

**Roseland Board of Education**  
**Lester C. Noecker School**  
***Raul Sandoval, Principal***

100 Passaic Avenue  
Roseland, New Jersey 07068  
(973) 226-7644, ext. 314



January 2024

Dear Parents and Guardians of Incoming Kindergarten Students,

Welcome to Lester C. Noecker School. If you are a returning Kindergarten parent or guardian, welcome back!

Enclosed please find the required Kindergarten registration packet. Please print it out as a one-sided document. Please complete the registration information, along with proof of age and residency, and return it to Mrs. Catherine Overbeck in the board office by Friday, February 9, 2024. We are aware that some medical information may not be available now. Please submit any remaining medical documents as soon as possible.

To be eligible for Kindergarten, a child must live in Roseland and be five years of age on or before October 1, 2024. Parents and guardians are invited to download and complete the application or review the handbook from the website at [www.roselandnjboe.org](http://www.roselandnjboe.org). Click on Kindergarten.

Also, please mark your calendars for Wednesday, January 31, 2024. We will be holding our Preschool Open House at 6:30 p.m. and our Kindergarten Orientation at 7:00 p.m. The snow date if needed is Thursday, February 1, 2024. *(This is a parent night only, please make arrangements for your children).* *More details will follow.*

If you have any questions, please contact Mrs. Overbeck at 973-226-7644 x315 or [coverbeck@roselandnjboe.org](mailto:coverbeck@roselandnjboe.org).

Sincerely,

*Raul Sandoval*

Raul Sandoval  
Principal

## **ROSELAND BOARD OF EDUCATION**

Dear Parents and Guardians:

Only a parent or legal guardian may register a student in the Roseland School District. Exceptions to this rule are affidavit students or D. P. & P. placement students as explained in number 2 below. The following items are needed to process a student's Kindergarten registration packet.

**At the time of Kindergarten registration, please present the following items to Mrs. Overbeck. Copies cannot be made at the school.**

### **STUDENT INFORMATION**

1. Birth Certificate or other proof of the child's age.
2. Immunization form – a district form signed by a physician or former school record **or** your own doctor's immunization card filled out and signed, (original)
3. A physical examination, dated within 365 days of the child's last exam, (copy)
4. A transfer card from the student's school of last attendance, (copy)
5. The student's most current report card and test scores, and if applicable, (copy)
6. Custody papers or notarized statements from non-custodial parent if parents are living apart. (If a notarized statement cannot be obtained from the non-custodial parent, a notarized statement from the custodial parent must be submitted.) (copy)

### **1. PROOF OF RESIDENCY**

#### **A. Homeowners should provide the following documents:**

- A deed, affidavit of title, settlement statement, tax bill or a current mortgage statement, and
- Current Public Service Electric and Gas (PSE&G) bill, with current date.

#### **B. Renters should provide the following documents:**

- Current lease or if you do not have a lease, the Owner/Landlord Affidavit form (enclosed) filled out and notarized by your landlord, and
- Your current Public Service Electric and Gas (PSE&G) bill, with current date. If the PSE&G bill is not in your name, you need to provide two (2) pieces of current legal mail in your name (see examples on the next page).

#### **C. If you and your child(ren) live with a friend or relative who owns the home in which you reside, please provide the following documents:**

- Owner/Landlord Affidavit form (enclosed) filled out and notarized by the resident (the person with whom you are residing), and
- Resident's current tax bill or current mortgage statement or deed, and
- Resident's current Public Service Electric and Gas (PSE&G) bill, and
- Two (2) pieces of current legal mail in your name (see examples below).

**D. If you and your child (ren) live with a friend or relative who is a renter and has a current lease, please provide the following documents:**

- Your friend's or relative's current lease, and
- Resident/Tenant Affidavit form (enclosed) filled out and notarized by the person with whom you are residing, and
- Your friend's or relative's current Public Service Electric & Gas (PSE&G) bill **or** two pieces of current mail in the friend's or relative's name, and
- Two pieces of current mail in your name (see examples below).

**E. If you and your child (ren) live with a friend or relative who is a renter but DOES NOT have a lease, please provide the following documents:**

- Owner/Landlord Affidavit form (enclosed) filled out and notarized by the owner or landlord of the property/building, and
- Resident/Tenant Affidavit form (enclosed) filled out and notarized by the person with whom you are residing, and
- Your friend's or relative's current Public Service Electric and Gas (PSE&G) bill or two pieces of current mail in their name (see examples below), and
- Two pieces of current mail in your name (see examples below).

**Examples of current legal mail include:**

Home phone bill	Medical bill	Employee verification
Credit Card bill	Driver's license	Life Insurance bill
Cable bill	Car insurance	
Car Registration	State benefit forms/statements	

## **2. AFFIDAVIT STUDENTS AND DYFS PLACEMENTS**

**A. Affidavit Students** must submit an **Affidavit Registration Packet**.

**B. D.C.P & P Placements** require submission of a court order or an equivalent document from the D.C.P. & P. office. Foster parents need proper licensing documents in addition to the completed registration packet with all documents required for registration.

### **Determination of Eligibility**

Initial determination of eligibility for admission to the Roseland School District is subject to more thorough review and re-evaluation. There is a potential for assessment of tuition in the event that an initially admitted student is later found ineligible pursuant to N.J.A.C. 6A:28-2.6.

Any and all persons who give fraudulent information for the purpose of attending district schools will be prosecuted to the fullest extent of the law and sued for tuition for the student's period of ineligible attendance in the school of the district.

The district conducts residency verifications on a regular basis.

Cross-reference: Board Policy 5111-Eligibility of resident/non-resident pupil  
Board Policy 5112-Entrance age

**ROSELAND BOARD OF EDUCATION**

**HOMEOWNER/RENTER CERTIFICATE OF RESIDENCY**

**Please complete this form for each child you are enrolling in Lester C. Noecker School.**

PLEASE ANSWER ALL QUESTIONS

I CERTIFY THAT THE INFORMATION PROVIDED BELOW IS CORRECT.

Parent/Guardian Name \_\_\_\_\_

Last

First

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Student(s) Legal Name(s) \_\_\_\_\_

1. Do you reside at the above address? \_\_\_\_\_
2. Do you own or rent a home in Roseland? \_\_\_\_\_
3. Date moved in \_\_\_\_\_
4. Former address \_\_\_\_\_

5. Appropriate Documents: Please submit one copy of any two documents from the following list:

Mortgage Statement	_____	Tax Bill	_____
Certificate of Occupancy	_____	Lease	_____
Homeowner's Insurance	_____	Deed	_____

Other (specify) \_\_\_\_\_

6. I fully understand that I will be held responsible for the full payment of tuition if the residency requirements have been found to be falsely reported.

Sworn and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_

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

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
Signature of **school staff member** reviewing  
proof of residency

\_\_\_\_\_  
Date

**ROSELAND BOARD OF EDUCATION**

**Owner/Landlord Affidavit**

Please print

Landlord Information	Tenant's Information	
Name of the landlord _____ Street address _____ Fax: _____ City _____ State _____ Zip _____ Telephone Number _____	Name of the family _____ Street address _____ Apt. No. _____ City _____ State _____ Zip _____ Telephone Number _____	
Building Information		
Please specify the type of building in which the apartment is located.		
<input type="checkbox"/> Single Family House	<input type="checkbox"/> Two Family House	<input type="checkbox"/> Three Family House
<input type="checkbox"/> Multi-Dwelling No. of Apts _____	<input type="checkbox"/> Condominium	<input type="checkbox"/> Other: _____
Leasing Information		
Please specify the terms of the lease.		
When did tenant(s) move in? ____/____/____	Relation to Renter: <input type="checkbox"/> No relation	
How long is agreement effective? ____/____/____	<input type="checkbox"/> Family Member(s)	
What kind of rental agreement? _____		
List the Names of all Persons Living in the Apartment/House		
_____ _____		
Send Information To:	Office Use Only	
Roseland Board of Education Lester C. Noecker School 100 Passaic Avenue Roseland, NJ 07068	Received Date _____ Received By _____	

I attest that to the best of my knowledge the information is true and correct, and I am aware that fraudulent statements or claims may be prosecuted to the full extent of the law.

Sworn and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner/Landlord

\_\_\_\_\_  
(A Notary Public of New Jersey)

\_\_\_\_\_  
Date

Knowingly permitting your name or address to be used in the registration of a non-resident student is in violation of Roseland Township Ordinance. Violation of this Ordinance carries a fine. Persons found to have violated the ordinance will be required to make restitution to the school district for back tuition, attorney's fees, and costs.

**ROSELAND BOARD OF EDUCATION**

**Resident/Tenant Affidavit**

*(To be used when the resident with whom the applicant is living is not the owner or landlord of the property)*

Please print

Resident Tenant	Applicant Family Residing With Tenant
Name of tenant _____ _____ Fax: _____	Name of the family residing with tenant _____
Street address _____	Street address _____ Apt. No. _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Telephone Number _____	Telephone Number _____

**Housing Information**

Please specify the type of building in which the Applicant and Resident Tenant live.

<input type="checkbox"/> Single Family House	<input type="checkbox"/> Two Family House	<input type="checkbox"/> Three Family House
<input type="checkbox"/> Multi-Dwelling No. of Apts	<input type="checkbox"/> Condominium	<input type="checkbox"/> Other:

Please provide the following:

When did the Applicant's family move in? \_\_\_/\_\_\_/\_\_\_ Relation to Renter:  No relation  Family Member(s)

Does the Applicant contribute to rent and utilities?  No  Yes If yes, how much? \_\_\_\_\_

Were you displaced from your home? \_\_\_\_\_

How long do you expect the Applicant's family to live with you? \_\_\_\_\_

**List the Names of all Persons Living in the Apartment/House**

_____	_____
_____	_____

Send Information To:	Office Use Only
Roseland Board of Education Lester C. Noecker School 100 Passaic Avenue Roseland, NJ 07068	Received Date _____ Received By _____

I attest that to the best of my knowledge the information is true and correct, and I am aware that fraudulent statements or claims may be prosecuted to the full extent of the law.

Sworn and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Tenant

\_\_\_\_\_  
(A Notary Public of New Jersey)

\_\_\_\_\_  
Date

Knowingly permitting your name or address to be used in the registration of a non-resident student is in violation of Roseland Township Ordinance. Violation of this Ordinance carries a fine. Persons found to have violated the ordinance will be required to make restitution to the school district for back tuition, attorney's fees and costs.

**ROSELAND BOARD OF EDUCATION**

**Kindergarten Information/Registration Form**

(Please Print Clearly)

Child's Legal Name: \_\_\_\_\_ Male  Female

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

**Please provide proof of birth with this registration – Birth Certificate or other proof of the child's age.**

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's E-Mail Address: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's E-Mail Address: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_

Is this child your oldest child? Yes ( ) No ( )

Names and ages of other children in family:

\_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Pupil lives with both parents: Yes ( ) No ( )

Were you displaced from your home? \_\_\_\_\_

If no, who is the Custodial Parent?: \_\_\_\_\_

Address of Non-Custodial Parent: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are there any necessary deponent papers? Yes ( ) No ( ) – If Yes, please provide relevant information to the school.

Please indicate the primary language spoken in the home: \_\_\_\_\_

Please indicate other languages spoken and percentage of time: \_\_\_\_\_ / \_\_\_\_\_ %

Please indicate medical issues/allergies: \_\_\_\_\_

If yes, please list specifics below and submit any necessary paperwork for our records:

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

Please complete the following regarding your child's Day Care or Pre-School experience:

\_\_\_\_\_  
(Name of Program)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(YEARS ATTENDED FROM - TO)

\_\_\_\_\_  
(DAYS PER WEEK)

\_\_\_\_\_  
(HOURS PER DAY)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



**ROSELAND BOARD OF EDUCATION**

**Kindergarten Background**

*(Please Print Clearly and Print Your Child's Name on Each Page)*

Child's Legal Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Female

Male

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Please describe what your child likes doing.

---

---

Please indicate what your child does well.

---

---

Please describe your child's personality.

---

---

Please indicate your child's

dislikes \_\_\_\_\_

fears \_\_\_\_\_

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

Please indicate the degree to which you observe the following in your child:

	Usually	Often	Sometimes	Never
Uses a spoon and fork without spilling a lot				
Washes and dries his/her own hands				
Dresses self				
Buttons and unbuttons clothing				
Can be left alone with a babysitter with little fuss				
Uses bathroom independently				
Shares playthings with other children				
Uses right hand				
Uses left hand				
Holds a pencil properly				
Very quiet				
Highly active				
Happy				
Sad				
Cries easily				
Hits others				
Hold his/her breath				
Easily distracted				
Speech is understandable to a stranger				
Says most sounds correctly				
Stutters or stammers				
Listens to TV at a very high volume				
Says "What, what?"				
Sits very close to the TV screen				
Bends over and looks closely at pictures or drawings				

Please share any needs that require individual consideration in a school setting:

---

---

---

---

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

Please indicate the physical activities your child likes. (Riding a tricycle or scooter, playing soccer or baseball)

---

---

Please list your child's special interests (Baseball cards, athletics, dolls, etc.)

---

---

Please list any special play or other groups in which your child participates.

---

---

Please list any chores or other responsibilities that your child has at home. (Putting his/her clothes into laundry, placing knives, forks and spoons at the dinner table, putting utensils in drawer after dinner, etc.)

---

---

Please list your goals for your child in kindergarten.

---

---

Please provide other information that will help school personnel meet the needs of your child.

---

Please indicate your child's degree of independence with the following:

	Never Needs Help	Usually Needs Help	Occasionally Needs Help	Always Needs Help
Ability to share				
Ability to remain attentive to an adult (not TV) for a minimum of ten minutes				
Ability to separate from mom or dad				
Ability to manage frustration				
Ability to remember the names of things				
Ability to remember words to songs and rhymes				
Ability to follow two or more directions				
Ability to understand concepts such as colors, letters, numbers, and shapes				
Ability to remember past events				
Ability to play cooperatively with other children				

**Roseland Board of Education**  
**Lester C. Noecker School**

100 Passaic Avenue  
Roseland, New Jersey 07068  
(973) 226-7644



## Home Language Survey

**Purpose:** The home language survey is used solely to offer appropriate educational services ([U.S. ED EL Toolkit](#), Chapter 1). This survey is the first of three steps to identify whether or not a student is eligible to be identified as an English language learner (ELL). "Home" is defined as a student's current place of residence.

### Student Information:

Student Name: \_\_\_\_\_ Date of Birth (YYYYMMDD): \_\_\_\_\_

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

### Survey Questions:

1.) List all languages used in the student's home.

\_\_\_\_\_

2.) Was the first language used by the student a language other than English?

\_\_\_\_\_ **No**                      \_\_\_\_\_ **Yes**

3.) Does the student speak or understand a language other than English?

\_\_\_\_\_ **No**                      \_\_\_\_\_ **Yes**

4.) When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English **most of the time**?

\_\_\_\_\_ **No**                      \_\_\_\_\_ **Yes**

5.) When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English **most of the time**?

\_\_\_\_\_ **No**                      \_\_\_\_\_ **Yes**

**ROSELAND BOARD OF EDUCATION**  
**HOME LANGUAGE SURVEY- continued**  
**(all registrants must complete this form)**

Complete this home language survey at the student's initial enrollment in school. This form must be signed and dated by the parent or guardian. It must be kept in the student's file. This form will be used only for determining whether the student needs English Learner services and will not be used for immigration matters or reported to immigration authorities.

**Student's Last /First Name:** \_\_\_\_\_

**ENGLISH**

1. Is a language other than English spoken in your home?  No  Yes \_\_\_\_\_ (specify language)
2. Does your child communicate in a language other than English?  No  Yes \_\_\_\_\_ (specify language)
3. Which language did your child learn first? \_\_\_\_\_ (specify language)
4. In which language do you prefer to receive information from the school? \_\_\_\_\_ (specify language)
5. What is your relationship to the child?  Father  Mother  Guardian  Other (specify) \_\_\_\_\_

**ESPAÑOL (SPANISH)**

1. ¿Se habla otro idioma que no sea el inglés en su casa?  No  Sí \_\_\_\_\_ (especifique idioma)
2. ¿Habla el estudiante un idioma que no sea el inglés?  No  Sí \_\_\_\_\_ (especifique idioma)
3. ¿Cuál fué el primer idioma que aprendió su hijo/a? \_\_\_\_\_ (especifique idioma)
4. ¿En que idioma prefiere recibir comunicaciones de la escuela? \_\_\_\_\_ (especifique idioma)
5. ¿Cuál es su relación con el estudiante?  Padre  Madre  Guardián  Otro (especifique) \_\_\_\_\_

**FRANÇAIS (FRENCH)**

1. Parle-t-on une autre langue que l'anglais chez vous ?  Non  Oui \_\_\_\_\_ (veuillez préciser la langue)
2. Votre enfant parle-t-il une autre langue que l'anglais ?  Non  Oui \_\_\_\_\_ (veuillez préciser la langue)
3. Quelle langue votre enfant a-t-il apprise en premier ? \_\_\_\_\_ (veuillez préciser la langue)
4. Dans quelle langue préférez-vous recevoir les communications de l'école ? \_\_\_\_\_ (veuillez préciser la langue)
5. Quelle est votre lien de parenté avec l'enfant ?  Père  Mère  Tuteur  Autre (veuillez préciser) \_\_\_\_\_

## Tiếng Việt (VIETNAMESE)

1. Có nói tiếng nào khác tiếng Anh không được nói ở nhà quý vị không?  
 Không  Có \_\_\_\_\_ (hãy cho biết tiếng nào)
2. Con quý vị có nói tiếng nào khác tiếng Anh không?  
 Không  Có \_\_\_\_\_ (hãy cho biết tiếng nào)
3. Con quý vị đã học tiếng nào đầu tiên? \_\_\_\_\_ (hãy cho biết tiếng nào)
4. Quý vị muốn nhận được thông tin từ trường học bằng tiếng nào?  
\_\_\_\_\_ (hãy cho biết tiếng nào)
5. Quý vị có quan hệ như thế nào đối với con?  
 Cha  Mẹ  Người giám hộ  Quan hệ khác (hãy cho biết) \_\_\_\_\_

## CHINESE

1. 除了英语之外, 您家是否还说其他语言?  
 否  是 \_\_\_\_\_ (请说明是哪种语言)
2. 除了英语之外, 您的孩子是否还说其他语言?  
 否  是 \_\_\_\_\_ (请说明是哪种语言)
3. 您的孩子最先学习的是哪种语言? \_\_\_\_\_ (请说明是种语言)
4. 您希望学校用哪种语言授课? \_\_\_\_\_ (请说明是哪种语言)
5. 您与孩子的关系?  
 父亲  母亲  绚  其他 (请说明) \_\_\_\_\_

## AMHARIC

1. ከእንግሊዝኛ ውጪ የሆነ ቋንቋ በቤትዎ ውስጥ ይነገራል?  አይ  አዎ \_\_\_\_\_ (ቋንቋውን ይጥቀሱ)
2. ከእንግሊዝኛ ውጪ በሆነ ቋንቋ ልጅዎ ይናገራል/ትናገራለች?  አይ  አዎ \_\_\_\_\_ (ቋንቋውን ይጥቀሱ)
3. ልጅዎ መጀመሪያ የተማረው ቋንቋ ምንድነው? \_\_\_\_\_ (ቋንቋውን ይጥቀሱ)
4. ከትምህርት ቤቱ መረጃን በምን ቋንቋ ማግኘት ይፈልጋሉ? \_\_\_\_\_ (ቋንቋውን ይጥቀሱ)
5. ከልጅዎ ጋር ያለዎት ዝምድና ምንድነው?  አባት  እናት  ሞግዚት/አሳዳጊ  
 ሌላ (ይጥቀሱ) \_\_\_\_\_

## ARABIC

١. هل توجد لغة أخرى منطوقة في منزلك بخلاف اللغة الإنجليزية؟  
لا  نعم  \_\_\_\_\_ (حدد اللغة)
٢. هل يتواصل طفلك مع غيره بلغة أخرى بخلاف اللغة الإنجليزية؟  
لا  نعم  \_\_\_\_\_ (حدد اللغة)
٣. ما أول لغة تعلمها مطلقاً؟ \_\_\_\_\_ (حدد اللغة)
٤. بأي لغة تفضل أن تستقبل المعلومات من المدرسة؟ \_\_\_\_\_ (حدد اللغة)
٥. ما العلاقة التي تربطك بالطفل؟  
والده  والدته  الوصي عليه  صلة أخرى (الرجاء التحديد)  
\_\_\_\_\_

What language does your child primarily speak? \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## ROSELAND BOARD OF EDUCATION

### **KINDERGARTEN SCHOOL ENTRANCE HEALTH EXAMINATION AND IMMUNIZATION REPORT**

#### NOTICE TO PHYSICIAN

No child will be permitted to enter school without evidence that they are fully immunized. As set forth by Chapter 14 of the New Jersey Sanitary Code, immunization requirements are as follows:

DTP – Four doses, with one dose given on or after the 4th birthday, OR any 5 doses.

POLIO VACCINE – Three doses, with one dose given on or after the 4th birthday, OR any 4 doses.

MMR – Two doses, with 1 dose on or after the first birthday.

HIB – At least 1 dose for a child 12 to 59 months of age given on or after the first birthday.

HEPATITIS B – Every child born on or after January 1, 1996 shall have received three doses of vaccine.

VARICELLA – One dose on or after the first birthday or proof of immunity.

Documentation of a Mantoux tuberculin skin test is mandatory for those entering from a country of high incidence of TB, as determined by the New Jersey Department of Health.

Each new student must present written proof of a completed physical and dental examination that has been completed no more than 365 days prior to the first day of school.

Exceptions are made to State Immunization Requirements for medical or religious reasons.

#### **Medical Exemption**

If an immunization is medically contraindicated, a signed note from a physician or advanced practice nurse is required, stating the reason the immunization is medically contraindicated and the specific period of time for which the immunization is contraindicated, based upon valid medical reasons as enumerated by the Advisory Committee on Immunization Practices (ACIP) of the United States Public Health Service, or the American Academy of Pediatrics (AAP).

**This must be reviewed yearly with a physician.**

#### **Religious Exemption:**

If a religious exemption is required, the parent/guardian must request the religious exemption by writing a letter stating that the immunization conflicts with religious beliefs and submit it to the **school principal**.

Those with medical and/or religious exemptions, may be excluded from school during a vaccine preventable disease outbreak or threatened outbreak to ensure public health safety.



## ROSELAND BOARD OF EDUCATION

### KINDERGARTEN PHYSICAL EXAMINATION AND IMMUNIZATION FORM

Legal Name of Child: (Last, First, M)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: (Mo/Day/Yr.)	
Parent/Guardian:					
Health History: (list any childhood illnesses and date of diagnosis)					
Allergies: (date of diagnosis)			Asthma: (date of diagnosis)		
Is the child on any medications: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type(s) of medication(s):					
Height:	Weight:	Heart Rate:	Murmur:	B/P:	
Lungs:	Abdomen:	ENT:	Genitalia:		
CNS:	Seizure Disorder:		Type:		
Vision: O.D. 20/      O.S. 20/      O.U. 20/			Hearing:      Right      Left		
Known Vision or Hearing Problem:					
Musculo-skeletal:	Scoliosis: <input type="checkbox"/> Negative <input type="checkbox"/> Positive		Treatment:		
Development:			Speech:		
Other significant medical information the school should know about:					
Student may participate in all physical education activities: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Student may not participate in the following physical activities:					
<b>IMMUNIZATIONS:</b>					
DTP:	IPV/OPV:	MMR:	HIB:	Hepatitis-B:	Varicella:
		Influenza:			Pneumococcal:
				Hepatitis-A:	
Tdap:	Mantoux:	Treatment:	Meningococcal:		
	Date:				
	Results:				
Physician's Name, Address & Phone Number (please print):			Physician's Signature:		
			Date of Examination:		

**ROSELAND BOARD OF EDUCATION**

**KINDERGARTEN DENTAL EXAMINATION FORM**

Dear Parents and Guardians:

Prior to entrance into kindergarten, the school requests that your child be given a thorough dental examination. At the time of your child's dental appointment, please have your dentist complete and sign the lower portion of this form. This information will be placed with your child's health record.

---

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

I have examined the above named child and found:

\_\_\_\_\_ Teeth are clean and require no further dental care.

\_\_\_\_\_ Dental care is needed because of the following condition:

---

---

\_\_\_\_\_  
Dentist's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

Please stamp dental office contact information here or submit a business card from the office. Thank you.



## Race/Ethnicity of Child

Check one or more boxes to indicate the race/ethnicity that you consider your child to be.

<input type="checkbox"/>	<b>American Indian or Alaska Native-</b> A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
<input type="checkbox"/>	<b>Asian-</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
<input type="checkbox"/>	<b>Black or African American-</b> A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or Negro" can be used in addition to "Black or African American".
<input type="checkbox"/>	<b>Spanish/Hispanic/Latino-</b> A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
<input type="checkbox"/>	<b>Native Hawaiian or other Pacific Islander-</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
<input type="checkbox"/>	<b>White-</b> A person having origins in any of the original peoples of Europe, Middle East, or North Africa.

## Education

Name of School	Location	Grade	Year Attended

## Parent/Guardian Approval

Parent/Guardian Name (Please print): \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_

### **For Roseland Board of Education Use Only** (if applicable)

Residing School Code	<b>020</b>	Attending School Code	<b>020</b>
Residing District Code	<b>4530</b>	Attending District Code	<b>4530</b>
Residing County Code	<b>13</b>	Attending County Code	<b>13</b>
NJSMART ID #		District Entry Date	
LID #		Program Code	
OT/PT	<input type="checkbox"/> yes <input type="checkbox"/> no	Classification Code	
Speech	<input type="checkbox"/> yes <input type="checkbox"/> no		

## Emergency Contacts

The Lester C. Noecker will be adding this important contact information into our database. Please complete and return as soon as possible. Thank you.

<b>Part One</b>	
Student Name	
Student Address	
Student Date of Birth	
Student Grade/Homeroom	
<b>Parent/Guardian 1</b>	
Parent/Guardian 1 Name	
Parent/Guardian 1 Home Phone	
Parent/Guardian 1 Cell Phone	
Parent/Guardian 1 Work Phone	
Parent/Guardian 1 E-mail	
<b>Parent/Guardian 2</b>	
Parent/Guardian 2 Name	
Parent/Guardian 2 Home Phone	
Parent/Guardian 2 Cell Phone	
Parent/Guardian 2 Work Phone	
Parent/Guardian 2 E-mail	
<b><i>Please asterisk above which number to use for primary contact</i></b>	
If we cannot reach either parent/guardian listed above, list below two people that you will allow us to contact and who you allow to assume temporary care of your child.	
<b>Medical Emergency Contact 1</b>	
Emergency Contact 1 Name	
Emergency Contact 1 Home Phone	
Emergency Contact 1 Cell Phone	
Emergency Contact 1 Work Phone	
Emergency Contact 1 E-mail	
<b>Medical Emergency Contact 2</b>	
Emergency Contact 2 Name	
Emergency Contact 2 Home Phone	
Emergency Contact 2 Cell Phone	
Emergency Contact 2 Work Phone	
Emergency Contact 2 E-mail	

## Annual Medical Information

The Lester C. Noecker will be adding this important medical information into our database.  
Please complete and return as soon as possible. Thank you.

Child's Name: \_\_\_\_\_

School Year: \_\_\_\_\_

Does your child have Health Insurance?

If yes, what is the name of your insurance company? \_\_\_\_\_

No

If no, NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit [www.njfamilycare.org](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.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

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

\_\_\_\_\_

Dental Exam Date: \_\_\_\_\_

Braces: \_\_\_\_\_

Eye Exam Date: \_\_\_\_\_

Contacts: \_\_\_\_\_

Glasses: \_\_\_\_\_

Allergy (kind): \_\_\_\_\_

Medications: \_\_\_\_\_

Allergic Reaction Date: \_\_\_\_\_

Medications: \_\_\_\_\_

Immunizations/Tetanus Date: \_\_\_\_\_

Type: \_\_\_\_\_

Restrictions Type: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Doctor Telephone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Dentist Telephone: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Hospital Telephone: \_\_\_\_\_

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons named in this form and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that physicians, other persons named in this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent/Guardian: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

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

# POLICY

STUDENTS  
5141.1/Page 1 of 1  
Peanut and Tree Nut Free Environment

## **5141.1 PEANUT AND TREE NUT FREE ENVIRONMENT**

The Roseland School District has an obligation to ensure the safety of all students. There has been an increased number of students that have been medically diagnosed as anaphylactic to all types of “nuts.” Some of the allergies are so severe the consequences to some students are life threatening and require immediate intervention with medication or even hospitalization. In order to eliminate the possibility of such an occurrence, the Roseland Board of Education implemented a “Nut Free Policy” for the entire school beginning September 2008. All members of our school community are asked to adhere to the guidelines of this policy to ensure the safety of affected students.

### **What is the policy?**

When preparing a snack for your child’s class or for a school activity carefully read the food labels and avoid:

1. Any foods that contain peanuts or tree nuts
2. Any foods that have precautionary labels that the product may contain nuts
3. All baked goods made in bakeries where cross contamination is likely to occur.

### **What does this policy mean for you?**

1. Snacks made at home are strictly prohibited.
2. Baked goods whose labels specifically state that they are made in a nut free facility are acceptable. Those not specified may not be brought into school. Products that have precautionary labels: “may contain nuts” or “processed on equipment that processes nuts” are strictly prohibited.
3. Labels can change as manufacturers reformulate their products so please read ingredient labels each and every time on any packaged food. Do not bring any item into school that contains nuts.
4. No baked goods from bakeries are permitted as cross contamination is likely to occur.
5. Peanut butter sandwiches are strictly prohibited in the school building. Please contact the school nurse for help with safe alternatives.
6. Ensure that your child’s face and hands have been washed after breakfast. This is not only important for those who eat peanut butter but also dairy products and eggs as contact from this residue can cause a reaction for the severely allergic.

Last Approved: August 21, 2008

First Reading: October 25, 2012

Second Reading and Adoption: November 15, 2012