Registration Card in your name with a Garwood address
    - d) Driver's License in your name with a Garwood address
    - e) Vehicle Registration in your name with a Garwood address
    - f) Bank Account in your name with a Garwood address
    - g) Federal or State Income Tax Returns indicating domicile in Garwood
    - h) Child Custody Order placing the child with a Garwood resident

You will NOT be asked for any information or documents protected from disclosure by law, or pertaining to criteria that are not legitimate bases for determining eligibility to attend school.

If living in a residency where there is no established rental agreement, i.e., living with a relative or under an oral lease,

- the most recent tax bill and notarized letter of domicile from the person whose name appears on the tax bill; or
- a notarized statement from your landlord indicating his/her name, address & telephone number and affirming that you live at the Garwood address on a month-to-month basis under an oral lease.

The Garwood Board of Education reserves the right to make a bona fide request for additional and/or alternative documentation of residency on a case by case basis.

- ❖ Proof of Immunization (most recent record) as per NJ State Administrative Code 8:57-4
  - Diphtheria, Pertussis and Tetanus vaccine** (DPT Series) – 4 doses with 1 dose given on or after the fourth birthday, or any total of 5 doses.
  - Poliomyelitis vaccine** – 3 doses of oral poliovirus vaccine (OPV) or enhanced inactivated polio vaccine (IPV), with 1 dose given on or after the fourth birthday, or any 4 doses spaced by a minimum of 1 month.
  - Rubeola (Measles) vaccine** – 2 doses given on or after the first birthday separated by at least a month, or laboratory documentation of immunity.
  - Rubella (German Measles) vaccine** – 1 dose given on or after the first birthday or laboratory documentation of immunity.
  - Mumps vaccine** – 1 dose given on or after the first birthday, or laboratory documentation of immunity.
  - Hepatitis B vaccine** – 3 doses or laboratory documentation of immunity.
  - Varicella vaccine** - one dose of varicella vaccine on or after the first birthday or proof of disease or immunity is required for children 19 months of age or older who attend a child care center, or are entering Kindergarten or Grade 1.

*Please note: State law will not permit any child to be admitted to a public school unless immunizations have been completed and documented by an M.D., D.O., or Nurse Practitioner, specifically indicating a day, month and year administered.*

- ❖ 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.

**PUPIL REGISTRATION FORM** REGISTRATION DATE \_\_\_\_\_

START DATE \_\_\_\_\_

GRADUATION YEAR \_\_\_\_\_

GRADE \_\_\_\_\_

GARWOOD PUBLIC SCHOOLS  
GARWOOD, NEW JERSEY 07027

Pupil's Name: \_\_\_\_\_

Pupil's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Verified: \_\_\_\_BC \_\_\_\_Passport/Visa \_\_\_\_Other

Birth city/state/country: \_\_\_\_\_

Pupil's address/telephone: \_\_\_\_\_

(Number and Street)

(Home Phone)

cell phone \_\_\_\_\_ e-mail address \_\_\_\_\_

Residency proof: See attached list \_\_\_\_\_

School pupil last attended: \_\_\_\_\_

Address: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

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

Highest level of education: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business address: \_\_\_\_\_

Business telephone: \_\_\_\_\_

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

Highest level of education: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business address: \_\_\_\_\_

Business telephone: \_\_\_\_\_

Pupil's brothers (names, DOB): \_\_\_\_\_

Pupil's sisters (names, DOB): \_\_\_\_\_

**ETHNIC GROUP (please circle appropriate box):**

White Non- Hispanic	Black Non- Hispanic	Hispanic	American Indian	Asian	Hawaiian native/other Pacific Islander
02-M 03-F	04-M 05-F	06-M 07-F	08-M 09-F	10-M 11-F	12-M 13-F

Language spoken in home: \_\_\_\_\_ Native language: \_\_\_\_\_

**Marital Status of Parents:**

\_\_\_\_Married/living together \_\_\_\_Separated \_\_\_\_Divorced \_\_\_\_Widowed \_\_\_\_Remarried

Has the child been receiving Special Services? Please check appropriate box(es):

\_\_\_\_Speech/Language \_\_\_\_OT \_\_\_\_PT \_\_\_\_Other

Is there an IEP in place? \_\_\_\_Yes \_\_\_\_No

Other information: \_\_\_\_\_

CUSTODY: Is there an issue of child custody (court decree or other)?

\_\_\_\_\_ yes    If yes, state the custodial parent \_\_\_\_\_  
\_\_\_\_\_ no

If your answer above was “yes”, please fill in the information below:

**Court decree:** Have you brought the original court decree to the main office this school year so that the school may photocopy it to place in the pupil’s folder \_\_\_\_\_ yes    \_\_\_\_\_ no

**Affidavit:** If child has been given informal custody to a responsible adult, perhaps due to illness or domestic issue, you should have filed an affidavit to that effect this school year so that it may be placed in the pupil’s folder. Is this applicable? \_\_\_\_\_ yes    \_\_\_\_\_ no

In the absence of one of the above forms, either parent will have the right to receive school correspondence regarding the child, to pick up the child, and to authorize emergency actions.

I hereby grant permission to the school district regarding my child in the following areas:

1. to exchange student information with the student’s high school district prior to and after graduation;
2. to participate in school screenings performed by the School Nurse;
3. to have my child appear in school publicity items including press releases, school website, photographs, and videotaping.

I AFFIRM THAT TO THE BEST OF MY KNOWLEDGE ALL INFORMATION CONTAINED ABOVE IS ACCURATE. I AM AWARE THAT DELIBERATELY FALSIFYING A PUBLIC DOCUMENT MAKES ME LIABLE FOR PROSECUTION (cf. N.J.S. 2 C:24-4 and N.J.S. 2 C:20-8). I FURTHER UNDERSTAND THAT MY CHILD’S REGISTRATION WILL NOT BE AUTHORIZED UNTIL I RETURN THE COMPLETED PUPIL MEDICAL FORM. I AUTHORIZE THE GARWOOD PUBLIC SCHOOLS TO TAKE PRUDENT ACTION IN AN EMERGENCY. MY SIGNATURE ALSO VERIFIES THAT I HAVE RECEIVED THE PUPIL/PARENT HANDBOOK, REVIEWED IT WITH MY CHILD AND WILL SEE THAT THE GUIDELINES ARE FOLLOWED.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Reviewed by Building Principal \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Revised: 06/01/2022**

Comments: \_\_\_\_\_  
\_\_\_\_\_

# NEW STUDENT HEALTH AND PHYSICAL EXAM FORM

<b>HEALTH HISTORY (to be filled out by PARENT/GUARDIAN)</b>
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Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex \_\_\_\_M \_\_\_\_F

Grade: \_\_\_\_\_ Languages Spoken at home: \_\_\_\_\_

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

## HEALTH HISTORY

**Does the student have or have had any of the following medical conditions:**

DISEASE HISTORY	Yes	NO	DISEASE HISTORY	Yes	No
Asthma			Diabetes		
Seasonal Allergies			ADHD/ ADD		
Chronic Otitis Media			Autism Spectrum Disorders		
Lyme Disease			Concussions		
Hepatitis			Neuromuscular Disease		
Rheumatic Fever			Convulsive Disorder		
Strep Infections			Auto Immune Disorders		
Chicken Pox			Juvenile Rheumatoid Arthritis		
Mononucleosis			Congenital Disorders		
Influenza (Flu)			Hematologic Disorders		
Heart Disease			Vision Disorder		
Fractures			Hearing Disorder		

**Please provide further details on any "yes" answers:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Operations or Serious Hospitalizations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Medications (Name, Dose, Frequency and Reason used):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Allergies: (Name, reaction to exposure)**

Drug: \_\_\_\_\_

Food: \_\_\_\_\_

Environmental: \_\_\_\_\_

**Any Other Additional comments or information that you would like to provide:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Name: \_\_\_\_\_

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

## PHYSICAL EXAM

<b>Height:</b>	<b>Weight:</b>	<b>Pulse:</b>	<b>B/P:</b>
<b>Vision:</b>	<b>Uncorrected</b>	<b>Right:</b>	<b>Left:</b>
<b>Vision:</b>	<b>Corrected</b>	<b>Right:</b>	<b>Left:</b>
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			

Physical Exam Comments:

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Any Limitation of Activity or other Recommendations?  No  Yes (Please define):

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1. If the student will be required to have medications at school such as an Epi-Pen, Asthma inhalers, and other medications for chronic Please fill out the appropriate medication packets.
2. Please attach a copy of the student's immunization records, and include any recent TB screening results.

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

Name and Address Stamp:

**GARWOOD PUBLIC SCHOOLS**  
**Garwood New Jersey 07027**

**Pupil Medical Form for Entering Garwood Schools**

Name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

**Current Immunizations:** Mandated by New Jersey State Law and/or required by the Garwood Board of Education. Please provide written documentation on separate paper.

Has your child had any known developmental delays? \_\_\_\_\_

Has your child ever had a learning disability? \_\_\_\_\_

Is there a family history of a learning disability? \_\_\_\_\_

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**HEALTH HISTORY**

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**Familial Diseases (indicate relationship):**

Heart Disease \_\_\_\_\_

Diabetes \_\_\_\_\_

Asthma, Allergies \_\_\_\_\_

Mental Illness \_\_\_\_\_

Metabolic/Chemical Dependence \_\_\_\_\_

Other \_\_\_\_\_

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

## Garwood Public School Emergency Notification Sheet

In the event of an emergency, the Garwood Public Schools need to have the following information for each student. Please fill out as thoroughly as possible. **Emergency calls will be made in the order these names are listed unless otherwise stated.**

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_ Primary Phone# \_\_\_\_\_  
e-mail address \_\_\_\_\_

Parent/ \_\_\_\_\_  
Guardian (Last name) (First) (Employer/place of work) (Work phone-extension) (cell phone)

Parent/ \_\_\_\_\_  
Guardian (Last name) (First) (Employer/place of work) (Work phone-extension) (cell phone)

Names and relationship  
of 2 other adults if the  
above cannot be  
contacted for illness  
or emergency

\_\_\_\_\_  
(Last Name/Relationship) (First) (Phone)

\_\_\_\_\_  
(Last Name/Relationship) (First) (Phone)

Does child have Health Insurance?

Yes \_\_\_\_\_ If yes, name of insurance company \_\_\_\_\_

No \_\_\_\_\_ NJ Family Care 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](http://www.njfamilycare.org) to apply online. You may release my name and address to the NJ Family Care Program to contact me about health insurance. Written consent required pursuant to 20 U.S.C. 1232g(b)(1) and 34 C.F.R. 99.30(b).

Signature: \_\_\_\_\_ Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Dentist \_\_\_\_\_  
(Name) (Phone) (Name) (Phone)

Wears eyeglasses: \_\_\_yes \_\_\_no Wears contact lenses \_\_\_yes \_\_\_no

Allergies/medication needs/medical restrictions \_\_\_\_\_

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

**AUTHORIZATION IS GRANTED FOR THE GARWOOD PUBLIC SCHOOLS TO TAKE PRUDENT ACTION IN AN EMERGENCY.**

Our Pupil/Parent Handbook is on the school website, [www.garwoodschoools.org](http://www.garwoodschoools.org). If you would like a hard copy, please let the office know. My signature below verifies that I have reviewed the Pupil/Parent Handbook with my child and will see that the guidelines are followed.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_