



**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

**PRE-KINDERGARTEN AND
KINDERGARTEN REGISTRATION**

Dear Parents:

If your child will be five (5) by October 1, 2016 he/she will be eligible to attend Kindergarten in September. If your child will be four (4) by October 1, 2016 he/she will be eligible to apply to our Pre-Kindergarten. 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 Monday, March 21 through Thursday, March 24, 2016 between 9:00 a.m. through 2:00 p.m.
2. Registration forms are available in the main office or may be downloaded from our website, www.lakehurstschool.org in the Virtual Backpack under the Parents and Community tab. Please complete the registration forms **prior** to your scheduled appointment and bring the **completed** forms with you to your appointment.
3. 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)
4. All information must be turned in, in its entirety, on or before June 30, 2016 in order for your child to be eligible to participate in the pre-scheduled screening in August.
5. **Please remember that by registering your child, he/she is not guaranteed a full time or half time slot in the Pre-K 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

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.

STUDENT EMERGENCY CARD - Side 1

NURSE'S OFFICE

Lakehurst Elementary School District 2016-2017

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: _____

Name

Address

Telephone

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:

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 _____	Ears _____	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 born after 1/1/97 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 children born after 1/1/97 & entering 6th grade)

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



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THIRD PARTY RESIDENCY FORM

Date: _____

This is to certify that _____ and his//her child(ren):

reside with _____ in his/her home at: _____
_____, N.J.

The reason for this third party residency is: _____

I understand that State Department of Education rules stipulate that anyone who allows a child to claim false residency in their home so they can be eligible to attend school in a certain district is subject to litigation. Additionally, I also understand that back tuition can be assessed to the parent/guardian of the student found to be falsely claiming residency in the Lakehurst School District.

Resident Signature

Parent/Guardian Signature

PROOF OF RESIDENCY PROVIDED:

Primary Proof

2nd Proof

3rd Proof

Sworn to before me this _____
Day of _____, 20____
