



MONTAGUE RESIDENTS  
***MONTAGUE  
KINDERGARTEN  
REGISTRATION***  
MONTAGUE ELEMENTARY  
SCHOOL  
475 Rt. 206  
Montague, New Jersey

- ❖ Kindergarten registration for the 2011/2012 school year will be held by appointment at the Montague Elementary School. If your child will be five (5) years old on or before October 1, 2011, we urge you to register him/her for kindergarten.
  
- ❖ Once you have picked up a kindergarten registration packet you can set an appointment, with the school nurse, to finalize registration for your child. **The following are required at the time of registration:**
  1. Completion of an entire application packet and medical forms.
  2. Current immunization records including hepatitis "B" series record.
  3. Original Birth Certificate
  4. Two (2) proofs of residency with physical street address. One proof **must** be a NJ Driver's License and/or car registration showing a Montague Street address, a PO Box is not acceptable. A title, lease, mortgage agreement, utility bill, or signed contract is acceptable as the second proof of residency.
  5. Physical Examination Form completed or date of appointment.
  
- ❖ **Babysitting is not available at the time of registration.** It will take approximately fifteen (15) minutes while parents fill out necessary paperwork.
  
- ❖ **Incoming kindergarten students need not be present at registration.**

Registration will be on the following dates: March 1, 2, 3, 2011. Appointments will be scheduled in fifteen (15) minute intervals from 9:00 a.m. until 2:00 p.m. You must call Mrs. Jayne Alles, School Nurse at 973-293-7131 extension 214 for an appointment.

If you have any questions regarding the registration process, please feel free to call Montague Elementary School at 973-293-7131, extension 203.

**MONTAGUE TOWNSHIP SCHOOL DISTRICT  
MONTAGUE ELEMENTARY SCHOOL  
475 Route 206**

**Montague, NJ 07827**

**V: 973 293 7131 / F: 973 293 3391**

***www.montagueschool.org***

Janice L. Hodge  
*Chief School Administrator/Principal*

John W. Waycie  
*Business Administrator/Bd. Secretary*

Patricia Romyns  
*Assistant to the Chief School Administrator*

Dominic Esposito  
*Assistant Principal*

**RESIDENCY REQUIREMENTS**

In order to have your son/daughter educated by the Montague Township Elementary School District, they and you as a parent or legal guardian must be full-time residents.

So as not to delay the registration process we are accepting the information you are supplying at the time of registration. This information may or may not be sufficient for us to satisfy our residency requirements. This form, along with your registration form, will be forwarded to my office and given to an administrator for further research and verification, if necessary.

By signing this form you are declaring that to the best of your knowledge the address you are supplying is within the Montague Township boundaries and you and the student you are registering are full-time residents at that address. If our verification reveals that the address you supplied is not within our boundaries, or you are not living full-time within this District, you understand that you will be notified, the student will be removed in an appropriate manner, and you will be directed to the proper school district, if known.

If, for any reason, you choose not to sign this form, your son/ daughter will not be registered.

Thank you and welcome to the Montague Township Elementary School District.

Janice L. Hodge  
Chief School Administrator/Principal

Signed: \_\_\_\_\_  
Parent/Guardian

Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

## MONTAGUE TOWNSHIP ELEMENTARY SCHOOL

### **KINDERGARTEN REGISTRATION REQUIREMENTS**

A child entering kindergarten must be 5 years old on or before October 1, 2011 in order to enter kindergarten in September 2011.

**BRING** these completed forms to registration

**DO NOT** wait until opening day of school

Please complete all forms, one for each child.

**A kindergarten student must have:**

- An original birth certificate
- Two proofs of Residence in Montague (copy of NJ Drivers license, NJ registration. Lease. Deed or tax bill) all proofs must have a physical street address, a PO Box is NOT acceptable.
- Immunization records.
- A physical from family doctor or pediatrician
- Completed Registration Form and One Call Now form

**IMMUNIZATIONS REQUIRED BY THE STATE OF NEW JERSEY:**

1. Three doses of oral polio vaccine, with one dose given on or after 4<sup>th</sup> birthday or any four doses.
2. Four doses diphtheria, pertussis, tetanus (DPT) vaccine, with one dose given on or after 4<sup>th</sup> birthday or any five doses.
3. Two doses of Measles vaccine, the first one being given on or after the first birthday. Lab evidence of immunity is acceptable. Intervals between doses cannot be less than four weeks apart.
4. One dose Mumps vaccine.
5. One dose Rubella vaccine
6. A skin Tuberculosis test (Mantoux) is recommended. If coming from specific States or countries a Mantoux test may be required.
7. Three doses of Hepatitis B vaccine (3 shots over 6 month period)
8. One dose Varicella (chicken pox) vaccine on or after the first birthday or documentation of having had the disease.

Any exemptions of immunizations based on allergy/sensitivity must be validated by a physician's written directive.

Religious exemptions must be handwritten and explain specifically how immunization conflicts with person religious beliefs.

**PLEASE NOTE:** DOCUMENTATION OF ALL IMMUNIZATIONS IS NECESSARY BEFORE THE START OF SCHOOL. IF YOU DO NOT PRESENT THESE DOCUMENTS TO THE SCHOOL NURSE, YOUR CHILD WILL NOT BE ALLOWED TO START KINDERGARTEN UNTIL IT IS BROUGHT IN.

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**Important Parent Information in  
Preparation for Kindergarten**

To ensure a positive adjustment to school life, your child should be prepared for this new experience. If your child is capable of these tasks it is more likely that Kindergarten will be a happy experience. Please work with your child in these areas to ensure a smooth transition to school.

Your child must be able to:

- Dress himself/herself (including buttons, zippers, snaps, etc.)
- Take care of all toilet needs alone,
- Use a handkerchief or tissue,
- Cover his/her mouth when coughing or sneezing,
- Tie shoelaces (not all five year olds have the coordination to do this)

In addition, it is helpful for your child to have practiced the following social skills prior to entering kindergarten:

- ◆ Staying, at least occasionally, with adults other than parents,
- ◆ Developing independence and responsibility,
- ◆ Stating his/her full name, address, and telephone number

# Student Profile Sheet for Teacher

Child's Name

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Birthdate Nickname

-----  
Parent/Guardian Information

Father/Guardian  
Name: \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Mother/Guardian  
Name: \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

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Other Children:

Name(s)

Age(s)

_____	_____
_____	_____
_____	_____
_____	_____

## **Registration Questionnaire**

Please check ( ) appropriate responses and supply information requested.

1. Is your child able to dress him/herself?  Yes  No

Can your child  Button  Zip  Tie Shoes?

2. Does your child have the opportunity at home to use?

Crayons  Blocks  Scissors  Clay

Paste  Markers

3. Which hand does your child use?  Right  Left

4. Do you read to your child?  Yes  No If so, how often?

Everyday  3 times a week  On occasion

Rarely

5. Has your child had the opportunity to play with children his/her own age?  Yes  No

6. How does your child relate (shy, outgoing, etc.) to:

People outside the home  Other persons  Friends

Brothers/Sisters  Babysitter

7. Has your child attended a pre-school?  Yes  No

If yes:

Pre-School Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

School Phone: \_\_\_\_\_

May we contact the pre-school teacher?  Yes  No

8. Does your child show an interest in books?  Yes  No

9. Can your child carry out a two-step direction?  Yes  No

10. Does your child have any:

Fear or habits?  Yes  No If yes what are they?

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Physical, or medical problems (including allergies)?

Yes  No If yes, what are they? \_\_\_\_\_

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Family situations the teacher should be aware of?

Yes  No If yes, what are they? \_\_\_\_\_

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11. Is there any additional information you can give about your child or situations for which would help us make the first year at school a pleasant and successful one for your child? Please list: \_\_\_\_\_

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12. Does your child have the opportunity to use a computer at home?  
How often and what types of activities? \_\_\_\_\_

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Montague Township School District  
Montague Elementary School  
**STUDENT REGISTRATION FORM**  
*Home of the Black Bears*



**Child's Information**

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
PO Box \_\_\_\_\_ Physical Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender Male \_\_\_\_\_ Female \_\_\_\_\_  
City, State & Country of Birth \_\_\_\_\_  
Race: American Indian \_\_\_ Asian \_\_\_ Black \_\_\_ Hispanic \_\_\_ White \_\_\_ Other \_\_\_  
Language spoken at home \_\_\_\_\_

**Parent/Guardian Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Does child live with you? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, Physical Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Does child live with you? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, Physical Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Mail Information to each parent/guardian? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a court ordered:

Temporary Restraining Order? Yes \_\_\_\_\_ No \_\_\_\_\_ Dated: \_\_\_\_\_

Permanent Restraining Order? Yes \_\_\_\_\_ No \_\_\_\_\_ Dated: \_\_\_\_\_

Child Custody Order? Yes \_\_\_\_\_ No \_\_\_\_\_ Dated: \_\_\_\_\_

Guardianship? Yes \_\_\_\_\_ No \_\_\_\_\_ Dated: \_\_\_\_\_

If **yes**, a copy **must** be attached to this form.

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**\*\*For School Office Use Only\*\***

Local Residency Verified: \_\_\_\_\_

Birth Certificate Verified: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_ Enrolled by: \_\_\_\_\_

Enrollment Code (Check One):

- Original Entry
- Re-entry
- Transfer from a non-public school
- Transfer from another NJ School
- Transfer from another State
- Transfer from another country

Date entered in SIRS: \_\_\_\_\_ By: \_\_\_\_\_

Will begin school on: \_\_\_\_\_

State ID # \_\_\_\_\_



Montague Township School District  
 Montague Elementary School  
 STUDENT REGISTRATION FORM



*Home of the Black Bears*

Does this child have any siblings in this school? Yes \_\_\_ No \_\_\_ If Yes, please complete below.

Last Name	First Name	Grade/Class

**Emergency Contact/Closing Information** (other than parent)

*Please notify your emergency contacts that they may be contacted by the school.*

1<sup>st</sup> Contact Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Does this person live with student? Yes \_\_\_ No \_\_\_

2<sup>nd</sup> Contact Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Does this person live with student? Yes \_\_\_ No \_\_\_

Children will be sent home on their daily/regular bus, **unless a parent/guardian** calls and notifies the school of different arrangements for **that** day due to the emergency closing.. Due to the critical nature of an early closing, please do not request bus changes in these situations.

**All after school programs will be cancelled!**

Children that have brought in bus notes to stay after school for an activity will be sent home on their regular buses, unless the school is notified otherwise by a parent/guardian. YMCA after school care will be notified of emergency dismissals. They will make calls to parents as well. **YMCA children will be sent home on their regular bus (unless the school is notified otherwise by a parent/guardian).**

In an emergency closing:

( ) My child(ren) has permission to go directly home on his/her **regular** bus.

( ) Please hold my child(ren) at school (parent/guardian must arrange pick up).

Please list all persons to whom the child(ren) may be released:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**KINDERGARTEN REGISTRATION REQUIREMENTS**

**Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_**

- \_\_\_\_\_ Certified Birth Certificate with raised seal.
- \_\_\_\_\_ 2 Proofs of residency with physical street address: Residency Requirement Form
- \_\_\_\_\_ Valid NJ Driver's License/ Vehicle registration
- \_\_\_\_\_ Utility Bill/Lease Agreement/Mortgage Agreement
- \_\_\_\_\_ Acceptable Use Policy
- \_\_\_\_\_ New Student Registration Report.
- \_\_\_\_\_ Medicaid Reimbursement Form
- \_\_\_\_\_ Student Profile Sheet for Teacher
- \_\_\_\_\_ Permission to Publish Form
- \_\_\_\_\_ One Call Now
- \_\_\_\_\_ Home Language Survey
- \_\_\_\_\_ Immunization Records:
  - DPT                    1      2      3      4 or 5
  - Polio                   1      2      3 or 4
  - MMR                    1      2
  - Hepatitis B            1      2      3
  - Varicella              1      2      (Chicken Pox: 2<sup>nd</sup> dose not required by law yet.)
- \_\_\_\_\_ Physical Examination Form, based on a physical exam w/in last 6 month signed by a doctor or nurse practitioner.
- \_\_\_\_\_ Growth and Development History
- \_\_\_\_\_ Emergency Contact Form/ Student Health Registration Form
- \_\_\_\_\_ Medication Authorization Form/ Self-Administration Form
- \_\_\_\_\_ Provisional Admittance Form (if immunizations or physical examination are not complete).

**Children Attending Pre-School after September 1, 2008 Need:**

- \_\_\_\_\_ Influenza vaccine between Sept. 1 and Dec 31 of each year until older than 59 months
- \_\_\_\_\_ One dose of PCV on or after their 1<sup>st</sup> birthday until older than 59 months

# MONTAGUE ELEMENTARY SCHOOL

Growth and Development

Registration \_\_\_\_\_  
Date

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address (Number, Street, Town) \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address (if different than street address) \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_ Last School Attended \_\_\_\_\_

Is your child subject to: Please circle Yes or No)		Has your child had:			
Frequent Colds	Yes No	Poor eating habits	Yes No		
Bronchitis	Yes No	Eye Disease	Yes No		
Frequent sore throats	Yes No	Head Injury	Yes No		
Speech Difficulties	Yes No	A severe fall	Yes No		
Ear Aches	Yes No	Difficulty sleeping	Yes No		
Development:		Eye Injury	Yes No		
Age Walked _____		Eyeglasses Prescribed	Yes No		
Age Talked _____		Hearing Loss	Yes No		

Has your child had a history of (Please circle and give dates)

- |                              |                       |                     |
|------------------------------|-----------------------|---------------------|
| Allergy: _____               | Hernia _____          |                     |
| Medication _____             | High Fever _____      |                     |
| Other _____                  | Hospitalization _____ |                     |
| Chicken Pox _____            | Mononucleosis _____   | Operations: _____   |
| Enuresis (bed wetting) _____ | Pneumonia _____       | Appendectomy: _____ |
| Epilepsy _____               | Tonsillitis _____     | Hernia Repair _____ |
| Heart Disease _____          | Tuberculosis _____    | Tonsillectomy _____ |
| Hepatitis _____              | Whooping Cough _____  | Ear Surgery _____   |
|                              |                       | Other _____         |

Please list any childhood diseases, accidents or problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication:** Please list medications your child takes both at home and in school. If your child must take prescription or over-the-counter medication (i.e. Tylenol, Motrin, etc.) in school, a medical authorization form must be completed and signed by the parent /guardian and physician.

Please list my child and his/her health concern on your confidential list to be distributed to teachers and cafeteria staff. \_\_\_\_ Yes \_\_\_\_ No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

475 Route 206 Montague, NJ 07827 Phone 973.293.7131  
Fax: 973.293.3391

# MONTAGUE ELEMENTARY SCHOOL

Student Name \_\_\_\_\_ Grade & Teacher \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_ PO Box \_\_\_\_\_

*Name*

*Address*

*Telephone*

Mother/Guardian \_\_\_\_\_ Home \_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_

Father \_\_\_\_\_ Home \_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Phone \_\_\_\_\_

#2 \_\_\_\_\_ Phone \_\_\_\_\_

## Does your child have health insurance?

Yes  Name of Ins. Company/NJ FamilyCare Provider: \_\_\_\_\_

No  NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more info call **800-701-0710** or visit **[www.njfamilycare.org](http://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** \_\_\_\_\_ **Date** \_\_\_\_\_

## MEDICAL HISTORY

(Most recent)

Allergies:  Plants  Animals  Food  Mold  Drugs  Bees Date of reaction \_\_\_\_\_

LIFE THREATENING?  Yes  No

*There should be a meeting with the School Nurse to discuss medication or treatment orders.*

Please describe the reaction & treatment \_\_\_\_\_

Documented Medical Condition & Restrictions if any: \_\_\_\_\_ Date \_\_\_\_\_

Daily Medications & Dosages: \_\_\_\_\_ Date \_\_\_\_\_

*If your child needs to take medication at school, please contact the School Nurse for the necessary authorization form. This form must be completed prior to the administration of any medication at school. The school nurse can not give OTC (over the counter) medications without a doctor's note. An adult must bring to school any medication, including OTC meds to be given by the school nurse.*

Recent Surgeries or Injuries \_\_\_\_\_ Date \_\_\_\_\_

Physical Exam Date \_\_\_\_\_ Eye Exam Date \_\_\_\_\_ Dental Exam Date \_\_\_\_\_

Doctor & Phone \_\_\_\_\_ Dentist & Phone \_\_\_\_\_

### \*\*\*REMINDER\*\*\*

Please be advised that physicians recommend that a child have a **physical examination** at least once during each of the student's developmental stages: early childhood (preschool-gr 3), pre-adolescence (grades 4-6), and adolescence (grades 7-12). When your child receives a physical examination, please **submit a copy** of the report to the School Nurse so that your child's health history can be updated.

I am aware that my child will participate in the following School Health Services where applicable:

- |  |                                    |
|--|------------------------------------|
| 1. Vision & hearing screening                            | 3. Height, weight & blood pressure |
| 2. Scoliosis screening every 2 years starting at age 10. | 4. Periodic head lice checks       |

Have you ever been told by a physician or health care professional that your child has:

Asthma       Seizure Disorder       Bleeding Disorder       ADD/ADHD  
 Diabetes       Bone/Muscle Disorder       Skin Condition       Learning Disability  
 Heart Condition       Mental Health Condition (i.e. depression, anxiety, eating disorder, etc.)

Does your child experience any of the following:

Nose Bleeds       Frequent Earaches       Overweight for Age       Physical Disability  
 Poor Appetite       Frequent Stomach aches       Frequent Headaches       Fainting Spells  
 Tires Easily       Emotional concerns       Under weight for Age       Other

Do any of the above condition(s) limit/effect your child at school?

Yes  No  Describe \_\_\_\_\_

Do you plan for your child to receive school prepared meals?

Yes (an additional form must be completed)  No

Hearing: Does your child wear hearing aides?

Yes       No

Vision: Does your child wear glasses or contacts?

Yes       Distance       Reading

I understand that the information given above will be shared with appropriate school staff to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand that I will assume full responsibility for payment of any transport or emergency medical services rendered.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**MEDICAL AUTHORIZATION**

**TO BE COMPLETED BY PHYSICIAN**

Students Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Diagnosis \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time of Administration \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

Restrictions on Activities \_\_\_\_\_

\_\_\_\_\_  
Physicians Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physicians Signature

**TO BE COMPLETED BY PARENT**

I request that my child \_\_\_\_\_ receive the medication prescribed by his/her physician. The medication is to be provided by me as required by School Board Policy. I understand that the district is rendering a service and does not assume any responsibility for this matter. I further understand that the school nurse, or substitute school nurse, will administer the medication.

**NOTE: All medication, prescribed and over-the-counter, must be brought to the school by the parent, in the original, labeled bottle or container.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**PHYSICAL EXAMINATION – To be completed by a medical doctor**

Student Name \_\_\_\_\_

DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Significant Medical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vision Screening \_\_\_\_\_

Hearing Screening \_\_\_\_\_ dbls \_\_\_\_\_

**Examination Findings**

Ears \_\_\_\_\_

Abdomen \_\_\_\_\_

Eyes \_\_\_\_\_

Hernia \_\_\_\_\_

Nose \_\_\_\_\_

Scoliosis \_\_\_\_\_

Throat \_\_\_\_\_

Skin \_\_\_\_\_

Heart \_\_\_\_\_

General Appearance \_\_\_\_\_

Lungs \_\_\_\_\_

Neurological Findings \_\_\_\_\_

Other \_\_\_\_\_

**Summary of Findings and Recommendations**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(PLEASE ATTACH IMMUNIZATION RECORDS)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date of Exam

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# **ONE CALL NOW Family Profile Sheet**

## **Closing/ Early Dismissal Student Information**

**Family Last Name:** \_\_\_\_\_

**First name of children:** \_\_\_\_\_

**Indicate the primary contact phone numbers to be called in case of a school closing or early dismissal:**

1. Home Number \_\_\_\_\_ Contact Name: \_\_\_\_\_

2. Cell #1: \_\_\_\_\_ Contact Name: \_\_\_\_\_

3. Cell #2: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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**CHILD CUSTODY INFORMATION FORM**

(Please complete only if applicable)

The parent with whom the child resides will be considered the custodial parent; however the non-custodial parent has many rights in the absence of an explicit Court Order that limits those rights. It is the responsibility of the custodial parent to provide the school with a copy of any Court Order that limits the custodial rights of the non-custodial parent. Unless specified in the Court rder, the child may be released from school to the non-custodial. It is also expected that the custodial parent will provide the non custodial parent with academic progress information such as report cards or other academic information.

Child's Full Name \_\_\_\_\_

School child will be attending \_\_\_\_\_

Name of custodial parent with whom child resides \_\_\_\_\_

\_\_\_\_\_

Do you, as the custodial parent, have legal custody through a Court Order?  
 Yes     No     Pending\*

\*Date finalization is expected: \_\_\_\_\_  
(If pending, please inform the school when finalized)

If there is a Court Order, does it limit the non-custodial parent's access to school records?     Yes\*     No

\*If Yes, a copy of the order must be given to the school office.

Please provide any additional information regarding custody of which the school should be aware: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Custodial Parent

**MONTAGUE TOWNSHIP SCHOOL DISTRICT  
MONTAGUE ELEMENTARY SCHOOL  
475 Route 206**

**Montague, NJ 07827**  
V: 973 293 7131 / F: 973 293 3391  
***www.montagueschool.org***

**HOME LANGUAGE SURVEY\***

Date: \_\_\_\_\_

School District: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_

1. What was the student's first language? \_\_\_\_\_

2. Does the student speak a language other than English? \_\_\_ Yes \_\_\_ No

If yes, specify language: \_\_\_\_\_

3. What language(s) is/are spoken in your home? \_\_\_\_\_

4. Has the student ever received English as a second language (ESL) services?

\_\_\_ Yes \_\_\_ No If yes, when? \_\_\_\_\_ and

from what school district? \_\_\_\_\_

5. Has your family ever received migrant services? \_\_\_ Yes \_\_\_ No

If yes, please list the dates service was received: \_\_\_\_\_

\_\_\_\_\_

6. Do either of the parents/guardians work in any field pertaining to agriculture?

\_\_\_ Yes \_\_\_ No If yes, please specify where: \_\_\_\_\_

\_\_\_\_\_

Person completing this form, of other than parent/guardian: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\* The school district/charter school has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school has the right to ask for the information it needs to identify English Language Learners (ELLs). AS part of the responsibility to locate and identify the ELL's, the school district/charter school may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enrolled in the school district/charter school in the future.

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*Assistant Principal*

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**Grades K-6 Acceptable Use Policy**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that, as an Internet user, I am responsible for acting considerately and appropriately in accordance with the following rules when using the Montague Elementary School technology resources:

- I will not send, show, or download inappropriate messages or pictures.
- I will not use bad language.
- I will not insult, annoy, or hurt others.
- I will not damage computers, networks, or other technology equipment.
- I will obey all copyright laws.
- I will not use other users' passwords.
- I will not go into other users' work or files.
- I will not intentionally waste resources like paper, power, or ink.
- I will not access any instant messaging programs like AIM© or Yahoo© instant messenger.
- I will not access any social networking sites like MySpace© or Facebook©.

I understand that any or all of the following could be imposed if I violate any of the policies and procedures regarding the use of Montague Elementary School technology resources, including the Internet.

1. Loss of access.
2. Additional disciplinary action taken by the elementary teacher and administration in line with existing district policy.
3. Legal action, when applicable.

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My child has my permission to access the Internet under the supervision of a certificated member of the Montague Elementary School faculty.

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Student Signature (Grades 2-6 only): \_\_\_\_\_

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The Parents/Guardians of \_\_\_\_\_ class \_\_\_\_\_

**PERMISSION TO PUBLISH**

**\*\*Publishing Student's Name**

I understand that my child's name may be published in newsletters, newspapers or magazines or on the school website.

*Parent/Guardian's Full Name (please print)* \_\_\_\_\_

*Parent/Guardian's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**\*\*Publishing Student Work**

I understand that my child's artwork or writing may be published in newspapers or magazines or on the World Wide Web, a part of the Internet, as part of classwork. I understand that copyright and ownership of the work or writing remain my child's property. I grant permission for this publishing as described. A copy of all such publishing will be printed out and brought home for me to see upon request.

*Parent/Guardian's Full Name (please print)* \_\_\_\_\_

*Parent/Guardian's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**\*\*Publishing Student Image**

I understand that my child's image may be published in newspapers or magazines or on the World Wide Web, a part of the Internet, as part of classwork. No last name, home address, telephone number or email address will appear with such images.

*Parent/Guardian's Full Name (please print)* \_\_\_\_\_

*Parent/Guardian's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

## SEMI Parental Consent Information for Parents

### PARENTAL CONSENT FOR REIMBURSEMENT OF HEALTH RELATED SERVICES UNDER THE SPECIAL EDUCATION MEDICAID INITIATIVE (SEMI)

- The school district provides health evaluations and related health services to students at no cost to parents
- The school district participates in the SEMI program whereby the state makes payment available to the school district for health evaluation and related health services provided to students.
- To receive the payments, the school district must share with the state information about the health services provided to each student.
- Each student's parent must give consent to allow the school district to share his/her child's health information with the state.
- The state must keep each student's information confidential and may use it only for the purpose of determining payments to the school district.
- As the parent of a school district student, the school district requests your consent to allow the school district to share information about your child with the state so that the state can make payments to the school district for the health evaluations and related health services provided to your child.
- Whether or not you consent, the school district must continue to provide health evaluations and related health services to your child at no cost to you, the parent.
- **By law**, you have the following additional protections when you give your consent to allow the school district to seek payment from the state:
  - You cannot be required to sign up for or enroll in any public benefits or insurance programs.
  - You cannot be required to pay any out-of-pocket expenses for the costs of the health services the school district provides to your child, and
  - Payments the state makes to the school district for service provided to your child will not
  - Payments the state makes to the school district for service provided to your child will not
    - Decrease any insurance benefits you may have
    - Increase your insurance premiums or lead to the discontinuation of any public benefits or insurance you may have,
    - Require you or your family to pay for health services that are otherwise covered by the state, or
    - Result in the loss of your ability to participate in any community-based health programs sponsored by the state.
- Giving your consent will cost you, the parent, nothing. Additionally, you may revoke your consent by notifying the school district and, if you do, the school district will continue to provide health evaluations and related services to your child at no cost to you, the parent.

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Dear Parent or Guardian:

Our school district is participating in a system where the federal government's Medicaid will pay state and local school districts for a portion of the costs of health-related special education services provided to Medicaid eligible children. *Your child will continue to receive services at no cost to you under this new system.* This initiative simply helps us maximize federal funds in support of local education. The information you voluntarily provide by completing this consent form will only be used for the purpose identified.

Please fill in the information below, sign the form, and return it to the address indicated or send it in to school with your child. If you have any questions, please contact Michele Hordyszynski at 973.293.7131 ext 220

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***CONSENT FOR RELEASE OF INFORMATION TO ACCESS MEDICAID  
REIMBURSEMENT FOR HEALTH RELATED SUPPORT SERVICES***

**Child's Name:** \_\_\_\_\_  
(First) (Mid.Initial) (Last)

**Child's Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Date) (Year)

As parent/guardian of the child named above, I give permission to disclose information from my child's educational records to local, state and federal agency representatives for the sole purpose of claiming Medicaid reimbursement for health related support services in my child's Individualized Education Program (IEP).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or person in parental relationship) (Month/Day/Year)

**Please return this form to:**  
Montague Township School  
SEMI Contact  
475 Route 206  
Montague, NJ 07827

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September 2011

TO: Parents/Guardians of Montague Elementary Students

SUBJECT: Afternoon Bus Stops

REMINDER:

Students will be dropped off at their assigned bus stop only if:

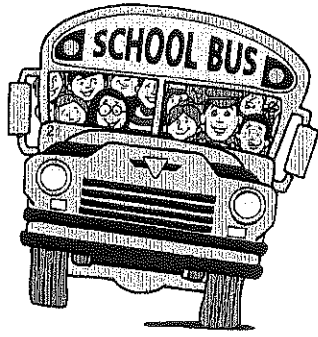
1. The student is met by a parent or legal guardian.

**OR:**

2. A written request designating a responsible person to meet the student at the stop has been submitted and approved by the transportation office.

If there is not a parent or approved designated person to meet the student, the student will be returned to the school by the bus driver. At stops directly in front of a house, a long driveway, etc, there must be a visual contact of the parent or designated person by the bus driver, or the student will be returned to the school.

Thank you for your cooperation.



## **REPORT TO PARENTS**

### **Riding the Bus**

While statistics show that riding the bus is the safest way to get to school, dangerous situations could occur if children don't follow school bus safety rules and procedures. If you don't know the rules and procedures, get a copy from the school and make sure to review them every year with your children. Here are some general tips for helping students remain safe on the bus:

- ✓ Getting on and off. Insist that your children be courteous and use their manners when it comes to getting on and off the bus. They should wait their turn to board and get off; never push or shove on the stairs; say "thank you" and "good morning" to the bus driver. While children are waiting for the bus, they should stay out of the street, watch for cars. They should avoid running to the bus stop.
- ✓ Safety while underway: Instruct your children to follow the bus driver's rules: find their place quickly and stay in it; don't distract the bus driver; don't harass other children; and don't throw things, play loud music or leave trash on the bus.
- ✓ Explaining rules: Many times, children think rules are unfair. To help them see the reason for bus rules, have them talk about how they would handle getting 30, 40 or even 50 children safely to school on the bus. Explain how distracting the driver even for a second could put a whole busload of children in danger.

In addition to the printed rules and procedures, there are some special situations of which children riding the bus need to be aware.

- ✓ Bus Bullies: School bus drivers are there to transport children safely. They're not counselors or teachers. Certainly, your children should alert the bus driver if bullies on the bus are harassing them, particularly if the abuse is putting them in danger. But they need to tell you as well so you and the driver can work together to find a solution, either with or without the school's involvement.
- ✓ Destructive children: Children have to understand that there are some behaviors that might appear "cool", but can actually be deadly. Explain carefully that it's dangerous, not cool, to stick their heads or arms out the window, or to bring on board banned substances such as lighters, matches, weapons or smoke bombs. Enforce tough punishment if your child is involved in any such behaviors, because they're putting other children's safety at risk, not just their own.
- ✓ Unsafe drivers: While the vast majority of school bus drivers are top notch, a few may not be. If your child talks about the driver acting impaired, speeding, driving unsafely, or behaving inappropriately toward children, get the facts and report them to the principal.

Many schools have developed new codes of conduct to help keep children as safe as possible on the bus. If your school has one, be sure to go over it with your child. If your school doesn't, consider suggesting that it adopt one. A few rules are a small price to pay for helping safeguard your children.