



**LAKEHURST SCHOOL DISTRICT
LAKEHURST ELEMENTARY SCHOOL**

301 UNION AVENUE, LAKEHURST, NEW JERSEY 08733
(732) 657-5741 Fax (732) 408-0681
www.lakehurstschool.org

Mrs. Loren B. Fuhring
Superintendent

Dr. Clifford Barneman
Assistant Superintendent

Mrs. Stephanie Rucci
Vice Principal

PRESCHOOL AND KINDERGARTEN REGISTRATION

Dear Parents:

If your child will be five (5) years old by October 1, 2019 he/she will be eligible to attend Kindergarten in September. If your child will be three (3) or four (4) years old by October 1, 2019 he/she will be eligible to apply to our Preschool. You need to read this information carefully:

1. Call school (732-657-5741) for an appointment to register your child.
Appointments will be made for Thursday, March 21, 2019 through Wednesday, March 27, 2019 between 9:00 a.m. through 2:00 p.m. Registration forms are available in the main office or may be downloaded from our website, www.lakehurstschool.org on the main page. Please complete the registration forms **prior** to your scheduled appointment and bring the **completed** forms with you to your appointment.
2. Also please bring the following documents to registration:
 - a. Two Proofs of Residency
 - **1st proof** -Tax Bill, Water Bill or Deed for homeowners; Current lease for renters
*For persons residing with someone else who owns or rents, the above items must be provided by the homeowner or renter and a **THIRD PARTY RESIDENCY FORM** must be completed and notarized. The parent/guardian will also be required to provide a regular monthly billing in their name (i.e. bank statements, telephone bills)*
 - **2nd proof** – Current Utility Bill
 - b. ID for the parent registering the student. Custody papers may be required to prove residential custody for the student.
PLEASE NOTE: Only the natural parent or legal guardian may register child.
 - c. **Original Birth Certificate** with raised state seal
 - d. Recent Physical Examination
 - e. Proof of Immunization
 1. **Four doses of D.P.T. Vaccine** (Booster required on or after fourth birthday.)
 2. **Three doses of Polio Vaccine** (Booster required on or after fourth birthday.)
 3. **Two doses of Measles, Mumps and Rubella (MMR) Vaccine**
(First dose must be given on or after 1st birthday.)
 4. **Hepatitis B - Series I, II, and III.**
 5. **H.I.B Vaccine - Series I, II, III, and IV** (Mandatory for 4 year olds.)
 6. **Varicella** (chicken pox) **Vaccine** (First dose must be given on or after 1st birthday.)
 7. **Pneumococcal Vaccine** (Mandatory for preschool)
 8. **Flu Vaccine** (Mandatory for preschool - must have by 12/31st)
3. All information must be turned in, in its entirety, on or before June 30, 2019 in order for your child to be eligible to participate in the pre-scheduled screening in August.
4. **Please remember that by registering your child, he/she is not guaranteed a full time or half time slot in the Preschool program. A lottery system will be used to determine your child's placement.**

If you have any questions, please call 732- 657-5741, ext. 111.

Sincerely,

Loren B. Fuhring

Mrs. Loren B. Fuhring
Superintendent

12. The National or Ethnic subgroup which a child or parent/guardian most clearly identifies (Optional). A representative sample of subgroups in New Jersey are listed below. Place an "X" in the box for one or more subgroups (up to 3 selections possible).

<input type="checkbox"/>	Cambodia
<input type="checkbox"/>	China
<input type="checkbox"/>	Colombia
<input type="checkbox"/>	Cuba
<input type="checkbox"/>	Egypt
<input type="checkbox"/>	Germany
<input type="checkbox"/>	Greece
<input type="checkbox"/>	India
<input type="checkbox"/>	Iran

<input type="checkbox"/>	Italy
<input type="checkbox"/>	Korea
<input type="checkbox"/>	Lebanon
<input type="checkbox"/>	Liberia
<input type="checkbox"/>	Mexico
<input type="checkbox"/>	Netherlands
<input type="checkbox"/>	Pakistan
<input type="checkbox"/>	Philippines
<input type="checkbox"/>	Portugal

<input type="checkbox"/>	Puerto Rico
<input type="checkbox"/>	Romania
<input type="checkbox"/>	Taiwan
<input type="checkbox"/>	United States (American)
<input type="checkbox"/>	Ukraine
<input type="checkbox"/>	Vietnam
<input type="checkbox"/>	Other
<input type="checkbox"/>	Other
<input type="checkbox"/>	Other

13. Native Language of Child. The language or dialect first learned by an individual or first used by the Parent/Guardian with a child. This term is often referred to as the first language spoken. A representative sample of languages in New Jersey are listed below. Place an "X" in the box to indicate the native language of the child.

<input type="checkbox"/>	Arabic
<input type="checkbox"/>	Cambodian
<input type="checkbox"/>	Chinese, Mandarin
<input type="checkbox"/>	Chinese, Cantonese
<input type="checkbox"/>	Dutch
<input type="checkbox"/>	English
<input type="checkbox"/>	Farsi
<input type="checkbox"/>	French
<input type="checkbox"/>	German

<input type="checkbox"/>	Greek
<input type="checkbox"/>	Gujarati
<input type="checkbox"/>	Hindi
<input type="checkbox"/>	Japanese
<input type="checkbox"/>	Korean
<input type="checkbox"/>	Mandarin
<input type="checkbox"/>	Marathi
<input type="checkbox"/>	Punjabi, Eastern
<input type="checkbox"/>	Punjabi, Western

<input type="checkbox"/>	Polish
<input type="checkbox"/>	Portuguese
<input type="checkbox"/>	Romanian
<input type="checkbox"/>	Russian
<input type="checkbox"/>	Spanish
<input type="checkbox"/>	Tagalog
<input type="checkbox"/>	Telugu
<input type="checkbox"/>	Urdu
<input type="checkbox"/>	Other

14. If the child was born outside the United States, what date did the child start attending school in the United States?

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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15. Please provide the permanent or home address of the student.

Address:

City:

State: Zip:

NOTE: Please read the following definitions pertaining to resident status carefully before answering the questions.

16. Is the student eligible for migrant education services? A "migratory child" means a child who is, or whose parent or spouse is, a migratory agricultural worker, including a dairy worker or a migratory fisher, and who in the preceding 36 months, in order to obtain, or accompany such parent or spouse, in order to obtain, temporary or seasonal employment in agricultural or fishing work -- has moved from one school district to another or resides in a school district of more than 15,000 square miles, and migrates a distance of 20 miles or more to a temporary residence to engage in a fishing activity.

Yes No

17. Is the student homeless? A student shall be considered homeless if any of the following conditions apply: 1. Resides in a supervised publicly or privately operated shelter designed to provide temporary living accommodations. 2. Resides in an institution that provides a temporary residence for individuals intended to be institutionalized. 3. Resides in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. 4. Lives with a parent in a domestic violence shelter. 5. A runaway living in a shelter. 6. A school-aged mother residing in a home for adolescent mothers. 7. A sick or abandoned child residing in a hospital and would otherwise be released if he or she had a permanent residence. 8. The child of a homeless family which is out of necessity living with relatives or friends. 9. The child of a migrant family which lack adequate housing. 10. Finally, a child or youth shall be considered homeless when a dispute occurs regarding the determination of homelessness, the involved districts shall immediately notify the county superintendent of schools (regional assistant commissioner), who shall decide the status of the child within 48 hours.

Yes No

18. Does the student qualify to receive federal support as an immigrant? An immigrant is a student who is age 3 to 21 and was NOT born in the US, and has not been attending one or more schools in any one or more states for more than three full academic years.

Yes No

19. Are you enrolling in this school as a result of exercising your No Child Left Behind choice option?

Yes No

20. If you answered YES to the above question please identify the reason from the list below.

- No Child Left Behind - School in Need of Improvement
- No Child Left Behind - Unsafe School - Persistently Dangerous School
- No Child Left Behind - Unsafe School - Student is Victim

21. What is the name and location of the institution which provided care, education, and/or services to the student prior to this enrollment?

Name:

Address:

City:

State: Zip:

22. If applicable what was the last grade completed by the student?

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Fourth Grade | <input type="checkbox"/> Ninth Grade |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Fifth Grade | <input type="checkbox"/> Tenth Grade |
| <input type="checkbox"/> First Grade | <input type="checkbox"/> Sixth Grade | <input type="checkbox"/> Eleventh Grade |
| <input type="checkbox"/> Second Grade | <input type="checkbox"/> Seventh Grade | <input type="checkbox"/> Twelfth Grade |
| <input type="checkbox"/> Third Grade | <input type="checkbox"/> Eighth Grade | <input type="checkbox"/> Adult High School |

23. Has the student ever been referred to or evaluated by a Child Study Team?

Yes No

24. What is the extent of formal instruction the student's parent/guardian has received. If currently enrolled, select the previous grade level or highest degree received. (OPTIONAL)

- | | |
|--|--|
| <input type="checkbox"/> No schooling completed | <input type="checkbox"/> High school graduate - high school diploma or the equivalent (i.e. GED) |
| <input type="checkbox"/> Nursery School to 4th grade | <input type="checkbox"/> Some college credit, but no degree |
| <input type="checkbox"/> 5th or 6th grade | <input type="checkbox"/> Associate degree (i.e. AA, AS) |
| <input type="checkbox"/> 7th or 8th grade | <input type="checkbox"/> Bachelor's degree (i.e. BA, AB, BS) |
| <input type="checkbox"/> 9th grade | <input type="checkbox"/> Master's degree (i.e. MA, MS, MEng, Med, MSW MBA) |
| <input type="checkbox"/> 10th grade | <input type="checkbox"/> Professional degree (i.e. MD, DO, DDS, DVM, LLB, JD) |
| <input type="checkbox"/> 11th grade | <input type="checkbox"/> Doctorate degree (i.e. PhD, EdD) |
| <input type="checkbox"/> 12th grade | |

Signature Date:

Parent/Guardian Signature: _____

Title: First Name:

Last name:

Relationship to Student: _____

*****This completes the NJ State Enrollment Form.*****

The following pages requests information specific to the local school districts.

LAKEHURST ELEMENTARY SCHOOL
301 UNION AVENUE, LAKEHURST, NJ 08733

Registration Questionnaire

State ID: _____	For School Use Only	District Student ID: _____
School: _____	Date of Entry: ____ \ ____ \ ____	Grade: _____

Please list siblings attending Manchester Twp. Public Schools:

Name: _____	School: _____	Grade: _____
Name: _____	School: _____	Grade: _____
Name: _____	School: _____	Grade: _____

Is there a Legal Restraining Order or Custody Order in effect? No Yes Explain _____

Primary Contact Information: (person/s with whom student resides)

Legal Relationship: Father Mother Stepfather Stepmother Grandparent
Other Guardian (explain) _____

Last Name

Prefix First Name Middle Initial:

Last Name

Prefix First Name Middle Initial:

Phone Information: Home Phone # Who can be reached at home? _____

Emergency Phone # Home or Work

Description (name & relation) _____

Work 1 Phone #

Name/Relation _____ / _____

Work 2 Phone #

Name/Relation _____ / _____

Cell Phone #

Name/Relation _____ / _____

Pager Phone #

Name/Relation _____ / _____

Email Address:

Name/Relation _____ / _____

Current Address Info:

House # Apart. #

Street

City

State Zip Mailing Address (Use only for P.O. Box address)

If future resident, please provide address and anticipated date of occupancy

Address _____ Date:

STUDENT EMERGENCY CARD - Side 1
NURSE'S OFFICE
 Lakehurst Elementary School District 2019-2020

To Parent or Guardian: In order that the School Nurse may serve your child in case of accident or sudden illness, it is necessary that you provide the information on **both sides** of this card for emergency calls.

Last Name: _____ First: _____ Initial: _____ Today's Date: _____
 Address: _____ Date of Birth: _____
 Home Telephone: _____ Grade: _____ Teacher: _____

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>
Mother/Guardian:	_____	_____	_____
		Home: _____	Home: _____
		Work: _____	Work: _____
		Email: _____	Cell: _____
Father/Guardian:	_____	_____	_____
		Home: _____	Home: _____
		Work: _____	Work: _____
		Email: _____	Cell: _____

List two adults who will assume temporary care of your child if you cannot be reached: These two adults should be two of your emergency contacts listed on student information.

Name: _____	Name: _____
Home Address: _____	Home Address: _____
Work Address: _____	Work Address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Relationship: _____	Relationship: _____

STUDENT EMERGENCY CARD - Side 2

NAME _____

Does this child have any health insurance including NJ FamilyCare/Medicaid, Medicare, private or other?

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 the NJ FamilyCare Program to contact me about health insurance.

Signature: _____ Printed Name: _____ Date: _____

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

List any medical/surgical care your child received during the past year:

Dental Exam	_____	_____	_____
	date		braces
Eye Exam	_____	_____	_____
	date	contacts	glasses
Allergy	_____	_____	_____
	kind		medications
Allergic Reaction	_____	_____	_____
	date		medications
Immunizations/Tetanus	_____	_____	_____
	date		type
Restrictions	_____	_____	_____
	type		
Doctor	_____	Telephone	_____
Dentist	_____	Telephone	_____

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event that physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

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

 Parent/Guardian Signature Date

LAKEHURST ELEMENTARY SCHOOL

Child's Name: _____ Birth Date: _____
(Last) (First) (Middle)

Address: _____ Male: _____ Female: _____

PHYSICAL CODE: 0 = NO DEFECTS 1 = SLIGHT DEVIATION 2 = REQUIRES ATTENTION

Eyes: R _____ L _____	Glands _____	Posture _____	Extremities _____
Throat _____	Bars _____	Spine _____	B/P _____
Teeth _____	Heart _____	Nose _____	Height _____
Abdomen _____	Hernia _____	Lungs _____	Weight _____

MANDATORY IMMUNIZATIONS: (ENTER MONTH, DAY, AND YEAR)

1) DPT: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
(One dose must be given on or after 4th birthday & booster required for children entering 6th grade)

2) POLIO: 1. _____ 2. _____ 3. _____ 4. _____
(One dose must be given on or after 4th birthday)

3) MMR: 1. _____ 2. _____ (1st dose must be on or after 1st birthday)

4) HEPATITIS B: 1. _____ 2. _____ 3. _____

5) H.I.B.: 1. _____ 2. _____ 3. _____ 4. _____

6) VARIVAX (Chickenpox): 1. _____ 2. _____ (1st dose must be on or after 1st birthday)

7) INFLUENZA: _____ (Required for preschool - must be given between 9/1 - 12/31)

8) PNEUMOCOCCAL: _____ (Required for preschool)

9) MENINGOCOCCAL: _____ (Required for students entering 6th grade) (Must be on or after 11th birthday)

10) HEPATITIS A: 1. _____ 2. _____ (not mandatory for school entry)

DISEASES:

Chicken Pox _____	Tuberculosis _____	Streptococcus Infections _____
Mumps _____	Measles _____	T.B. Contact _____
Diphtheria _____	Scarlet Fever _____	Operations _____
Otitis Media _____	Poliomyelitis _____	
Allergies _____		

RECOMMENDATIONS OR RESTRICTIONS CONCERNING THIS PUPIL ENTERING SCHOOL:

Physician's Signature _____ Date _____ Printed or stamped name _____