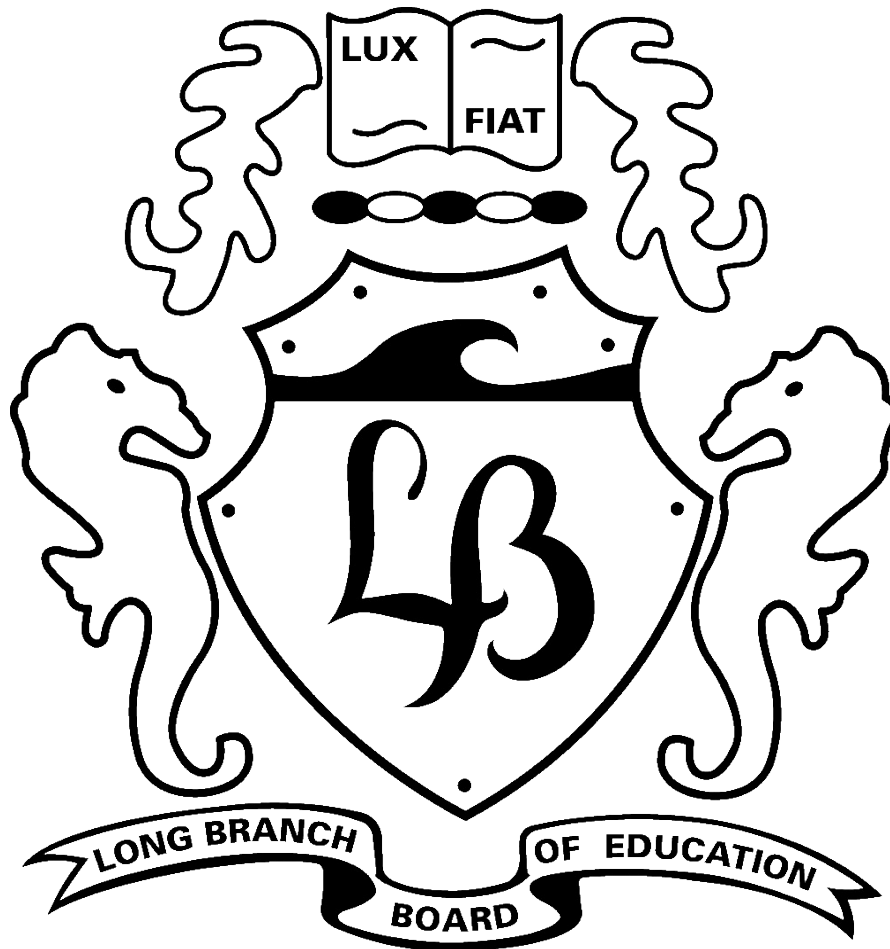


Long Branch Public Schools

391 Westwood Ave
Long Branch NJ
732 229-6306



High School Grades 9-12 Registration Packet

To be completed by school personnel/ Personal de la escuela debe llenar esta parte

Home School _____ ID # _____

Assigned School _____ Homeroom _____ Program _____

Date _____ Entry Date _____ Entry Code _____ Entry Grade _____

Evidence of Birth: Birth Certificate _____ Passport _____ Baptismal Certificate _____

Revised September 2016

Welcome to Long Branch Public Schools Central Registration

391 Westwood Ave
Long Branch NJ 07740
732-229-6306

*** Once you have completed the attached registration packet and have the necessary items listed below, contact 732-229-6303 ext. 51000 to schedule an appointment between the hours of 9:00 am and 3:00 pm.
Registrations are on an appointment only basis.

If you own the home, you need to bring with you on the day of your appointment:

A Deed/Mortgage or Tax bill
1 Proof of Residency
Photo ID of the Parent/guardian

If you rent the home you need to bring with you:

Current Lease
1 Proof of Residency
Photo ID of the parent/Guardian

If you live with another family: (affidavit)

The Home owner needs to provide the proper proof of residence from the homeowner list above*
*Needs to be completed & notarized with the parent/legal guardian & home owner.

Acceptable proof of residency:

NOTE: Bills must have a current date. No bills are accepted under someone else's name.
Utility bill (gas, water, electric)
Tax bill
Telephone/Cell phone bill
Bank statement
Cable bill
Medical bill
Insurance Bill
Correspondence from the Monmouth County Social Services

Additional information needed to be brought for each student registering:

Birth Certificate
Immunization Record
Transfer card/ Report card if coming from another school district
Social Security Card (if applicable)
Child Study Team/Special Services records (IEP) (If applicable)
504 Accommodations (If applicable)
Completed Registration Packet

**Only the Legal Parent/Guardian can register students in the school district.
The parent or guardian's full name listed on the Birth Certificate must be on the Proof of Residency.
Bring Custody Papers (If you are not the Legal Parents)**

Bienvenido al Registro Central de Las Escuelas Pública de Long Branch

391 Westwood Ave
Long Branch NJ 07740
732-571-2868

*** Cuando haya completado el paquete y tengas los elementos necesarios, por favor llame a
732-229-6306 ext. 51000 para programar una cita entre las horas de 9:00 am y 3:00 pm.
Cada registro requiere una cita.

Si usted es el dueño de la casa, usted necesita:

A Escritura /factura de hipoteca o factura de impuestos
Prueba de residencia
Identificación con foto del padre / guardián:

Si usted rentas, necesita llevar con usted:

Contrato de Arrendamiento
Prueba de residencia
Identificación con foto del padre / guardián:

Si vive con familia (declaración jurada)

El dueño de la casa necesita proporcionar una prueba de residencia de la lista anterior.
*Debe ser completado y notariado con el padre / guardián y dueño de la casa .

La prueba aceptable de residencia:

NOTA: Las facturas deben tener una fecha corriente. No se aceptan facturas a nombre de otra persona. Factura de servicios públicos (gas, agua , electricidad)
Factura de impuestos
Factura de Teléfono/ celular
Factura de cuenta
Factura de cable
Factura médica
Factura de seguros
La correspondencia de los Servicios Sociales de Monmouth County

Información necesaria adicional:

Certificado de nacimiento
Registro de Inmunización
Tarjeta de Transferencia / Notas si viene de otro distrito escolar
Tarjeta de la Social Security (si aplica)
Registros de "Child Study Team/ Servicios Especiales" (IEP) (si aplica)
Alojamientos de 504 (si aplica)
Paquete de Registro completado

Sólo el padre/ guardián puede inscribir los estudiantes en el distrito escolar. El nombre completo del padre/ guardián que aparece en el certificado de nacimiento deben estar en la prueba de residencia. Trae documentos de custodia (Si no son los padres)



**OFFICE OF THE SUPERINTENDENT
LONG BRANCH PUBLIC SCHOOLS
540 Broadway, Long Branch, New Jersey 07740**

MICHAEL SALVATORE, Ph.D. "Where Children Matter Most"

Superintendent of Schools
(732) 571-2868, Ext 40010
Fax: (732) 229-0797

Dear Long Branch Families,

The Long Branch Public Schools has refined the dress and grooming policy, which reflects "Uniformity of Dress" for all Grades 9 - 12 students. Students are required to wear any combination of the following, which will be strictly enforced:

- * Pants, shorts, jumpers and/or skorts in khaki or black color
- * Collared Golf/Polo shirts, short or long-sleeved, in dark green, white or gray
- * Collared Shirt Exceptions: Turtlenecks and blouses in dark green, white or gray
- * All shirts must have the Long Branch Public Schools Emblem
- * In addition to a solid green, grey, or white collared shirt, students will be permitted to wear a Long Branch High School affiliated non-collared shirt. This non-collared shirt can be that of the school uniform or be from an extra-curricular activity within the school (i.e. Athletics, VPA, club, etc.).

Purchases for clothing can be made at the store of your choice. The district does not have a private provider for clothing. Local stores and vendors that stock the items mentioned above are as follows:

- Target
- Walmart
- Kohls
- Kmart
- JC Penney
- Old Navy
- GAP

The District's extension of "Uniformity of Dress" for the current school year will be extremely successful with your cooperation. We look forward to a wonderful school year with many safe and exciting learning opportunities ahead.

Sincerely,

Michael Salvatore, Ph.D.
Superintendent of Schools





**OFFICE OF THE SUPERINTENDENT
LONG BRANCH PUBLIC SCHOOLS
540 Broadway, Long Branch, New Jersey 07740**

MICHAEL SALVATORE, Ph.D. "Where Children Matter Most"

Superintendent of Schools
(732) 571-2868, Ext 40010
Fax: (732) 229-0797

Estimadas familias en Long Branch,

Las Escuelas Públicas de Long Branch han revisado la poliza de vestir y cuidado personal de los estudiantes. La poliza indica que los estudiantes del Grado 9 hasta el Grado 12 deben de seguir "Uniformidad de vestido". Los estudiantes están requeridos a vestirse usando las siguientes opciones, que se aplica estrictamente:

- * Pantalones, pantalones cortos, o falda de color caqui
- * Camisas de polo, de manga cortas o larga, de color verde oscuro, blanco o gris
- * Excepciones de camisas de polo: Camisas y blusas cuello tortuga de color verde oscuro, blanco o gris
- * Todas las camisas deben llevar puesta el emblema de las Escuelas Publicas de Long Branch
- * Además de una camisa de cuello verde, gris o blanco, se les permitirá a los estudiantes a llevar una camiseta sin cuello, afiliados con los equipos de las Escuelas Publicas de Long Branch. Esta camiseta puede ser la del uniforme de la escuela o ser de una actividad "extra- curricular" de la escuela (es decir, Atletismo, VPA, Club)

La compra de ropa puede hacerse en la tienda de su gusto. El distrito no tiene una tienda privada para la compra de ropa. Algunas tiendas locales que venden los artículos de ropa mencionados son:

- *Target*
- *Walmart*
- *Kohls*
- *Kmart*
- *JC Penney*
- *Old Navy*
- *GAP*

Con su cooperación, la extensión de la "Uniformidad de Vestir" del Distrito para el año escolar tendrá gran éxito. Esperamos un año escolar maravilloso con muchas oportunidades de aprendizaje seguras y emocionantes.

Atentamente,
Michael Salvatore, Ph.D.
Superintendente de Escuelas



Long Branch Public Schools

Registration Packet



Student Information/ Informacion del Estudiante

➤ **STUDENT INFORMATION / INFORMACIÓN DEL ESTUDIANTE**

Country of Birth / País de Nacimiento

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Student's Birth Certificate # (If applicable) / # de Certificado de Nacimiento (Si es aplicable)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Primary Language Spoken at Home / Idioma hablado en su casa

<input type="checkbox"/>	English / Inglés
<input type="checkbox"/>	Spanish / Español
<input type="checkbox"/>	Portuguese / Portugués
<input type="checkbox"/>	Italian / Italiano
<input type="checkbox"/>	Creole / Creole (Haitiano)
<input type="checkbox"/>	Korean / Coreano
<input type="checkbox"/>	Russian / Ruso
<input type="checkbox"/>	Chinese / Chino
<input type="checkbox"/>	Other (print below) / Otro (indique abajo)

Student's Date of Entry into the United States (If applicable)

Fecha de entrada a los Estados Unidos (Si es aplicable)

		-			-				
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[MM-DD-YYYY]

First entry into U.S. Schools (If applicable)

Entrada inicial en las escuela de los EE.UU. (Si es aplicable)

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[MM-DD-YYYY]

2. STUDENT CONTACT INFORMATION / INFORMACIÓN DE CONTACTO DEL ESTUDIANTE

A. Primary Residence / Residencia Primaria

Phone Number / Número de teléfono

			-				-				
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Street Name / Nombre de la calle

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City / Ciudad

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State / Estado

--	--

Who Does the Child Live With? / ¿Con Quién Vive el estudiante?

- Mother / Madre
 Father / Padre
 Both Parents / Ambos Padres
 Grandparent(s) / Abuelo(s)
 Guardian / Tutor
 Other / Otro _____

➤ **STUDENT CONTACT INFORMATION / INFORMACIÓN DE CONTACTO DEL ESTUDIANTE**

B. Primary Parent/Guardian Information / Información sobre el pariente/guardián primario

Name of Primary Parent / Guardian / Nombre del pariente/guardián primario

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Relationship to student / Relación parentesca al estudiante

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Primary Parent / Guardian home phone number / Número de teléfono

			-				-						
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Primary Parent / Guardian work phone number / Número de teléfono de trabajo

			-				-						
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Primary Parent / Guardian cell phone number / Número de teléfono celular

			-				-						
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C. Secondary Parent/Guardian Information

Name of Secondary Parent / Guardian / Nombre del pariente/guardián secundario

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Relationship to student / Relación parentesca al estudiante

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Secondary Parent / Guardian home phone number / Número de teléfono

			-				-						
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Secondary Parent / Guardian work phone number / Número de teléfono de trabajo

			-				-						
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Secondary Parent / Guardian cell phone number / Número de teléfono celular

			-				-						
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➤ STUDENT CONTACT INFORMATION / INFORMACIÓN DE CONTACTO DEL ESTUDIANTE

D. Emergency Contact Information / Contacto de Emergencia

Primary emergency contact name / Nombre del contacto primario en caso de emergencia

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Relationship to student / Relación parentesca al estudiante

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Primary phone number / Número de teléfono Primario

			-				-						
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Additional phone number / Número de teléfono adicional

			-				-						
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Secondary emergency contact name / Nombre del contacto secundario en caso de emergencia

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Relationship to student / Relación parentesca al estudiante

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Primary phone number / Número de teléfono

			-				-						
--	--	--	---	--	--	--	---	--	--	--	--	--	--

Secondary emergency contact additional phone number / Número de teléfono adicional

			-				-						
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3. STUDENT SUPPORT SERVICES / SERVICIOS DE APOYO AL ESTUDIANTE

1. Does your child speak English? / ¿Su niño habla Ingles?

	Always / Siempre
	Sometimes / A veces
	Never / Nunca

2. Does your child have an Individualized Education Program (IEP) or a 504 Plan? /

¿Su hijo tiene un Programa de Educación Individualizado (IEP) o plano 504?

	Yes (Provide additional information on Section A) / Sí (proporcione información adicional sobre la Sección A)
	No

➤ **STUDENT SUPPORT SERVICES / SERVICIOS DE APOYO AL ESTUDIANTE**

- A. If applicable, what immediate services are required (i.e.: medical, counseling, instructional support...)?
 ¿Si es applicable, qué servicios inmediatos se requieren (médico, consejo, instrucción académica...)?

4. MORE INFORMATION / MAS INFORMACIÓN

1. What was the last school the student attended? /Cuál fue la última escuela que el estudiante asistió?

School/ Escuela: _____ District/ Distrito: _____

2. Has the student previously attended Long Branch Public Schools?

El estudiante ha asistido las Escuelas Públicas de Long Branch previamente?

Yes/ No/ Si/ No? _____

If so, When?/ Cuando? _____ What school?/ Que Escuela? _____

3. Does your child have any military connections? (check one)

Su hijo tiene conexiones militares? (marque uno)

	1= Student is not military connected/ El estudiante no tiene conexiones militares
	2= Active Duty: Student is a dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps or Coast Guard/ Servicio Activo: El estudiante es un dependiente de un miembro de las fuerzas en servicio activo (a tiempo completo) de Ejercito, Armada, Fuerza Aerea, Infanteria de Marina or la Guarda Costera
	3= National Guard or Reserve- Student is a dependent of a member of the National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps or Coast Guard)/ Guardia Nacional o la Reserva- El estudiante es un dependiente de un miembro de la Guardia Nacional o la Reserva de las Fuerzas (Ejercito, Armada, Fuerza Aerea, Infanteria de Marina or la Guarda Costera)



6. ACKNOWLEDGMENT / RECONOCIMIENTO

By completing and signing this form, I _____,
[Print Full Name]

as Legal Guardian to the child named above, attest that to my knowledge the information provided is correct:

Signature

Date

Al llenar y firmar este formulario, yo _____,
[Imprima su nombre completo]

como tutor legal del menor mencionado anteriormente, aseguro que la información proporcionada es correcta:

Firma

Fecha

Please Note: The Long Branch Public Schools provide a free breakfast program to every student prior the start of the school day. / Las Escuelas públicas de Long Branch proporcionan un programa de desayuno gratis a cada estudiante antes del inicio de la jornada escolar.

**OFFICE OF THE SUPERINTENDENT
LONG BRANCH PUBLIC SCHOOLS
540 Broadway, Long Branch, New Jersey 07740**



“Where Children Matter Most”

Dear Parent/Guardian:

The Long Branch Public Schools is excited to present the Genesis Student Information System Parent Portal. This powerful tool will allow parents to view their child’s grades, attendance, and schedule via the internet. In order to create an account for this service, please provide the information requested below. Once the system is ready for general use, you will receive an e-mail with your login information and you will be able to view your child’s information only. An active e-mail account is necessary for the setup of users in Genesis.

Please fill out this form completely and either e-mail it to genesislb@longbranch.k12.nj.us, or send it to back to your child’s homeroom teacher.

Email address:		
Parent Last Name:		
Parent First Name:		
Parent Middle Name:		
Address:		
Home Phone:		
Alt. Phone:		
Student’s Full Name:		
Sibling(s) Full Name	Full Name	School

Signature of Parent/Guardian

Date

**OFFICE OF THE SUPERINTENDENT
LONG BRANCH PUBLIC SCHOOLS
540 Broadway, Long Branch, New Jersey 07740**



“Where Children Matter Most”

Queridos Padres de Familia:

Las Escuelas Públicas de Long Branch están contentos de poder ofrecer el nuevo sistema “Génesis” para los padres. Este programa les permitirá a los padres ver las calificaciones, asistencia y horarios de sus hijos por el Internet. Para poder crear una cuenta de servicios favor de proveer la información apropiada. Cuando el programa este disponible, le enviaremos una correo electrónico con la información para acceder la cuenta de su hijo. Para poder tener acceso al programa “Génesis” es necesario que su cuenta de correo electrónico este activa. Si usted no tiene una cuenta activa, favor de marcar el cuadro en este formulario y le enviaremos una copia de la información por correo.

Favor de completar la siguiente información y enviarla ya sea electrónicamente a lbpsparents@longbranch.k12.nj.us o enviar este papel al maestro(a). Gracias!

Dirección de correo electrónico:		
Apellido del Padre:		
Primer nombre del Padre:		
Segundo Nombre del Padre:		
Dirección:		
Número de Teléfono:		
Número de Teléfono Alternativo:		
Nombre del Estudiante:		
Escuela		
Nombres de hermano/a (os/as)	Nombre Completo	Escuela

Firma del Padre:

Fecha

**OFFICE OF THE SUPERINTENDENT
LONG BRANCH PUBLIC SCHOOLS
540 Broadway, Long Branch, New Jersey 07740**



“Where Children Matter Most”

As escolas publicas de Long Branch estão animados de lhe apresentar o novo sistema de informação do estudante chamado Genesis. Este poderoso instrumento permitirá que os pais vejam as notas de sua criança, a frequência que a criança esta na escola, e sua agenda de classes via a internet. Para criar uma conta para este serviço, forneça as informações solicitadas abaixo. Uma vez que o sistema está pronto par uso geral, você receberá um e-mail con suas informações de login e você será capaz de ver a informação apenas de sua criança. Uma conta de e-mail ativa é necessária para a configuração de usuários em Genesis. Se voce não tiver uma conta de e-mail ativa, marque a caixa abaixo e uma copia dos documentos mençionados será mandado para voce pelo correio.

Por favor, preencha este formulário completamente e envie um e-mail para genesislb@longbranch.k12.nj.us ou enviá-lo de volta para o professor de homeroom. Obrigada!

E-mail:		
Ultimo Nome dos Pais:		
Primeiro Nome dos Pais:		
Nome do Meio dos Pais:		
Endereço:		
Telefone de Casa:		
Telefone Alternativo:		
Nome Completo de Estudante:		
Nome dos Irmãos	Nome Completo	Espola

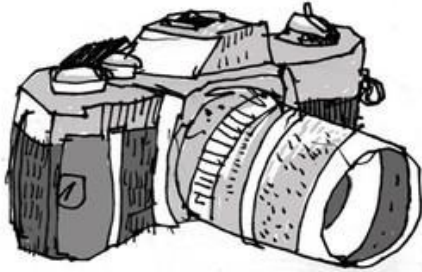
Assinatura dos Pais:

Data

**OFFICE OF THE SUPERINTENDENT
LONG BRANCH PUBLIC SCHOOLS
540 Broadway, Long Branch, New Jersey 07740**



PARENTAL CONSENT TO PUBLISH STUDENT PROGRAMS AND ACTIVITIES



Dear Long Branch Families,

During the school year, the children participate in various programs and activities, which celebrate innovation, character and learning. At times, we broadcast these events to the public via social media, television, local newspapers and/or our webpage.

We realize some families would like to preserve the anonymity of their child/children and would prefer NOT to be included in broadcasts; therefore, we kindly request you complete the information below and return to your child’s teacher.



PARENTAL CONSENT TO PUBLISH STUDENT PROGRAMS AND ACTIVITIES

Student: _____ **Grade:** _____ **Homeroom:** _____

Signature of Parent: _____ **Date:** _____

I DO NOT give permission for my child’s photo to be used.

I GIVE permission for my child’s photo to be used.

**OFFICE OF THE SUPERINTENDENT
LONG BRANCH PUBLIC SCHOOLS
540 Broadway, Long Branch, New Jersey 07740**



Home Language Survey

New Jersey Department of Education regulations require that all schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. **If a language other than English is spoken in the home, the District is required to do further assessment of your child.** Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information

_____	_____	_____	F <input type="checkbox"/>	M <input type="checkbox"/>
First Name	Middle Name	Last Name	Gender	
_____	_____	_____		
Country of Birth	Date of Birth (mm/dd/yyyy)	Date first enrolled in ANY US school		

School Information

_____	_____	_____
Start Date in New School	Name of Former School and Town	Current Grade

Questions for Parents/Guardians	
What is the native language(s) of each parent/guardian? _____ Mother _____ Father _____ Guardian	Which language(s) are spoken with your child? (include relatives-grandparents, uncles, aunts, etc & caregivers) _____ sometimes / often / always _____ sometimes / often / always _____ sometimes / often / always
What language did your child <u>first</u> understand and speak?	Which language do you use most to communicate with your child?
Which other languages does your child know? _____ speak / read / write _____ speak / read / write	Which languages does your child use to communicate? _____ sometimes / often / always _____ sometimes / often / always
Will you require written information from school in your native language? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Will you require an interpreter/translator at Parent-Teacher meetings?
Parent/Guardian Signature: X _____	_____ Today's Date: (mm/dd/yyyy)

**OFFICE OF THE SUPERINTENDENT
 LONG BRANCH PUBLIC SCHOOLS
 540 Broadway, Long Branch, New Jersey 07740**

Idioma hablado en el hogar

Los reglamentos del Departamento de Educación de New Jersey exigen que *todas* las escuelas determinen los idiomas que se hablan en los hogares de los estudiantes para así identificar sus necesidades específicas relacionadas con el idioma. Esta información es esencial para que las escuelas puedan proveer instrucción que todos los estudiantes puedan aprovechar. **Si en su hogar se habla otro idioma que no sea inglés, se requiere que el Distrito evalúe a su hijo más a fondo.** Ayúdenos a cumplir con este importante requisito respondiendo a las siguientes preguntas. Gracias por su ayuda.

Información del estudiante

Nombre _____ Segundo nombre _____ Apellido _____ F M Sexo
 Pais de nacimiento _____ Fecha de nacimiento (mm/dd/aaaa) _____

Información de la escuela

Fecha de comienzo en la escuela nueva _____ Nombre de la escuela y ciudad anterior _____ Fecha de matriculación inicial en cualquier escuela de E.U. _____ Grado _____
(mm/dd/aaaa)

Preguntas para los padres/encargados

<p>¿Cuál es el idioma natal del padre/la madre/los encargados?</p> <p>_____ Madre</p> <p>_____ Padre</p> <p>_____ Encargado</p>	<p>¿Qué idioma(s) se habla(n) con su hijo? (incluya parientes -abuelos, tíos, tías, etc. - y encargados del cuidado)</p> <p>_____</p> <p>_____</p>
<p>¿Cuál fue el primer idioma que entendió y habló su hijo?</p>	<p>¿Qué idioma usa usted principalmente con su hijo?</p>
<p>¿Qué otros idiomas sabe su hijo?</p> <p>_____ habla / lee / escribe</p> <p>_____ habla / lee / escribe</p>	<p>¿Qué idiomas usa su hijo?</p> <p>_____</p> <p>_____</p>
<p>¿Requerirá usted la información impresa de la escuela en su idioma natal?</p> <p style="text-align: center;"><input type="checkbox"/> Si <input type="checkbox"/> No</p>	<p>¿Requerirá usted un intérprete/traductor en reuniones de padres y maestros?</p> <p style="text-align: center;"><input type="checkbox"/> Si <input type="checkbox"/> No</p>
<p>X</p> <p>Firma del padre/la madre/encargado:</p> <p>X</p>	<p style="text-align: center;">_____ / _____ /20 _____</p> <p style="text-align: center;">Fecha de hoy: (mm/dd/aaaa)</p>

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION TRANSFER FORM

THE UNDERSIGNED HEREBY CERTIFY THAT THE STUDENT NAMED HEREIN HAS TRANSFERRED TO HIS/HER PRESENT SCHOOL OF ENROLLMENT WITHOUT INDUCEMENT OR RECRUITMENT OR TO SEEK AN ATHLETIC ADVANTAGE. THE PARENTS/GUARDIANS ALSO AGREE TO THE SUBMISSION TO THE NJSIAA OF ANY PERTINENT RECORDS, INCLUDING TRANSCRIPTS, MAINTAINED BY THE SCHOOLS. REFUSAL TO SIGN THE TRANSFER FORM **MAY NOT** BE BASED UPON NONPAYMENT OF FEES, FAILURE TO RETURN SCHOOL PROPERTY AND THE LIKE. **THE TRANSFER FORM IS NECESSARY FOR STUDENTS WHO ARE RESIDING WITH THEIR PARENTS WHO HAVE MOVED TO THE UNITED STATES OR WHO HAVE MOVED FROM ONE SECONDARY SCHOOL DISTRICT TO ANOTHER SECONDARY SCHOOL DISTRICT.**

STEP 1 – TO BE COMPLETED BY PRESENT SCHOOL AND FORWARDED TO PREVIOUS SCHOOL (PLEASE PRINT LEGIBLY)

Name of **Present School**: **LONG BRANCH HIGH SCHOOL** City: **LONG BRANCH** Check if Choice School?

Student's Name: _____ Student's Date of Birth: _____

Date of Enrollment at Present School (If enrollment occurs after the beginning of the school year, Month, Day, Year, student first attended class: _____)

Principal's Name: **Vincent Muscillo** Principal's Signature: _____ Date: _____

Athletic Director's Name: **Jason M. Corley, CAA** Athletic Director's Signature: _____ Date: _____

Student's Name: _____ Student's Signature: _____ Date: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____ Date: _____

Parent/Guardian **PRESENT** complete Address: _____

STEP 2 – TO BE COMPLETED BY PREVIOUS SCHOOL IMMEDIATELY AND RETURNED TO PRESENT SCHOOL

Name of **Previous School**: _____ City: _____

Date of Withdrawal: _____ Student first entered 9th grade/school: _____ Date: _____

Parent/Guardian **PREVIOUS** Address: _____

A. List all sports in which the student participated on a varsity level in a sports season during the calendar year prior to the transfer:

1. _____ 2. _____ 3. _____

Student is ineligible for thirty (30) calendar days from the start of the Present School's regular schedule for each sport listed above.

B. Has the student participated in a 9-12 program while in the 6, 7, 8th grade? _____Yes _____No (See Bylaws, Art.V, Sec.4.I)

ATTENTION: If the student is from a high school in a foreign country which does not sponsor interscholastic athletics, the adult(s) with whom the student is domiciled must attach a summary of the sports in which the student participated in a non-school community and/or national team/program for participants 14 years old or above. Said participation will be evaluated in "non-school" play to determine varsity status.

Check box if there is evidence that the student transferred for athletic advantage

Check box if there is evidence that the student was recruited.

IF EITHER BOX IS CHECKED, WRITTEN EVIDENCE OF SUCH MUST BE SENT DIRECTLY TO NJSIAA FOR REVIEW.

(If either of the two boxes is checked, or the form is not signed by the Principal and/or Athletic Director of the previous school, the transfer student is not eligible for regular season interscholastic competition until a hearing is held by NJSIAA.)

Principal's Signature: _____ Date: _____

Athletic Director's Signature: _____ Date: _____

If unsigned, please state reason(s): _____

PLEASE FORWARD ALL FORMS/DOCUMENTS TO LARRY WHITE AT THE NJSIAA OFFICE:

lwhite@NJSIAA.org OR Fax to: 609-259-3047 OR Mail to: P. O. Box 487, Robbinsville, NJ 08691

LONG BRANCH PUBLIC SCHOOLS
Long Branch, New Jersey
 Transportation Request

New Entrant Moved
 Change in Transportation
 SCHOOL _____
 GRADE _____

***Please mark only one (X) for an AM box and one (X) for PM box**
You can choose from Walker, Bus, Babysitter or the Wrap-Around Program

Child's Name/Nombre de Nino _____ **Date/Fecha** _____

Check all boxes that apply:



1 I will drive my child. AM
 I will drive my child. PM
 Parent will drive child to /from school

2 My child needs bus transportation.
 (Check sitter info below, if needed) AM
 PM

<input type="checkbox"/> 3 My child will go to a babysitter (within Long Branch School District) (Fill in additional sitter information)	<input type="checkbox"/> AM <input type="checkbox"/> PM	AM Sitter's Name: _____ Sitter's Phone: _____ Sitter's Address: _____	PM Sitter's Name: _____ Sitter's Phone: _____ Sitter's Address: _____

4 My child will go to wrap-around care. AM PM **CHILD MUST BE REGISTERED WITH THE WRAP-AROUND PROGRAM BEFORE THEY CAN ATTEND.**
 (transportation is not provided to/from home for wrap around care)

ANY CHANGES to transportation must be made in person at your child's school.

LONG BRANCH PUBLIC SCHOOLS

"Where Children Matter Most"

540 BROADWAY
LONG BRANCH, NJ 07740



DISTRICT MEDICAL FORMS



LONG BRANCH PUBLIC SCHOOLS
SCHOOL BASED YOUTH SERVICES PROGRAM
404 Indiana Ave, Long Branch, New Jersey 07740

MICHAEL SALVATORE, Ph.D.
Superintendent of Schools

“Where Children Matter Most”

Kathleen Celli, RN
District Head Nurse/ SBYS Director

New Jersey Department of Health
MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE
IN NEW JERSEY

N.J.A.C. 8:57-4 Immunization of pupils in school

Grace Period:

30-Day Grace Period: Those children transferring into a New Jersey school, pre-school, or child care center from out of state/out of country may be allowed a 30-day grace period in order to obtain past immunization documentation before provisional status shall begin.

Provisional Admission:

Provisional admission allows a child to enter/attend school after having received a minimum of one dose of each of the required vaccines. Pupils must be actively in the process of completing the series.

Pupils must receive the required vaccines otherwise exclusion from school will be necessary.

**If you need an appointment for immunizations/Physical exams call Monmouth Family Health Center
732-413-2030/732-923-7100**

Departamento de Salud de Nueva Jersey
REQUISITOS DE VACUNAS MINIMO DE ASISTENCIA ESCUELA EN NUEVA JERSEY

N.J.A.C. 8:57-4 La inmunización de los alumnos de la escuela

Periodo de gracia:

30 días de periodo de gracia: Esos niños transferidos en una escuela de Nueva Jersey, preescolar, o un centro de cuidado de niños de fuera del estado / fuera del país se puede permitir un periodo de gracia de 30 días con el fin de obtener la documentación de inmunización pasado antes de estado provisional comenzará.

Admision provisional:

Admisión provisional permite a un niño para entrar / asistir a la escuela después de haber recibido un mínimo de una dosis de cada una de las vacunas requeridas. Los alumnos deben estar activamente en el proceso de completar la serie.

Los alumnos deben recibir las vacunas requeridas de lo contrario exclusión de la escuela será necesario.

**Si necesita una cita para llamadas vacunas/exámenes físicos- llame Monmouth Family Health Center
732-413-2030 / 732-923-7100**



LONG BRANCH PUBLIC SCHOOLS
SCHOOL BASED YOUTH SERVICES PROGRAM
404 Indiana Ave, Long Branch, New Jersey 07740

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Provisional admission allows a child to enter/attend school after having received a minimum of one dose of each of the required vaccines. Pupils must be actively in the process of completing the series.

Pupils must receive the required vaccines otherwise exclusion from school will be necessary.

**If you need an appointment for immunizations/Physical exams call Monmouth Family Health Center
732-413-2030/732-923-7100**

Departamento de Saúde de Nova Jersey
REQUISITOS MINIMOS PARA IMUNIZAÇÃO FREQUENCIA ESCOLAR
EM NOVA JERSEY

N.J.A.C. 8: 57-4 A imunização de alunos na escola

Período de carencia:

30-Dia Carência: Aquelas crianças que transferem em uma escola de Nova Jersey, pré-escola ou creche de fora do estado / fora do país podem beneficiar de um periodo de carência de 30 dias, a fim de obter documentação imunização passado, antes estatuto provisório deverá começar.

Admissão provisória:

Admissão provisória permite que uma criança para entrar / frequentar a escola depois de ter recebido um mínimo de uma dose de cada uma das vacinas necessárias. Os alunos devem ser activamente no processo de completar a série.

Os alunos devem receber as vacinas exigidas caso contrário a exclusão da escola será necessário.

**Se você precisa de um compromisso para a chamada imunizações Monmouth Family Health Center.
732-413-2030-732-923-7100**



**OFFICE OF THE SUPERINTENDENT
LONG BRANCH PUBLIC SCHOOLS
540 Broadway, Long Branch, New Jersey 07740**

“Where Children Matter Most”

Your child's learning depends upon good health. To assist in providing health services at school, please complete and return this form. / *Por favor rellene el formulario.*

STUDENT'S NAME / <i>Nombre del Estudiante:</i>	DATE OF BIRTH / <i>Fecha de Nacimiento:</i>	SEX / <i>Sexo:</i> M F
---	--	---

1. Does your child have any of the following conditions/illnesses?
Su niño/niña tiene algunas de estas condiciones?

√CHECK ANY THAT APPLY √ (MARCA LA QUE APLICA)

ADHD	Heart condition (<i>enfermedad del corazón</i>)
Allergy (<i>Alergias</i>)	Hepatitis (<i>hepatitis</i>)
Bee sting allergy (<i>Alergia a picadura de abejas</i>)	Hernia
Food allergy (<i>alergia de comidas</i>)	Hospitalization /emergency room visits
Medication allergy (<i>alergia de medicinas</i>)	Lead poisoning (<i>envenenamiento por plombo</i>)
Peanut allergy (<i>alergia nueces/cacahuete</i>)	Lyme Disease
Asthma (<i>Asma</i>)	Menstrual Problems (<i>problemas de menstruación</i>)
Bladder problems (<i>problemas de las vejiga</i>)	Mononucleosis
Broken bones (<i>fracturas</i>)	Nosebleeds (<i>sangra mucho de la nariz</i>)
Bone or joint problems (<i>problemas musculares</i>)	Operations (<i>Operaciones</i>)
Cancer (<i>cáncer</i>)	Rheumatic Fever (<i>Fiebre Reumática</i>)
Chicken pox (<i>viruelas</i>)	Scoliosis (<i>Escoliosis</i>)
Chest pains (<i>dolor de pecho</i>)	Seizures (<i>Convulsiones</i>)
Contagious disease (<i>Enfermedades contagiosa</i>)	Serious Illness/Injury (<i>enfermedad/accidente serio</i>)
Concussion (<i>conmoción cerebral</i>)	Sickle Cell Anemia (<i>Anemia de células falciformes</i>)
Dental problems (<i>problemas dental</i>)	Skin Rashes (<i>problemas de la piel</i>)
Diabetes (<i>diabetis</i>)	Sleeping Problems (<i>problemas de dormir</i>)
Dietary restrictions (<i>restricciones de dieta</i>)	Strep Infections (<i>Infección de la garganta</i>)
Ear infections/tubes (<i>infección del oído/tubos en los oídos</i>)	Substance Abuse (<i>toxicomanía/alcohólico</i>)
	Stitches (<i>puntos</i>)
Fainting (<i>desmayo</i>)	Tuberculosis

2. Please explain any checked answers / *Haga el favor de comentar sobre los problemas medicos:*

3. School transferring from / *Escuela de Transferencia:*

4. Did student ever attend Long Branch Public Schools? Yes No
El estudiante ha asistir a las Escuelas Públicas de Long Branch?

Important Questions / Preguntas Importantes

1. Was the child born premature? / *El niño nació prematuro?* Yes No
2. Did the child have any difficulty before, during or after delivery? Yes No
El niño/niña tuvo problemas durante el parto?
3. Did the child have any delays in sitting or walking? Yes No
El niño/niña se detuvo en aprender a sentarse o caminar?
4. Did the child have any delays in starting to speak? Yes No
El niño/niña se detuvo en aprender a hablar?
5. Does the child have any speech problems? Yes No
El niño/niña tiene problemas al hablar?
6. Does the child wear eyeglasses or contact lenses? Yes No
El niño/niña usa los anteojos o lentes de contacto?
7. Does the child have any hearing difficulty? Yes No
El niño/niña tiene problemas de oír?
8. Does the child take any medication besides vitamins daily? Yes No
El niño/niña necesita medicamentos?
9. Has the child ever had a serious illness or injury? Yes No
El niño/niña tuvo un golpe serio?
10. Has the child ever had an operation? Yes No
El niño/niña tuvo una operación?
11. Does your child have depression or emotional difficulties? Yes No
El niño/niña tiene depresión o dificultades emocionales?

12. Mother's age at birth of this child: _____

Edad de la madre en el nacimiento de este niño:

13. Date of last physical exam: / *Fecha del último examen físico:* _____

13A. Please explain any "YES" answers or medical problems in this area.

Haga el favor de comentar sobre los problemas médicos del niño/niña.

14. Do you have health insurance? / *Tiene segura de salud?* Yes No

15. Name of Health Care Provider / *Nombre del eguro medico:*

Signature / Firma: _____ **Date / Fecha:** _____

**UPDATED IMMUNIZATION RECORD MUST BE ATTACHED TO FORM.
REGISTRO DE VACUNAS ACTUALIZADOS DEBE ESTAR JUNTO CON ESTE FORMULARIO**



LONG BRANCH HIGH SCHOOL
404 Indiana Avenue, Long Branch, New Jersey 07740

MICHAEL SALVATORE, Ph.D
Superintendent of Schools

“Where Children Matter Most”

MARY WHALEN, RN
High School Nurse
(732) 229-7300 x 41050
Fax (732) 229-9314

**STUDENT HEALTH PROCEDURES
AND TYLENOL CONSENT**

1. BOTH SIDES OF THE DEMOGRAPHIC PAPER MUST BE COMPLETED, SIGNED AND RETURNED TO YOUR HOMEROOM TEACHER BY SEPTEMBER 14, 2016. DEMOGRAPHIC PAPER returned after this date must be brought to the Nurse’s office.

It is very important that telephone numbers are updated when there is a change so we can reach you in an emergency. Please write-in the names of a relative and/or friend, who will be available during the school day to take your son/daughter home if they are ill when we are unable to reach you.

Your son/daughter will only be dismissed from school to the relative/friend you listed on the DEMOGRAPHIC PAPER.

2. **COMPLETE ANY “MEDICAL INFORMATION” ON THE BACK OF THE DEMOGRAPHIC PAPER.** We will update your son/daughter’s health record and advise their teachers of any medical illnesses/conditions only if it is necessary for your son/daughter’s well being. If you have any concerns about sharing the medical information you may call or send a note to the School Nurse as soon as possible. If the School Nurse does not hear from you, it will be understood that you have no objections.
3. **LONG BRANCH SCHOOL DISTRICT POLICY REQUIRES THAT ALL NEW STUDENTS AND/OR 10TH GRADE STUDENTS MUST HAVE A PHYSICAL EXAM.** We encourage your doctor to examine your son/daughter. Please call the Nurse’s Office by September 30, 2016 so we can mail a “Physical Evaluation Form” which your doctor must complete and return by March 4th, 2017. Otherwise, the School Physician or Nurse Practitioner will do the physical exam in school. A copy of the completed physical exam will be sent home along with any necessary referrals.
The exam includes height, weight, blood pressure, vision, hearing and scoliosis screenings as well as an assessment of the ears, eyes, throat, heart, lungs, and stomach.
4. **Immunizations must be up to date or students will be excluded from school.** Please send a physician’s note to the School Nurse every time your son/daughter receives a vaccine/booster so their school health records are updated.
5. **Medication Administration for High School students.** See the attached policy for Tylenol* (acetaminophen) Administration and the “Tylenol Administration Consent” form. All other medications (i.e. Midol*, aspirin, Motrin*/Advil, antibiotics and prescriptions) require a doctor’s note with written parental permission renewed every school year. Please call the School Nurse to obtain the required form.
6. **The School Based Youth Services Program (SBYS)** Offers a full set of services to students on a “one-stop shopping basis” during the school day. These **FREE** services provide preventive, primary health care and mental health counseling to “keep the students mentally and physically healthy so they may complete their High School education through grade twelve”.

SBYS Program is located in Long Branch High School.

To be eligible for any services offered by the SBYS program, written consent from the parent/guardian must be signed each school year and submitted to the Nurse’s Office.

Consent forms will be in the “Student Health Procedure Packet” at the beginning of the school year

Example: If a student has a sore throat, he/she can be tested for strep throat, given a prescrip.....ibiotics and sent home. Follow up is then provided by the nurse practitioner.

OVER 

Call the SBYS Program (732-728-9533 or 732-229-7300 x 9) for any questions or concerns.

- 7. We encourage you to consult with the School Nurse (732-229-7300 x 4) any time you have health concerns or questions related to your son/daughter's health or safety.

Tylenol Administration for High School Students

The **High School Nurse** is permitted to dispense **Tylenol** as needed to High School students who complain of headaches, menstrual cramps or body aches. Parent/Guardian must submit **written parental consent** that will be valid until your child graduates.

This is a privilege for High School Students ONLY!

If after one hour of receiving **Tylenol** there is no improvement in condition, the student can be sent home. If there are two or more days of continued use, the nurse will call the parent/guardian and recommend follow-up with either the School-Based Youth Services or a private MD.

Students who are 18 or older; may sign their own consent, however all other rules for Tylenol administration remain in effect.

Tylenol Administration PERMISSION

Date: _____

I, _____ agree to allow the School Nurse to dispense **Tylenol 650 mg.** to
Parent's Name (print)
my High School son/daughter _____ / _____

Student's Name (print)

Grade

As needed for headaches, cramps, or body aches. I am aware that an assessment will be completed before Tylenol is administered

Parent/Guardian Signature

Contact Numbers:

Work # _____

Home # _____

Cell # _____



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**Procedimientos de Salud para los Estudiantes
Y Consentimiento Para Administración de Tylenol**

1. **AMBOS LADOS DE LA HOJA DEMOGRAFICA DEL ESTUDIANTE DEBEN SER LLENADOS, FIRMADOS Y DEVUELTOS AL MAESTRO EL 14 DE SEPTIEMBRE DE 2016** las hojas demográficas entregadas después de esta fecha deben ser traídas a la oficina de la Enfermera

Es importante que los números telefónicos sean puestos al día cuando haya algún cambio, para ayudar a la seguridad de los estudiantes. Bajo números de contacto de emergencia, por favor poner el nombre de un amigo/a o familiar quienes estén disponibles durante el día de escuela y tengan permiso para llevar a su niño/a a casa si no podemos localizar a los padres o encargado.

Su hijo/a se le dejará salir de la escuela solo con la persona que usted puso en la hoja demográfica.

2. **COMPLETE CUALQUIER “INFORMACIÓN MÉDICA” EN LA PARTE DE ATRÁS DE LA HOJA DEMOGRAFICA.** Nosotros pondremos al día el record de salud de su hijo/a y dejaremos saber a los maestros de cualquier condición solo si es necesario para el bienestar de su hijo/a. Si tiene alguna información médica que quiera compartir puede llamar o enviar una nota a la enfermera de la escuela lo más pronto posible. Si la enfermera de la escuela no ha escuchado de usted se entenderá de que usted no tiene ninguna objeción.
3. **LA POLITICA DEL DISTRITO DE LONG BRANCH, REQUIERE QUE LOS ESTUDIANTES DE 10^{mo} GRADO TENGAN UN EXAMEN MEDICO.** Le sugerimos que su doctor examine a su hijo/a. Llame a la oficina de la enfermera hasta Septiembre 30 del 2016 para enviarle el formulario que deberá ser llenado y firmado por su doctor y enviarlo de vuelta para el 4 de enero del 2017. De otra manera el Doctor o la Enfermera Medico (Nurse Practitioner) de la escuela examinara a su hijo/a. Una copia del examen médico completo le será enviado a casa. **El examen incluye el peso, la altura, presión de la sangre, visión, audición y escoliosis como también los ojos, oídos, garganta, corazón, pulmones y estomago.**
4. Todas las vacunas deben estar completas y al día, o los estudiantes pueden ser excluidos de la escuela. Si ha recibido alguna vacuna o refuerzo, favor enviar la verificación de su doctor a la enfermera de la escuela para ayudar a mantener el historial al día
5. **Administración de Tylenol para los estudiantes de High School.** Mirar la póliza de consentimiento adjunta para Tylenol*(acetaminophen) “Permiso para administrar Tylenol”. Otras medicinas (ejemplo: Midol*, Aspirina, Motrin*, Advil, Antibióticos etc.*) requieren de una receta/prescripción médica más el permiso escrito del Padre o Encargado. Por favor llamar a la enfermera de la escuela si tiene alguna pregunta y para obtener dicha forma al (732) 229-7300 x 4
6. **El programa School Based Youth Services (SBYS) ofrece un completo servicio a los estudiantes durante el día de escuela. Este servicio provee cuidados gratis de salud preventiva y primaria, consejería, prevención de abuso de sustancias, consejería de familia.** esta designado para “mantener a los estudiantes mental y físicamente saludables así ellos pueden completar su educación hasta el grado doce”.

AL OTRO LADO



SBYS está localizada en el mismo edificio del High School.

Para ser elegible para cualquiera de los servicios ofrecidos por el programa SBYS un consentimiento escrito debe ser

firmado por el padre/representante y ser entregado a la enfermera de la escuela.

Formularios de consentimiento para SBYS estará en el Paquete de Procedimiento de Salud para el Estudiante al principio del año escolar.

Ejemplo: Si el estudiante tiene dolor de garganta, el/ella pueden tener una infección a la garganta; una prescripción para antibióticos será dada y el estudiante será enviado a casa. Se provee un chequeo diario por la enfermera.

Si tiene alguna pregunta acerca de SBYS puede llamar al (732) 229-7300x 41650

- 7. Usted esta invitado a consultar con la enfermera de la escuela en cualquier momento todo lo relacionado con la salud de su niño/a.

Administración de **Tylenol** para estudiantes de High School

A la enfermera de High School se le permite dispensar **Tylenol** como necesitan a los estudiantes que se quejan de dolor de cabeza, cólicos menstruales o dolor del cuerpo. El padre o encargado tiene que presentar por **escrito** el permiso que será valido hasta que su hijo/a se gradúe del High School.

Este es un privilegio SOLAMENTE para los estudiantes de High School

Después de una hora de haber recibido **Tylenol** y no hay mejora de su condición al estudiante se le enviara a casa. Si hay mas de dos días de uso continuo de Tylenol la enfermera llamara al padre o encargado y recomendara un seguimiento ya sea con School-Based-Youth-Services de la escuela o su medico privado.

Estudiantes de 18 años o más podrán firmar su propio consentimiento, las reglas para la administración de Tylenol son las mismas y tienen el mismo efecto.

PERMISO PARA LA ADMINISTRACION DE TYLENOL

Fecha: _____

I, _____ acuerdo en permitir que la enfermera de la escuela dispense

Nombre del Padre (imprensa)
Tylenol 650 mg. a mi hijo/a de High School _____ / _____
Nombre del Estudiante (imprensa) Grado

como necesite para dolor de cabeza, cólicos menstruales o dolor de cuerpo. Estoy al tanto de que se hará una evaluación completa antes de administrar Tylenol.

Firma del Padre o Encargado

Números de Contacto:

Trabajo # _____

Casa # _____

Cell # _____

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71

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

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive 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		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
 Pending further evaluation
 For any sports
 For certain sports _____
 Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) 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 parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date of exam _____
 Address _____ Phone _____
 Signature of physician, APN, PA _____

■ 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 evaluation 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:

Reviewed on _____
(Date)

Approved _____ Not Approved _____

Signature: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) 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 parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____

LONG BRANCH PUBLIC SCHOOLS
Long Branch, NJ
“Where Children Matter Most”

PARENTAL CONSENT
SCHOOL BASED YOUTH SERVICES PROGRAM
High School

The mission of the SBYS Program is to provide an array of services to our students in a warm, supportive, and professional environment. Our goals are to enable our youth to complete their education and enjoy healthy emotional well-being.

In addition to direct contact and case management, we also use a variety of assessment & evaluation tools to help maintain that accurate and consistent services are taking place. We are bound by the laws of confidentiality and work in conjunction with other professionals who may evaluate, review, and provide support and recommendations to the student and parent/guardian(s).

Our individual and group services include Mental Health, Substance Abuse counseling, primary and prevention Medical/Nursing services, Learning Support, Life Skills support and Youth Development activities.

Date _____

*STUDENT NAME _____ Grade/Academy ____/____
(please print)

I give permission for my child to receive services offered by the LONG BRANCH SCHOOL BASED YOUTH SERVICES PROGRAM.

Please Sign X _____
Signature, Parent/Guardian

Do you currently have Health Insurance Coverage? ___ Yes ___ No
___ Private Insurance ___ NJ Family Care ___ Medicaid

Do you need assistance if you do not have insurance? ___ Yes ___ No

No, I DO NOT want services: _____
Signature, Parent/Guardian

**This consent remains in effect until the student’s High School graduation.*

ESCUELAS PÚBLICAS DE LONG BRANCH

Long Branch, NJ

"Donde los niños son más importantes"

PERMISO PARA RECIBIR SERVICIOS DEL PROGRAMA "SBYSP" PROGRAMA DE SERVICIOS PARA JOVENES

HS

La misión de la SBYS programa es proporcionar una serie de servicios a nuestros estudiantes en un ambiente cálido, y entorno profesional. Nuestros objetivos son para que nuestros jóvenes a completar su educación y sana bienestar emocional.

Además de contacto directo y de la gestión de los casos, también utilizamos una variedad de evaluación y herramientas de evaluación para ayudar a mantener coherente y precisa que los servicios están teniendo lugar. Estamos obligados por las leyes de confidencialidad y trabajar conjuntamente con otros profesionales que puedan evaluar, revisar, y prestar apoyo y recomendaciones para el estudiante y padre/tutor(s).

Nuestros servicios individuales y de grupo incluyen Salud Mental, Abuso de Sustancias, asesoramiento y prevención primaria Médicos/servicios de enfermería, apoyo escolar, apoyo las habilidades para la vida y actividades de desarrollo juvenil.

Fecha _____

Nombre del estudiante _____ grado/academia
_____/_____

Doy permiso a mi hijo a recibir los servicios ofrecidos por el programa de servicios basados en la escuela de jóvenes de Long Branch. Favor de firmar aquí
X _____

Firma, Padre/Encargado

Tiene seguro médico? Sí No

Uso servicios médicos con: Seguros Privados NJ Family Care Medicaid

Necesita ayuda si usted no tiene seguro medico? Sí No

No, yo no quiero servicios: _____

Firma, Padre/Encargado

*Este permiso permanece en efecto hasta la graduación de High School secundaria del estudiante.



LONG BRANCH HIGH SCHOOL
404 Indiana Avenue, Long Branch, New Jersey 07740

MICHAEL SALVATORE, Ph.D
Superintendent of Schools

“Where Children Matter Most”

MARY WHALEN, RN
High School Nurse
(732) 229-7300 x 41050
Fax (732) 229-9314

SCHOLASTIC STUDENT-ATHLETE SAFETY ACT
INFORMATION FACT SHEET
FOR PARENTS/GUARDIANS

Prior to participation on a school-sponsored interscholastic or intramural athletic team or squad, each student-athlete in grades six through 12 must present a completed Preparticipation Physical Evaluation (PPE) form to the designated school staff member. Important information regarding the PPE is provided below, and you should feel free to share with your child’s medical home health care provider.

1. **The PPE may ONLY be completed by a licensed physician, advanced practice nurse (APN) or physician assistant (PA) that has completed the Student-Athlete Cardiac Assessment professional development module.** It is recommended that you verify that your medical provider has completed this module before scheduling an appointment for a PPE.
2. The required PPE must be conducted within 365 days prior to the first official practice in an athletic season. The PPE form is available in English and Spanish at <http://www.state.nj.us/education/students/safety/health/records/athleticphysicalsform.pdf>.
3. The parent/guardian must complete the History Form (page one), and insert the date of the required physical examination at the top of the page.
4. The parent/guardian must complete The Athlete with Special Needs: Supplemental History Form (page two), if applicable, for a student with a disability that limits major life activities, and insert the date of the required physical examination on the top of the page.
5. The licensed physician, APN or PA who performs the physical examination must complete the remaining two pages of the PPE, and insert the date of the examination on the Physical Examination Form (page three) and Clearance Form (page four).
6. The licensed physician, APN or PA must also sign the certification statement on the PPE form attesting to the completion of the professional development module. Each board of education and charter school or nonpublic school governing authority must retain the original signed certification on the PPE form to attest to the qualification of the licensed physician, APN or PA to perform the PPE.
7. The school district must provide written notification to the parent/guardian, signed by the school physician, indicating approval of the student’s participation in a school-sponsored interscholastic or intramural athletic team or squad based upon review of the medical report, or must provide the reason(s) for the disapproval of the student’s participation.
8. For student-athletes that had a medical examination completed more than 90 days prior to the first official practice in an athletic season, the Health History Update Questionnaire (HHQ) form must be completed, and signed by the student’s parent/guardian. The HHQ must be reviewed by the school nurse and, if applicable, the school’s athletic trainer. The HHQ is available at <http://www.state.nj.us/education/students/safety/health/records/HealthHistoryUpdate.pdf>.

For more information, please review the Frequently Asked Questions which are available at <http://www.state.nj.us/education/students/safety/health/services/athlete/faq.pdf>. You may also direct questions to **[SCHOOL DISTRICT INSERT NAME/CONTACT INFORMATION OF APPROPRIATE STAFF HERE].**