

Hasbrouck Heights Public Schools
Student Information

First Name: _____	Address: _____	Birthplace City: _____
Middle Name: _____	City/State/Zip: _____	Birthplace State: _____
Last Name: _____	Gender: _____	Birthplace Country: _____
Birthdate: _____	Ethnicity: _____	Secondary Language: _____
Home Phone: _____	Siblings: _____	_____

Mother's Information	Father's Information
Salutation: _____	Salutation: _____
First Name: _____	First Name: _____
Middle Name: _____	Middle Name: _____
Last Name: _____	Last Name: _____
Marital Status: _____	Marital Status: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Additional Emergency Contact: Name: _____	Relation: _____ Cell Phone: _____
	Work Phone: _____ Home Phone: _____
Additional Emergency Contact: Name: _____	Relation: _____ Cell Phone: _____
	Work Phone: _____ Home Phone: _____
Additional Emergency Contact: Name: _____	Relation: _____ Cell Phone: _____
	Work Phone: _____ Home Phone: _____

Are there any restraining orders and/or divorce agreements that apply to this child? YES NO (if yes, please attach)

Student Lives With: Both Parents Mother Father Guardian

Parent/Guardian Signature: _____

HASBROUCK HEIGHTS PUBLIC SCHOOLS

REGISTRATION FORM

Student's Name: _____

_____ SECTION A: If the student is living with a parent or guardian whose permanent home is the address listed on page 1 of this application and is located in the district.

_____ SECTION B: If the student is living with a person domiciled in the district, other than the parent or guardian. ("Affidavit Student")

_____ SECTION C: If the student is living with a parent or guardian temporarily residing within the district.

_____ SECTION D: If the student's situation is not addressed by Section A,B or C or if any of the circumstances in Section D apply (Special Circumstances)

Please check the appropriate section A,B,C or D, according to the situation best matching the student's circumstance.

If you have any questions regarding the completion of the attached forms kindly contact:

Mrs. M. Klenk - High School 201-393-8155
Ms. D. Sisco - Lincoln School 201-393-8182

Mrs. L. Mason - Middle School 201-393-8170
Mrs. P. Hone - Euclid School 201-393-8176

REGISTRATION FORM

Date: _____ School: _____

Student: _____
 Last Name First Name Middle Name

Age: _____ Date of Birth: _____ Male: _____ Female: _____

City of Birth: _____ State of Birth: _____

Country of Birth (if other than the USA): _____

If not born in the United States, date child first entered the U.S.: _____

Ethnicity: Hispanic _____ Non-Hispanic _____

Race (please check): White _____ American Indian _____
 Asian _____ Pacific Islander _____
 Black _____

Name of Parent(s)/Guardian(s): _____

Person Enrolling Student: _____

Relationship to Student If Other Than Parent: _____

Child Lives With (circle one): Both parents Mother Father Guardian

Student's Physical Address: _____

Mailing Address (if different): _____

Home Telephone (Including Area Code): _____

Other Phone or Fax (if any): _____

Parent(s)/Guardian(s) Physical Address: _____

Mailing Address (if different): _____

Are you and your child currently homeless? _____

Home Telephone (including area code): _____

Other Phone or Fax (if any): _____

Native Language of Parent/Guardian/Person Enrolling Student: _____

Is English Spoken and Understood By Parent/Guardian/Person Enrolling Student? Yes _____ No _____

Native Language of Student: _____

Is English Spoken and Understood By Student? Yes _____ No _____

Is either parent connected to the Military? Not Military Connected _____ Active Duty _____

Civilian living off post – working at Ft. Dix _____

Civilian living off post – working at McGuire _____

Civilian living off post – all other Federal Properties _____

Military living off post – working at Ft. Dix/McGuire _____

Military living ON POST – working at Ft. Dix/McGuire _____

Federal Prison Employee _____

Coast Guard Reserve _____

Is your child currently covered by Health Insurance? Yes _____ No _____

If yes, who is his/her health care provider? _____

NO My child **does not** have health insurance. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Child's Name: _____

Signature (Parent): _____

Printed Name (Parent): _____

Date: _____

Written consent required pursuant to 20 U.S.C. § 1232g(b)(1) and 34 C.F.R. 99.30(b).

Date of your child's last medical examination (attach proof): _____

Date of your child's last dental examination (attach proof): _____

Date of your child's last lead test: _____

Lead Level: _____

Date of your child's polio immunization: _____

Proof of Residency: (**Original** of one document required; #6 requires additional documentation)

1. Property Tax Bill _____

4. Lease _____

2. Deed _____

5. Mortgage _____

3. Contract of Sale _____

6. Signed Letter From Landlord (Notarized) _____

How long have you lived in this residence? _____

Please bring **four original** forms of proof as evidence of personal attachment to the address given as your residence. The following will be accepted for consideration: Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to the address given:

1. _____
2. _____
3. _____
4. _____

Student Information (all originals):

Birth Certificate _____

Transfer Card _____

Immunization Record _____

Most Recent Report Card _____

Name & Address of Previous School : _____

Educational Services — Previous School

Classified Student _____

504 Student _____

Speech/Language _____

Basic Skills Instruction _____

ESL Program _____

PAC Program _____

Other Program Offerings _____

Explain: _____

If High School student, list athletic teams in which you have participated:

1. _____
2. _____
3. _____
4. _____

Signature of person enrolling student: _____

(For Administrative Use Only)

School Placement & Grade

Euclid School Grade _____

Lincoln School Grade _____

Middle School Grade _____

High School Grade _____

Out of District Placement _____

Pre-School _____

Special Services (Explain): _____

Application Processed by: _____ Date: _____

Principal's Signature: _____ Date: _____

Superintendent of Schools: _____ Date: _____

HASBROUCK HEIGHTS PUBLIC SCHOOLS
PART II. AFFIDAVIT OF APPLICANT (HASBROUCK HEIGHTS RESIDENT)

(COUNTY OF BERGEN)
(STATE OF NEW JERSEY)

I, _____, being of full age and duly sworn, upon his/her oath deposes and says:

1. My permanent home is in Hasbrouck Heights, New Jersey and is located at:

2. I am gratuitously supporting, as if he/she were my own child:

FIRST NAME	MIDDLE NAME	LAST NAME
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3. I did not and do not receive any contribution or payment from anyone in conjunction with the child's support, maintenance, or education. I will assume all personal obligations for the child's requirements.
4. The child will reside with me and be gratuitously supported by me for the entire year and not just for that part of the year that school is in session. I am or will be paying for the child's food, shelter, and clothing as of the date the child lives with me.
5. The statements and answers given in the Application for Admission are made specifically to induce the Hasbrouck Heights Board of Education to accept the child as a student in the Hasbrouck Heights Public School System without payment of tuition knowing that the Board of Education will rely upon them.
6. I hereby agree to provide copies of proof of support and continuing family or economic hardship and residence for each year the child attends Hasbrouck Heights Public Schools. I shall provide copies of proof 15 days prior to the beginning of each school year.
7. I fully understand and agree that:
- False statements or answers in this Affidavit or in the Application for Admission may make me personally liable to the Hasbrouck Heights Board of Education for payment of tuition for the child. Tuition for the current school year is in the amount on the attached Schedule A.
 - If I fraudulently allow the child to use my residence and I am not the primary financial supporter for the child, I may have committed a disorderly persons offense. If I am convicted I may be punished by a fine of not more than \$1,000, or by imprisonment for not more than six months or both.

SWORN AND SUBSCRIBED TO THIS

_____ DAY OF _____ 20 _____

APPLICANT/HASBROUCK HEIGHTS RESIDENT

HASBROUCK HEIGHTS PUBLIC SCHOOLS
PART III. AFFIDAVIT OF NON-RESIDENT PARENT(S)
WHOSE CHILD RESIDES WITH AND IS SUPPORTED BY A HASBROUCK HEIGHTS
RESIDENT

(COUNTY OF BERGEN)
(STATE OF NEW JERSEY)

I, _____, being of full age and duly sworn, upon his/her oath deposes and says:

1. My permanent home is located at:

2. I am the parent and have legal custody of my child:

FIRST NAME MIDDLE NAME LAST NAME

3. On the ____ day of _____, 20 ____, I voluntarily gave custody of the child to: _____
who is the APPLICANT and resides in Hasbrouck Heights.

4. The APPLICANT will assume all personal obligations for this child's school requirements.

5. The child will reside with and be gratuitously supported by the APPLICANT for the entire year and not just for that part of the year that school is in session.

6. I am not capable of supporting or providing care for the child due to the following family or economic hardship:

7. I will not, and have not, made any contributions or payment to anyone (including the APPLICANT) for any costs or expenses in connection with the child's support, maintenance or education.

8. I will not claim the child as a dependent for income tax purposes during the time the child resides with the applicant.

9. I hereby agree to provide copies of proof of continuing family or economic hardship for each year the child attends Hasbrouck Heights Public Schools. I shall provide copies of proof 15 days prior to the beginning of each school year.

10. I have read the statements and answers given in the APPLICATION FOR ADMISSION, of which this sworn statement is a part, and they are absolutely true in all respects.

11. This sworn statement and APPLICATION FOR ADMISSION are made specifically to induce the Hasbrouck Heights Board of Education to accept the child as a student in the Hasbrouck Heights School System without payment of tuition, knowing that the Board of Education will rely on them.

12. I fully understand and agree that:

- a. False statements or answers in this Affidavit or in the Application for Admission may make me personally liable to the Hasbrouck Heights Board of Education for payment of tuition for the child. Tuition for the current school year is in the amount on the attached Schedule A.

- b. If I fraudulently file this application, I may have committed a disorderly persons offense. If I am convicted I may be punished by a fine of not more than \$1,000, or by imprisonment for not more than six months or both.

c.

SWORN AND SUBSCRIBED TO THIS

_____ DAY OF _____ 20____

APPLICANT

**Hasbrouck Heights School District
Department of Curriculum and Instruction**

Home Language Survey

Introduction:

This survey is the first of three steps to identify whether or not a student is eligible to be an English language learner (ELL). Start with "Question 1" and continue until the HLS is complete. Select the answer for each question and follow the directions.

Demographic Information:

Student Name: _____ **Student Birthdate:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____

Survey Questions

1. What was the first language used by the student?

(If a language other than English, proceed to question 2a. If English, continue to question 2b)

2a. At home, does the student hear or use a language other than English more than half of the time?

Yes

No

(If yes, go to question 7 and list home language(s) spoken. HLS is complete. Proceed to step 2: Records Review Process. If no, continue to question 4.)

2b. At home, does the student hear or use a language other than English more than half of the time?

Yes

No

(If yes, continue to question 4. If no, continue to question 3.)

**Hasbrouck Heights School District
Department of Curriculum and Instruction**

Home Language Survey

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

Yes

No

(If yes, continue to question 4. If no, do not proceed to Step 2: Records Review Process. HLS is complete. Student is not an ELL.)

4. When interacting with his/her parents or guardians, does this student use a language other than English more than half of the time?

Yes

No

(If yes, go to question 7 and list home language(s) spoken. HLS is complete. Proceed to Step 2: Records Review Process. If no, continue to Question 5.)

5. When interacting with caregivers other than his/her parents or guardians, does the student use a language other than English more than half of the time?

Yes

No

(If yes, go to question 7 and list home language(s) spoken. HLS is complete. Proceed to Step 2: Records Review Process. If no, continue to Question 6)

6. Has the student recently moved from another school district where he/she was identified as an English language learner?

Yes

No

(If yes, go to question 7 and list home language(s) spoken. HLS is complete. Proceed to Step 2: Records Review Process. If no, do not proceed to Step 2: Records Review Process. HLS is complete. Student is not an ELL.)

7. List home languages spoken.

■ PREPARTICIPATION PHYSICAL EVALUATION

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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New Jersey Department of Education 2014; Pursuant to P.L.2013, c. 71

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practitioner nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 		
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 		
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

EMERGENCY INFORMATION

Allergies _____

Other information _____

HCP OFFICE STAMP

SCHOOL PHYSICIAN:

Reviewed on _____
(Date)

Approved _____ Not Approved _____

Signature: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____