Hasbrouck Heights Public Schools Student Information

First Name:	Address:		Birthpla	ace City:	
Middle Name:	City/State/Zip:		Birthpla	ace State:	
Last Name:	Gender:		Birthpla	ace Country:	
Birthdate:	Ethnicity:		Second	ary Language:	
Home Phone:	Siblings:				
Mother's Information		Fa	ther's Informatior	١	
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: Nam	ne:		_ Cell Phone:		
Additional Emergency Contact: Nam	e:	Relation:	_ Cell Phone:		
Additional Emergency Contact: Nam	e:		_ Cell Phone:	Home Phone:	
Are there any restraining orders and Student Lives With: Both Parents			yes, please attac		

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)
	se check the appropriate section A,B,C or D, according to the situation best matching tudent's circumstance.
If you have ar	ny questions regarding the completion of the attached forms kindly contact:

Mrs. L. Mason - Middle School 201-393-8170

Mrs. P. Hone - Euclid School 201-393-8176

Mrs. M. Klenk - High School 201-393-8155

Ms. D. Sisco - Lincoln School 201-393-8182

REGISTRATION FORM

Date: School:			
Student:			
Last Name	First Name	Middle N	ame
Age: Date of Bir	th:	Male:	Female:
City of Birth:	State of Bir	th:	
Country of Birth (if other than the US	SA):		
If not born in the United States, date of	child first entered the U.S.:		
Ethnicity: Hispanic	Non-Hispanic		
Race (please check): White Asian Black	Pacific I	n Indian slander	
Name of Parent(s)/Guardian(s):			
Person Enrolling Student:			
Relationship to Student If Other Than	n Parent:		
Child Lives With (circle one): Be	oth parents Mother	Father	Guardian
Student's Physical Address:			
Mailing Address (if different):			
Home Telephone (Including Area Cod	de):		
Other Phone or Fax (if any):			
Parent(s)/Guardian(s) Physical Addre	ess:		
Mailing Address (if different):			
Are you and your child currently home	eless?		
Home Telephone (including area code	e):		
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

How lon	g have you lived in this residence?
residenc financia	ring four original forms of proof as evidence of personal attachment to the address given as your see. The following will be accepted for consideration: Voter registrations, licenses, permits, account information, utility bills, delivery receipts, and other evidence of personal attachment to ess given:
	1
	2
	3
	4
Student Ir	nformation (all originals):
	ertificate
	Card
	zation Record
Most Re	ecent Report Card
Name &	z Address of Previous School :
	Services — Previous School Classified Student 504 Student Speech/Language Basic Skills Instruction ESL Program PAC Program Other Program Offerings
Explain.	
If High S	School student, list athletic teams in which you have participated: 1
	2
	3
	4
Signatur	e 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:

${\tt HASBROUCK\ HEIGHTS\ PUBLIC\ SCHOOLS} \\ {\tt PART\ II.\ AFFIDAVIT\ OF\ APPLICANT\ (HASBROUCK\ HEIGHTS\ RESIDENT)} \\$

	, 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
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 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 pro15 days prior to the beginning of each school year.
7,	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 frankylently allow the child to use my residence and I am not the primary financial supporte
	the second secon

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

		Y OF BERGEN) OF NEW JERSEY)
, _		, 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 theday 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

12. I fully understand and agree that:

sworn statement is a part, and they are absolutely true in all respects.

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.

Hasbrouck Heights Board of Education to accept the child as a student in the Hasbrouck Heights School

11. This sworn statement and APPLICATION FOR ADMISSION are made specifically to induce the

System without payment of tuition, knowing that the Board of Education will rely on them.

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 SUBSCIRBED TO THIS

DAY OF

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:	Sta	ate:	Zip Code:	
Phone Number:				
		Survey Quest	<u>ions</u>	
1. What was the fi	rst language us	ed by the studen	1?	
(If a language other tha	n English, proceed	d to question 2a. If	English, continue to question 2b)	
2a. At home, does to time?	he student hear	or use a languag	e other than English more than half of the	
	Yes	No		
(If yes, go to question 7 Review Process. If no,			HLS is complete. Proceed to step 2: Records	
2b. At home, does to time?	he student hear	or use a languag	e other than English more than half of the	
	Yes	No		
(If yes, continue to que	stion 4. If no, cont	inue 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 ques Student is not an ELL.)	stion 4. If no, do not proce	eed to Step 2: Records Review Process. HLS is complete.			
4. When interacting than English more th		guardians, does this student use a language other			
	Yes	No			
(If yes, go to question 7 Review Process. If no, o		s) spoken. HLS is complete. Proceed to Step 2: Records			
	with caregivers other t r than English more th	han his/her parents or guardians, does the student an half of the time?			
	Yes	No			
(If yes, go to question 7 Review Process. If no,		s) spoken. HLS is complete. Proceed to Step 2: Records			
6. Has the student re an English language		nother school district where he/she was identified as			
	Yes	No			
		s) spoken. HLS is complete. Proceed to Step 2: Records Records Review Process. HLS is complete. Student is not			
7. List home langua	ges spoken.				

ATTENTION PARENT/GUARDIAN: The preparticipation physical examination (page 3) must be completed by a health care provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Name				Date of birth		
Sex Age	Grade Sc	hool		Sport(s)		
Medicines and Allergies: Plo	ease list all of the prescription and over	r-the-co	unter m	nedicines and supplements (herbal and nutritional) that you are currently	taking	
Do you have any allergies? ☐ Medicines	☐ Yes ☐ No If yes, please id ☐ Pollens	entify spe	ecific all	lergy below. □ Food □ Stinging Insects		
				D dunging indeeds		
	Circle questions you don't know the a			1		T
GENERAL QUESTIONS		Yes	No	MEDICAL QUESTIONS 26. Do you cough, wheeze, or have difficulty breathing during or	Yes	No
 Has a doctor ever denied or re any reason? 	estricted your participation in sports for			after exercise?		
	dical conditions? If so, please identify			27. Have you ever used an inhaler or taken asthma medicine?		
below: ☐ Asthma ☐ Ane Other:	emia 🗆 Diabetes 🗀 Infections			28. Is there anyone in your family who has asthma?		
Have you ever spent the night	t in the hospital?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
4. Have you ever had surgery?	e experie			30. Do you have groin pain or a painful bulge or hernia in the groin area?		
HEART HEALTH QUESTIONS ABO	OUT YOU	Yes	No	31. Have you had infectious mononucleosis (mono) within the last month?		
5. Have you ever passed out or r	nearly passed out DURING or			32. Do you have any rashes, pressure sores, or other skin problems?		
AFTER exercise?	t noin tightness or prossure in your			33. Have you had a herpes or MRSA skin infection?		
chest during exercise?	t, pain, tightness, or pressure in your			34. Have you ever had a head injury or concussion?		-
7. Does your heart ever race or s	skip beats (irregular beats) during exercise?			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
	at you have any heart problems? If so,			36. Do you have a history of seizure disorder?		
check all that apply: High blood pressure	☐ A heart murmur			37. Do you have headaches with exercise?		
☐ High cholesterol	☐ A heart infection			38. Have you ever had numbness, tingling, or weakness in your arms or		
☐ Kawasaki disease	Other:			legs after being hit or falling? 39. Have you ever been unable to move your arms or legs after being hit		+
Has a doctor ever ordered a to echocardiogram)	est for your heart? (For example, ECG/EKG,			or falling?		
	I more short of breath than expected			40. Have you ever become ill while exercising in the heat?		<u> </u>
during exercise?	dend edecad			41. Do you get frequent muscle cramps when exercising?		
11. Have you ever had an unexpla	ained seizure? t of breath more quickly than your friends			42. Do you or someone in your family have sickle cell trait or disease?		┼
during exercise?	tor breath more quickly than your menus			43. Have you had any problems with your eyes or vision? 44. Have you had any eye injuries?		┼
HEART HEALTH QUESTIONS ABO	OUT YOUR FAMILY	Yes	No	44. Nave you had any eye injuries: 45. Do you wear glasses or contact lenses?		+
	ative died of heart problems or had an			46. Do you wear protective eyewear, such as goggles or a face shield?		1
	udden death before age 50 (including cident, or sudden infant death syndrome)?			47. Do you worry about your weight?		
	ave hypertrophic cardiomyopathy, Marfan			48. Are you trying to or has anyone recommended that you gain or		
, , ,	ght ventricular cardiomyopathy, long QT e, Brugada syndrome, or catecholaminergic			lose weight?		+
polymorphic ventricular tachy				49. Are you on a special diet or do you avoid certain types of foods? 50. Have you ever had an eating disorder?		+
	ave a heart problem, pacemaker, or			51. Do you have any concerns that you would like to discuss with a doctor?		+
implanted defibrillator? 16 Has anyone in your family had	d unexplained fainting, unexplained		-	FEMALES ONLY		
seizures, or near drowning?	s anoxplained failurg, unexplained			52. Have you ever had a menstrual period?		
BONE AND JOINT QUESTIONS		Yes	No	53. How old were you when you had your first menstrual period?		
 Have you ever had an injury to that caused you to miss a pra 	o a bone, muscle, ligament, or tendon			54. How many periods have you had in the last 12 months?		
	n or fractured bones or dislocated joints?			Explain "yes" answers here		
	hat required x-rays, MRI, CT scan,					
20. Have you ever had a stress fra	acture?]		
	you have or have you had an x-ray for neck bility? (Down syndrome or dwarfism)					
	orthotics, or other assistive device?					
23. Do you have a bone, muscle,	· · · · · · · · · · · · · · · · · · ·					
	painful, swollen, feel warm, or look red?					
25. Do you have any history of juy	venile arthritis or connective tissue disease	'				

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HE0503

9-2681/0410

■ PREPARTICIPATION PHYSICAL EVALUATION

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Ex	am					
Name				Date of birth		
Sav	Λαρ	Grade	School			
36X	Aye	uraue	301001	Sport(s)		
1. Type o	of disability					
2. Date o	of disability					
3. Classif	fication (if available)					
4. Cause	of disability (birth, di	sease, accident/trauma, other)				
5. List the	e sports you are inte	rested in playing				
					Yes	No
6. Do you	u regularly use a brad	e, assistive device, or prostheti	c?			
7. Do you	use any special bra	ce or assistive device for sports	9?			
		essure sores, or any other skin	problems?			
		? Do you use a hearing aid?				
	ı have a visual impai					
		rices for bowel or bladder funct	ion?			
		comfort when urinating?				
	you had autonomic dy			2		
			hermia) or cold-related (hypothermia) illnes	SS?		
	u have muscle spasti		w modication?			
		res that cannot be controlled by	y medication?			
Explain "ye	es" answers here					
Please indi	cate if you have eve	er had any of the following.				
					Yes	No
	al instability					
_	uation for atlantoaxia					
	joints (more than on	e)				
Easy bleed						
Enlarged s	pieen					
Hepatitis	a or ostoonorooio					
	a or osteoporosis controlling bowel					
	ontrolling bladder					
	or tingling in arms o	r hande				
	or tingling in legs or					
	in arms or hands	1000				
	in legs or feet					
	ange in coordination					
	ange in ability to walk	ζ				
Spina bifid	, ,					
Latex aller						
					1	
Explain "ye	es" answers here					
			<u> </u>			
I hereby sta	ate that, to the best	of my knowledge, my answe	rs to the above questions are complete	and correct.		
_						
Signature of a	Ala Lada		Signature of parent/guardian		Date	

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

_____ Date of birth ___

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name ____

PHYSICIAN REMIN	DERS						
	uestions on more sensitiv						
	ed out or under a lot of pre						
	nd, hopeless, depressed, on vour home or residence?	r anxious?					
	d cigarettes, chewing toba	cco. snuff. or din?					
	days, did you use chewin						
	ol or use any other drugs?						
		ed any other performance s					
	t belt, use a helmet, and u	p you gain or lose weight o	r improve your	periormance?			
		r symptoms (questions 5–1	14).				
EXAMINATION	•						
	Weight		□ Mala	☐ Female			
Height	Weight		☐ Male				
BP /	(/)	Pulse	Vision		L 20/	Corrected Y N	
MEDICAL				NORMAL		ABNORMAL FINDINGS	
Appearance	hooselissis bigb sychod nol	ata naatua ayaayatum araab	an a da atulu				
	noscollosis, nigri-arched par yperlaxity, myopia, MVP, aort	ate, pectus excavatum, arach	illouactyly,				
Eyes/ears/nose/throat	yporiaxity, myopia, mvi, aort	io indumoronoj)					
Pupils equal							
Hearing							
Lymph nodes							
Heart a							
	n standing, supine, +/- Valsa	alva)					
Location of point of m Pulses	iaximai impuise (PIVII)				-		
Pulses • Simultaneous femoral	I and radial nulses						
Lungs	and radial paloco						
Abdomen							
Genitourinary (males only	v)b						
Skin	<i>y</i> /						
	ve of MRSA, tinea corporis						
Neurologic ^c							
MUSCULOSKELETAL							
Neck							
Back							
Shoulder/arm							
Elbow/forearm							
Wrist/hand/fingers							
Hip/thigh							
Knee							
Leg/ankle							
Foot/toes							
Functional							
Duck-walk, single leg	hop						
bConsider GU exam if in private	e setting. Having third party pres	abnormal cardiac history or exam. ent is recommended. ting if a history of significant conc					
☐ Cleared for all sports v							
☐ Cleared for all sports v	without restriction with reco	mmendations for further eval	uation or treatm	ent for			
□ Not cleared							
□ Pending	further evaluation						
-							
☐ For any	•						
☐ For certa	ain sports						
Reason							
Recommendations							
participate in the sport(s	s) as outlined above. A cop is been cleared for particip	by of the physical exam is c	on record in my	office and can be ma	de available to the	opparent clinical contraindications to practices school at the request of the parents. If co- potential consequences are completely ex	nditions
Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type)							
				Phone			
						FIIUIR	
Signature of physician,	APN, PA						

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■ 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 eva	aluation 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:
The office of a minimum and a	
	Reviewed on(Date)
	Approved Not Approved
	Signature:
	articipation physical evaluation. The athlete does not present apparent 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 parer	nts. If conditions arise after the athlete has been cleared for participation,
the physician may rescind the clearance until the problem is resolv (and parents/guardians).	red and the potential consequences are completely explained to the athle
Name of physician, advanced practice nurse (APN), physician assistant (PA) Date
	Phone
Signature of physician, APN, PA	
Completed Cardiac Assessment Professional Development Module	
DateSignature	
•	

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