



331 Monmouth Rd, Wrightstown, NJ 08562

Proof of Residency for Students

Please provide two (2) forms of residency proof. One (1) primary document AND one (1) supporting document are required to demonstrate residency.

1. Homeowners:

- ☐ Primary document: Property tax bill, deed, contract of sale, or mortgage bill
AND
- ☐ Supporting document: Current utility bill (cell phone bills are not accepted), voter registration, car registration, or drivers license

2. Renters:

- ☐ Primary document: Current signed lease
AND
- ☐ Supporting document: Current utility bill (cell phone bills are not accepted), voter registration, car registration, or drivers license

3. Military living on JB-MDL:

- ☐ Primary document: Lease from United Communities, must include pages 1 and 3
AND
- ☐ Supporting document: Signed School Choice Option. School Option for military personnel will be enforced

Other documents you are required to bring to registration:

1. Birth Certificate or Passport - Birth Certificate must have a raised seal on it.
2. Current Immunization record
3. Transfer card/transcripts and current report card if transferring from another school
4. Proof of Residency
5. Online Pre-registration. Please print the confirmation page and bring with you.
6. Custody paperwork (if applicable)
7. IEP or 504 Plan (if applicable)

Registration cannot be finalized without the required forms and documentation. If you have any questions about registration or required documents please contact the Board of Education at 609-738-2600.





STUDENT REGISTRATION FORM

OFFICE USE ONLY			
School:		Registration Date:	
State Student ID:		Original Entry Date in District:	
Home School:		Municipality Code: 0326 – North Hanover Twp	
Grade Level:		Resident District: 3650- NHTSD	
Homeroom:	Family code:	Class Of:	
STUDENT'S INFORMATION TO BE COMPLETED BY PARENT/GUARDIAN - PLEASE PRINT			
First Name:		Birth Date:	Age:
Middle Name:		Street Address:	
Last Name:		City/State/Zip:	
		Home Phone #:	
Nick Name:		Mailing Address if different from above:	
Race: <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian Native/Pacific Island <input type="checkbox"/> Asian		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	
Does your child currently have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your child currently have a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth City:		Birth State:	
Birth Country: If outside of US, date your child first entered the country:		Citizenship:	
Primary Language:		Home Language:	
Military Affiliation: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves or National Guard <input type="checkbox"/> Civilian		Branch of Service: Father:	Rank: Father:
		Mother:	Mother:
Has Medical Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name of Health Insurance Co.: _____ If No, would you like your information shared with NJ Family Care? YES or NO (NJ Family Care offers free or low cost health insurance coverage for qualified individuals)			
Has your child attended a previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No Date your child first entered a United State school _____		If yes, please provide: School Name: _____ School Address: _____ _____ Grade Attended: _____ Phone # _____ Fax # _____	



STUDENT REGISTRATION FORM

COMPLETED BY PARENT/GUARDIAN - PLEASE PRINT

Is there a custody agreement, or any legal court order(s) in place regarding this student?

☐ No

☐ Yes

If Yes, please complete the additional CUSTODY FORM and provide the school with a copy of the legal documents.

Student Lives With: (check all that apply)

☐ Both Parents

☐ Mother

☐ Step-Mother

☐ Guardian

☐ Father

☐ Step-Father

☐ Other

Parent/Guardian Contact Information

Contact Name	Relationship	Cell #	Work #	Contact Email
1.	Mother/Stepmother			
2.	Father/Stepfather			

Emergency Contact Information

In the event we are unable to contact a parent or guardian, please list *in order*, emergency contact information:

Contact Name	Contact Relationship	Cell #	Work# or Home #	Has Permission to pick-up child
1.				
2.				
3.				

List All Siblings Living In the Household

Name	Age	School (If Applicable)

Welcome to the North Hanover Township School District!



CUSTODY FORM

To be completed per N.J.S.A. 18A:38-1 and N.J.A.C. 6A:22.3.1(a), to verify the custody and eligibility of the student. Complete copies of all custody orders entered by the Superior Court of NJ and/or by the courts of any other State must be submitted.

Student's name: _____ DOB: _____

Mother's Name: _____

Father's Name: _____

Person filling out this form: _____

Please read ALL of the following and check each line that applies to this student's current situation:

i) _____ **Student resides with both parents**

ii) _____ **Parents are divorced**

Legal Custody:

- (a) _____ Parents have joint legal custody
- (b) _____ Mother has sole legal custody
- (c) _____ Father has sole legal custody

Residential Custody:

- (a) _____ Parents have equal-time residential custody
- (b) _____ Mother has primary residential custody
- (c) _____ Father has primary residential custody

iii) _____ **Parents are separated**

Legal Custody:

- (a) _____ Parents have joint legal custody
- (b) _____ Mother has sole legal custody
- (c) _____ Father has sole legal custody

Residential Custody:

- (a) _____ Parents have equal-time residential custody
- (b) _____ Mother has primary residential custody
- (c) _____ Father has primary residential custody



iv) _____ Parents were never married

Legal Custody:

- (a) _____ Parents have joint legal custody
- (b) _____ Mother has sole legal custody
- (c) _____ Father has sole legal custody

Residential Custody:

- (a) _____ Parents have equal-time residential custody
- (b) _____ Mother has primary residential custody
- (c) _____ Father has primary residential custody

v) _____ Child has court-appointed guardian

vi) _____ Child is in court-assigned foster care

If parents are not married and/or not living together:

Is other parent living or deceased: _____

List name, address, home and work telephone of other parent:

Name: _____

Address: _____

Phone (home) _____ cell _____ work _____

Please initial each of the following:

_____ I understand that without evidence / court documentation to the contrary, both natural parents of a child have equal access to the child, and can release the child from school or withdraw / transfer the student to another district.

_____ I understand that without any evidence /court documentation to the contrary, both natural parents of a child have equal access under N.J.A.C. 6A:32-7 to all school records and information.

_____ I understand that the information furnished in this form will be relied upon by the school district as the basis for admitting the child to school, and for making determinations regarding custody and access issues, and that I am responsible to keep the school district advised of any subsequent changes in custody or other status affecting this child.

Signature of Parent/Legal Guardian

(Date)

(Printed Name of Parent/Legal Guardian)



RESIDENCY DECLARATION

Student's Name

I, _____, have been informed by the North Hanover
(residential parent/guardian)

Township School District that only residents of North Hanover Township and Joint Base, McGuire-Dix-Lakehurst (JB-MDL) can register students in North Hanover Township Schools.

I am aware that any person who makes a false statement or permits false statements to be made for the purpose of allowing a non-resident to attend North Hanover Township Schools, commits a disorderly persons offense pursuant to N.J. 18A: 38-1 and may be prosecuted by law.

I authorize North Hanover Township Schools to investigate and confirm any and all information provided by me and used in the enrollment of the student referenced above. If any information is false I am aware that enrollment in North Hanover Township Schools will be terminated.

By initialing I am stating:

Initial one

1. I am a resident of North Hanover Township or JB-MDL _____
2. I am temporarily residing in North Hanover Township with a resident _____
3. I am temporarily residing on JB-MDL **WITH A RESIDENT FAMILY** _____
4. I am temporarily residing in North Hanover Township in a shelter,
hotel/motel or other temporary facility. _____

I understand:

Initial

5. Any changes in residency must be reported immediately _____

Signature of Parent/Guardian

Date

District Registrar

Date



New Student: _____

Address Change: _____

Child Care Change: _____

STUDENT TRANSPORTATION FORM

If your child is participating in the YMCA before and/or after school enrichment program, you must provide your own transportation to and from the program.

PLEASE PRINT *(List all students attending the North Hanover Township School District)*

Student Name:	School Attending:	Grade:
Student Name:	School Attending:	Grade:
Student Name:	School Attending:	Grade:
Student Name:	School Attending:	Grade:

Student will be PICKED UP at the following location:

- ☐ Parent Transport
- ☐ Home: _____
- ☐ School Age Program **McGuire** Bldg. 3830 E. Scott St, Grades K-6
- ☐ School Age Program **Dix** Bldg. 5219 8th Street, Grades K-6
- ☐ Youth Program **Dix** Bldg. 1279 Locust St, Ages 9 And Up
- ☐ YMCA Program - Endeavour & CB Lamb Only - No Transportation to Program
- ☐ Alternate in District Address: _____

Student will be DROPPED OFF at the following location:

- ☐ Parent Transport
- ☐ Home: _____
- ☐ School Age Program **McGuire** Bldg. 3830 E. Scott St, Grades K-6
- ☐ School Age Program **Dix** Bldg. 5219 8th Street, Grades K-6
- ☐ Youth Program **Dix** Bldg. 1279 Locust St, Ages 9 And Up
- ☐ YMCA Program - Endeavour & CB Lamb Only - No Transportation to Program
- ☐ Alternate in District Address: _____

Person(s) authorized to receive my child off the bus (in addition to parents/guardians): **Relationship to child:**

Parent/Guardian Name (please print)	Mobile Number
I give permission for my child to ride the school bus as indicated above:	Date
Signature of Parent/Guardian: _____	

****ALL transportation change requests must be received in writing & require 3 school days notice. ****



The North Hanover Township School District has contracted with SchoolMessenger, a leading provider of notification services for parental outreach, emergency broadcasts, student attendance alerts, and other education related communications.

You do not need to sign up or register to receive messages through the SchoolMessenger system.

However, we do need your permission to contact you using mobile phone numbers.

Please indicate your consent at the bottom of this form.

The SchoolMessenger system is linked directly to the contact information we have in our Genesis Student Information System. Please login to the Parent Portal and visit the Contacts screen to review your current contact information. If you need to edit any information on the Parent Portal Contacts screen, please contact the secretary or clerk at your child's school.

SchoolMessenger has an app that will allow you to control how you would like to receive the various types of messages that may be sent through the system. The app is called SchoolMessenger's Info Center. Please visit InfoCenter.SchoolMessenger.com for more information. You will also find a link to this site on our district website.

You may elect to receive messages through phone, email or text. Text messaging requires a separate opt-in consent response from your mobile device. If you do not receive an invitation on your mobile device to opt-in to text messaging once your child begins school, then you may also opt-in by texting Y or Yes to our short code 67587.

PLEASE INDICATE YOUR CONSENT BELOW

Student Name _____ School _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

- ☐ I give permission to be called on mobile phone numbers contained in my child's Genesis Student Information System profile using automatic dialing equipment.



School Choice Option for JB-MDL Residents

Student name: _____

Parent Name: _____



Families arriving at JB-MDL have the option to choose the school district that their children will attend. This is a unique benefit only for military families living on JB-MDL.

- Both North Hanover Township Schools www.nhanover.com and Pemberton Township Schools www.pemberton.k12.nj.us are options for your children in grades PreK-6.
- Families with children in grades 7-12 can choose between Northern Burlington Regional School District www.nburlington.com and Pemberton Township Schools www.pemberton.k12.nj.us.
- Children who attend North Hanover for PreK-6 will automatically attend Northern Burlington for middle and high school. Children who enroll in Pemberton Township Schools at any level will remain in Pemberton Township Schools.



We encourage you to understand the choices. Selection of a school district is subject to the following guidelines. These guidelines apply to all public school enrollments from pre-school through high school age students Please initial each to verify your understanding.

- ___ 1. Only families living on JB-MDL have school choice. Families living off base must attend school where they reside.
- ___ 2. Families who arrive to JB-MDL without a housing assignment have 10 days from the receipt of their housing assignment to select a school district to be their district of residence. This cannot be extended. Families who do have their housing assignment upon arrival should select their district of residence before or upon arrival.
- ___ 3. The district selected for the oldest child becomes the district of residence for the entire family. Families cannot place children in different school districts.
- ___ 4. The location of your residence on JB-MDL does not affect your choice of school district.
- ___ 5. Transportation is provided to either school district, regardless of where you live on JB-MDL.
- ___ 6. Once you select a school district, you cannot change districts. You should fully expect to consult with school staff to discuss any concerns you have with the programs in that district.

The availability of this unique option for military families is dependent upon the integrity of this agreement. Your understanding of and cooperation with the terms of the agreement is important. Joint Base MDL has school liaison officers available to discuss the options with families. They can be reached at 609-754-3154. We encourage you to give your choice serious consideration. We look forward to working with you to provide educational stability for your children while you reside at JB-MDL.

Mrs. Helen Payne
Superintendent
North Hanover Township Schools

Mr. Jeff Havers
Superintendent
Pemberton Township Schools

Dr. Andrew Zuckerman
Superintendent
Northern Burlington Regional Schools



New Jersey Home Language Survey

Student's name: _____ Age: _____
[First] [Last]

Please start with Question 1 and continue until the survey is complete.

Question 1: What was the first language used by the student? _____

- If first language is other than English, then continue to question 2a
- If first language is English, then continue to question 2b

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

YES NO

If yes, then list home language(s) spoken:

_____ SURVEY COMPLETE

If no, then continue to question 4

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

YES NO

If yes, then continue to question 4

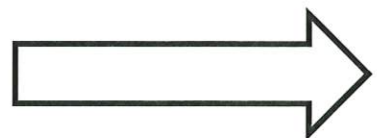
If no, then continue to question 3

Question 3: Does the student understand a language other than English?

YES NO

If yes, then continue to question 4

If no, SURVEY COMPLETE



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

YES NO

If yes, then list home language(s) spoken:

_____ SURVEY COMPLETE

If no, then continue to question 5

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

YES NO

If yes, then list home language(s) spoken:

_____ SURVEY COMPLETE

If no, then continue to question 6

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

YES NO

If yes, then list home language(s) spoken:

_____ SURVEY COMPLETE

If no, SURVEY COMPLETE

With the information gathered on survey, I acknowledge that my child may be assessed with the WIDA MODEL Placement Test to determine if they qualify for English language support services.

Person completing the survey: ☐ Mother ☐ Father ☐ Grandparent ☐ Guardian ☐ Other

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



331 Monmouth Rd, Wrightstown, NJ 08562
Helen Payne, Superintendent of Schools

STUDENT RECORD REQUEST FORM

Student Name: _____

Date of Birth: _____ Date Withdrawn: _____

Grade Level at time of withdrawal: (circle level) PreK K5 1 2 3 4 5 6

Transferring School: _____ Phone: _____

Street: _____ Fax: _____

City: _____ State: _____ Zip: _____

Please forward this information to the address circled below. We appreciate your assistance.

Endeavour Elementary School 1 School Rd Joint Base MDL, NJ 08641 T: 609-738-6301 F: 609-738-6305	CB Lamb School 46 Schoolhouse Rd Wrightstown, NJ 08562 T: 609-738-2630 F: 609-758-4993	Upper Elementary School 331 Monmouth Rd Wrightstown, NJ 08562 T: 609-738-2622 F: 609-738-2658
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I hereby authorize the North Hanover Township School District to obtain the following information concerning the above named student. I certify that all information provided is true to the best of my knowledge.

Sign: _____

Parent/Guardian

Date

Pursuant to public law regulating the release of school records, we as officials of a public school are requesting:

- ☐ Birth Certificate
- ☐ Transcript of academic records
- ☐ Standardized test results
- ☐ Health/Immunization records including most recent physical
- ☐ Discipline records
- ☐ Withdrawal papers including grades, absences and withdrawal date
- ☐ Copy of grading scale
- ☐ Special Education records
- ☐ ALL OF THE ABOVE

First Request _____

Second Request _____

Third Request _____

Telephone (609) 738-2600

Fax (609) 738-2659



HEALTH FORMS REGISTRATION CHECKLIST

☐ **INITIAL ENTRY into school:**

- Immunization Records **must be provided prior to student start date*
- Universal Child Health Record Form, **must be provided prior to student start date*. Form must be signed by a doctor & exam must be completed within the past 365 days
- Health History Questionnaire (additional forms required if asthma, EpiPen, diabetes or medication in school)
- General Release of Information Consent Form

☐ **TRANSFERRING from another NJ school:**

- Immunization Records **must be provided prior to student start date*
- Universal Child Health Record Form, **must be provided within 30 days of student start date*. Form must be signed by a doctor & exam must be completed within the past 365 days
- Signed 30-day Grace Period Acknowledgment Letter (only applicable if Universal Child Health Form is not submitted)
- Health History Questionnaire (additional forms required if asthma, EpiPen, diabetes or medication in school)
- General Release of Information Consent Form

☐ **TRANSFERRING from a state outside of NJ**

- Immunization Records, **must be provided within 30 days of student start date*
- Universal Child Health Record Form, **must be provided within 30 days of student start date*. Form must be signed by a doctor & exam must be completed within the past 365 days
- Signed 30-day Grace Period Acknowledgment Letter (only applicable if immunization records and/or Universal Child Health Form are not submitted)
- Health History Questionnaire (additional forms required if asthma, EpiPen, diabetes or medication in school)
- General Release of Information Consent Form

☐ **TRANSFERRING from a country outside of the US**

- Immunization Records, **must be provided within 30 days of student start date*
- Universal Child Health Record Form, **must be provided within 30 days of student start date*. Form must be signed by a doctor & exam must be completed within the past 365 days
- Signed 30-day Grace Period Acknowledgment Letter (only applicable if immunization records and/or Universal Child Health Form are not submitted)
- Health History Questionnaire (additional forms required if asthma, EpiPen, diabetes or medication in school)
- General Release of Information Consent Form
- Tuberculin Testing (if applicable) **provide "Required Tuberculin Testing" form*

SCHOOL NURSES:

C.B. Lamb, Kim Willever, kwillever@nhanover.com; Endeavour School, Corie Smylie, csmylie@nhanover.com & Sara Brodowski, sbrodowski@nhanover.com; U.E.S., Tina Zack, tzack@nhanover.com

**Your child's school nurse will review your completed forms and will contact you if any additional information is required.*



HEALTH HISTORY QUESTIONNAIRE

NAME _____ **DATE OF BIRTH** _____ **TEACHER/GRADE** _____

Please answer the following questions about the student's medical history by circling the correct response. Explain all "yes" responses on the lines below the questions. Please respond to all questions. (Per NJAC 6A 16 1.4-8)

1. Is your child taking any medications? (home and/or at school) **Yes** **No**

MEDICATION NAME	DOSAGE	FREQUENCY

2. Has your child ever had or currently have:

Restriction from physical education for a health related problem?	Yes	No
An injury or illness since the last questionnaire?	Yes	No
A chronic or ongoing illness (such as diabetes or asthma)?	Yes	No
Does your child need an inhaler or nebulizer medication for school?	Yes	No
Surgery, hospitalization or any emergency department visits?	Yes	No
Any allergies to food, medication or latex?	Yes	No
Does your child need an Epi-Pen and/or antihistamine (e.g. Benadryl) for school?	Yes	No
Been stung by a bee? Any reaction?	Yes	No
Any anemia, blood disorders, sickle cell disease/trait, bleeding tendencies or clotting disorders?	Yes	No
Any bathroom issues? (frequency, bathroom accidents, kidney problems, bedwetting)	Yes	No
Any concerns/history of developmental or behavioral issues (ADHD/Autism)?	Yes	No

Please Explain all "yes" answers here (include relevant dates)

3. Has your child ever had or does your child currently have any of the following head related conditions:

Concussion, head injury or knocked out?	Yes	No
Seizures?	Yes	No
Frequent or severe headaches?	Yes	No

Explain all "yes" answers here (include relevant dates)

4. Has your child ever had or does your child have any of the following heart related conditions:

Restriction from sports for heart problems?	Yes	No
Heart murmur?	Yes	No
High blood pressure? Elevated Cholesterol?	Yes	No
Heart infection?	Yes	No
Dizziness or passing out during or after exercise without known cause?	Yes	No
Has provider ever ordered a heart test (EKG, echocardiogram, stress test, Halter monitor)?	Yes	No
Racing or skipped heartbeat?	Yes	No

Explain all "yes" answers here (include relevant dates)

Student Name _____

5. Has your child ever had or does your child have any of the following *eye, ear, nose, mouth or throat* conditions:

Vision problems:	Yes	No
Wears eyeglasses, contacts, or protective eyewear? (circle which type)	Yes	No
Hearing problems?	Yes	No
Wears hearing aids or implants?	Yes	No
Nasal fractures or frequent nosebleeds?	Yes	No
Wear braces, retainer or protective mouth gear?	Yes	No
Frequent strep or any other conditions of the throat?	Yes	No
Tubes in ears, tonsils and/or adenoids removed?	Yes	No

Explain all "yes" answers here (include relevant dates)

6. Has your child ever had or does your child have, any of the following *neuromuscular/orthopedic* conditions:

A sprain or strain?	Yes	No
Dislocated joint, fracture, stress fracture or broken bone?	Yes	No
Wear a protective brace or equipment?	Yes	No

Explain all "yes" answers here (include relevant dates)

7. Has your child ever had or does your child have, any of the following *general or exercise related* conditions:

Difficulty breathing during exercise, or after running 1 mile (if applicable)?	Yes	No
Coughing, wheezing or shortness of breath in weather changes?	Yes	No
Exercise induced asthma?	Yes	No
Viral infections (e.g. mono, hepatitis, Chickenpox)?	Yes	No
Any of the following skin conditions: eczema, cold sores/ herpes, impetigo, MRSA, ringworm, warts?	Yes	No
Heat related problems? (dehydration, dizziness, fatigue, headaches)	Yes	No
Any emotional concerns?	Yes	No
Absence or loss of an organ? (kidney, eyeball, spleen, testicle, ovary)	Yes	No

Explain all "yes" answers here (include relevant dates)

8. Do you have any concerns regarding your child's weight? _____

9. Females only: Menstruation Yes No Any related issues? _____

10. Has your child received any immunizations in the past year? If yes, please attach a copy of the immunization record.

11. Last medical checkup: Date _____ Physician: _____

NOTE: Yearly screenings are conducted for all students. This may include dental, vision, hearing, blood pressure and measurement of height and weight. You will be given the results of the screenings once all of the data is collected. Scoliosis (lateral curvature of the spine) screening will be conducted by the school nurse on children 10 years of age or older. Should you have any questions, please call the school nurse.

I understand and give my permission to allow my child to be screened and that relevant information regarding my child's health may be shared with appropriate school personnel and other health care providers as necessary. I give my permission to release my child's health information to the School Nurse at North Hanover Township Public School upon request.

I understand that the school nurse may provide first aid and emergency treatment including, but not limited to the administration of epinephrine.

Signature of parent/guardian

Date

Telephone number



STUDENTS TRANSFERRING FROM OUTSIDE OF NJ OR THE US
ACKNOWLEDGEMENT LETTER OF 30 DAY GRACE PERIOD

Student's Name: _____

According to State of New Jersey rules and regulations, students transferring into a New Jersey school from out-of-state or out-of-country may be allowed a 30-day grace period in order to obtain entry examination documentation. This includes health physical and proof of immunizations.

If no documentation is obtained after the 30 days have elapsed, **student may not attend school until documentation is provided and at least one dose of all age-appropriate required vaccines are received.*

Parent Signature

Date

Anticipated enrollment date: _____

Paperwork due date: _____
(30 days from student enrollment date)



North Hanover Schools, Wrightstown, NJ 08562

**General Release of Information
Consent Form**

I, _____

give permission to the School Nurse to disclose specific information about my child's health record for the purpose of health and safety management while at school.

Child's Name: _____

Parent or Legal Guardian's Signature: _____

Date: _____



REQUIRED TUBERCULIN TESTING IN NEW JERSEY SCHOOLS

Students entering a U.S. school for the first time in New Jersey or transferring into a New Jersey school from **ANY country NOT** listed below must receive an IGRA or Mantoux tuberculin skin test unless they meet an exemption criterion.

Albania	Costa Rica	Ireland	New Zealand	Trinidad & Tobago
America Samoa	Cuba	Israel	North Ireland	Turks & Caicos Islands
Andorra	Cyprus	Italy	Norway	United Arab Emirates
Antigua & Barbuda	Czech Republic	Hungary	Oman	United Kingdom of
Australia	Denmark	Jamaica	Puerto Rico	Great Britain &
Austria	Dominica	Jordan	Saint Kitts & Nevis	Northern Ireland
Barbados	Finland	Lebanon	St. Lucia	United States of
Belgium	France	Luxembourg	Samoa	America
Bermuda	Germany	Malta	San Marino	United States Virgin
Canada	Greece	Monaco	Slovakia	Islands
Cayman Islands	Greenland	Montserrat	Slovenia	
Chile	Grenada	Netherlands	Sweden	
Cook Islands	Iceland	Netherlands Antilles	Switzerland	

PLEASE HAVE YOUR PHYSICIAN COMPLETE THE FOLLOWING:

Child's Name

Place of Birth

Date Mantoux test placed

Date Mantoux test read

Result (mm) mm

---OR---

Date of IGRA test

Result of IGRA test

Physician's Signature

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number () -		Work Telephone/Cell Phone Number () -	
Parent/Guardian Name		Home Telephone Number () -		Work Telephone/Cell Phone Number () -	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted:		Weight (must be taken within 30 days for WIC)			
		Height (must be taken within 30 days for WIC)			
		Head Circumference (if <2 Years)			
		Blood Pressure (if ≥3 Years)			
IMMUNIZATIONS		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> <i>I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.</i>					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					