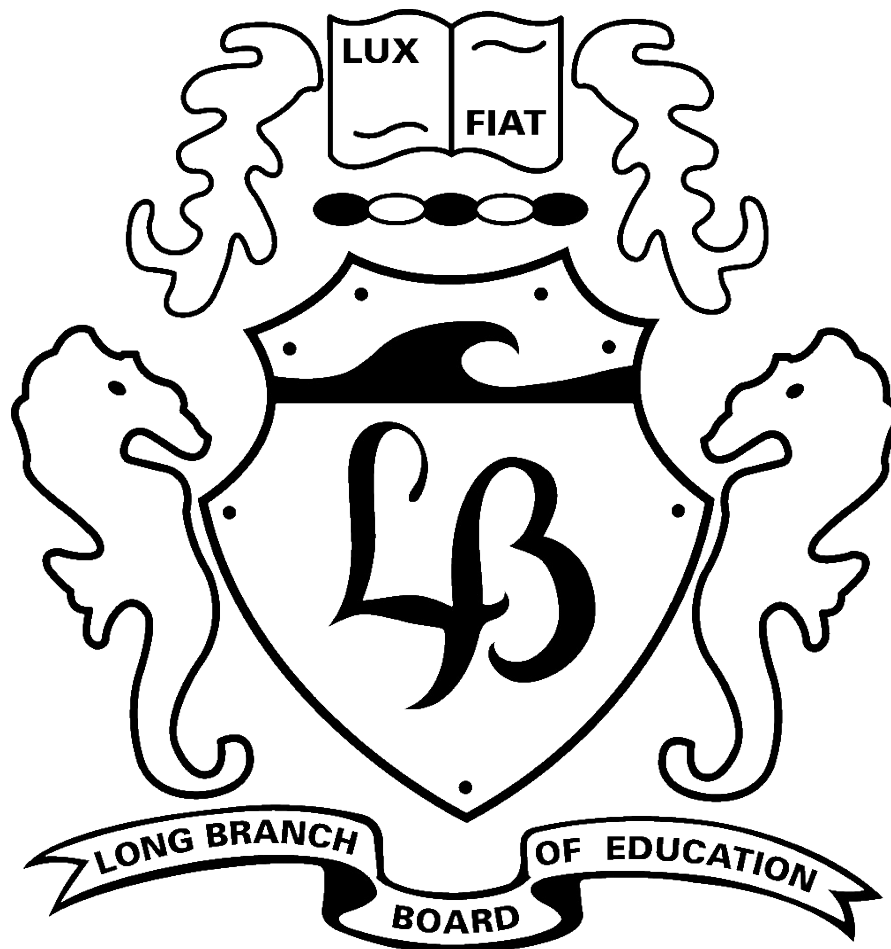


Long Branch Public Schools

540 Broadway,
Long Branch, NJ 07740



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 _____



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

“Where Children Matter Most”

REQUIRED DOCUMENTS FOR STUDENT REGISTRATION

The following documents are required to register a new student:

1. **Birth Certificate**
2. **Social Security Number** (if applicable)
3. **Immunization Records**
4. **Proof of Residence** (A copy of one of the following documents must be provided)
 - Utility bill (gas, water, electric)
 - Telephone or cell phone bill
 - Cable Bill
 - Medical bill
 - Bank statement
 - Insurance bill
 - Correspondence from the Monmouth County Social Services

NOTE: Bills must have a current date.

The parent or guardian's full name listed on the Birth Certificate must be on the Proof of Residency. No bills are accepted under someone else's name.

Affidavit of Residence: Must be completed at our Administrative Offices located at 540 Broadway by appointment only (732) 571-2868 Ext. 40082.

DOCUMENTOS NECESÁRIOS PARA REGISTRAR UN NUEVO ESTUDIANTE

Los siguientes documentos son necesarios para registrar un nuevo estudiante:

1. **Certificado de Nacimiento**
2. **Número de Seguro Social** (Si es applicable)
3. **Registros de Vacunaciones**
4. **Prueba de Residencia** (una copia de uno de los documentos listados abajo)
 - Copia de una factura de servicios públicos (gas, agua, electricidad)
 - Copia de una factura de teléfono/celular
 - Copia de una factura de servicios de television
 - Copia de una factura de tarjeta de crédito
 - Copia de una factura médica
 - Estados de cuentas bancarias
 - Facturas de seguros
 - Correspondencia de los Servicios Sociales de Monmouth County

NOTA: Las facturas deben tener una fecha actual.

El nombre del padre que aparece en el certificado de nacimiento debe estar en la prueba de residencia. No se aceptan billetes bajo cualquier otro nombre.



**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 tienda 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

1. STUDENT INFORMATION / INFORMACIÓN DEL ESTUDIANTE

First Name / Nombre

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

Middle Name (If applicable) / Segundo Nombre (Si es aplicable)

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

Last Name / Apellido

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

Generation Code or Suffix / i.e.: Jr., Sr., III. (If applicable)

Código de clasificación de generación o sufijo (Si es aplicable)

--	--	--	--

Date of Birth / Fecha de Nacimiento

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

[MM-DD-YYYY]

Social Security Number (If applicable) / Número de Seguro Social (Si es aplicable)

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

Grade Level / Grado del Estudiante

--	--

High School Entry Date / Fecha de entrada de la escuela secundaria

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

[MM-DD-YYYY]

Ethnicity / Raza

<input type="checkbox"/>	White / Blanco
<input type="checkbox"/>	Black or African American/ Negro o Afroamericano
<input type="checkbox"/>	American Indian or Alaska Native / Indio Nativo de América o Nativo de Alaska
<input type="checkbox"/>	Asian or Pacific Islander / Nativo de la Isla de Asia o del Pacífico
<input type="checkbox"/>	Other race / Otra raza:
<input type="checkbox"/>	Hispanic or Latino (indicate below) / Hispano o Latino (indique abajo)
<input type="checkbox"/>	<ul style="list-style-type: none"> <input type="radio"/> Mexican, Mexican American, Chicano / Mejicano, Mejicano-Americano, Chicano <input type="radio"/> Puerto Rican / Puertorriqueño <input type="radio"/> Cuban / Cubano <input type="radio"/> Other Spanish/ Hispanic/ Latino: / Español/ Hispano/ Latino de otro grupo:

Gender / Genero

<input type="checkbox"/>	Female / Femenino
<input type="checkbox"/>	Male / Masculino

City of Birth / Ciudad de Nacimiento

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

State of Birth / Estado de Nacimiento

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

➤ **STUDENT INFORMATION / INFORMACIÓN DEL ESTUDIANTE**

Country of Birth / País de Nacimiento

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

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 Stated (If applicable)

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

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

[MM-DD-YYYY]

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

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

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

[MM-DD-YYYY]

2. STUDENT CONTACT INFORMATION / INFORMACIÓN DE CONTACTO DEL ESTUDIANTE

A. Primary Residence / Residencia Primaria

Phone Number / Número de teléfono

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

Street Name / Nombre de la calle

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

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 SUPPORT SERVICES / SERVICIOS DE APOYO AL ESTUDIANTE**

A. If applicable, what immediate services are required (i.e.: medical, counseling, instructional support...)?
 ¿Si es aplicable, 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 Ejército, Armada, Fuerza Aérea, Infantería de Marina or la Guardia 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 (Ejército, Armada, Fuerza Aérea, Infantería de Marina or la Guardia 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.

<input type="checkbox"/> No Email	If you do not have an active email at this time, please check this box and a paper copy of the above information will be sent to you via mail.
Email address:	
Parent Last Name:	
Parent First Name:	
Parent Middle Name:	
Address:	
Home Phone:	
Alt. Phone:	
Student’s Full Name:	
Student ID:	
School:	

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**

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

“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: _____



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540 Broadway, Long Branch, New Jersey 07740**

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

“Where Children Matter Most”

Queridos Pais/Guardião:

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 freqüência 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 voçe não tiver uma conta de e-mail ativa, marque a caixa abaixo e uma copia dos documentos mencionados será mandado para voçe 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!

<input type="checkbox"/> Não tenho e-mail	Mande documentos pelo correio.
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:	
Escola de Estudante:	

Nome

Escola

Nome de Irmãos complete:

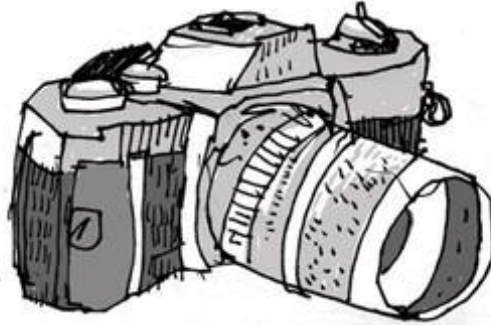
Assinatura dos Pais: _____



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

“Where Children Matter Most”

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**

“Where Children Matter Most”

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 U.S. school (mm/dd/yyyy)	

School Information

_____/_____/_____	_____	_____
Start Date in New School (mm/dd/yyyy)	Name of Former School and Town	Current Grade

Questions for Parents/Guardians

What is the native language(s) of each parent/guardian? (circle one) _____ Mother _____ Father _____ Guardian	Which language(s) are spoken with your child? (include relatives -grandparents, uncles, aunts,etc. - and caregivers) _____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? (circle all that apply) _____speak / read / write _____speak / read / write	Which languages does your child use to communicate? (circle one) _____sometimes / often / always _____sometimes / often / always
Will you require written information from school in your native language? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you require an interpreter/translator at Parent-Teacher meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No
X Parent/Guardian Signature:	_____/_____/20_____ Today's Date: (mm/dd/yyyy)



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

“Where Children Matter Most”

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 _____	Sexo F <input type="checkbox"/> M <input type="checkbox"/>
País de nacimiento _____	Fecha de nacimiento (mm/dd/aaaa) _____
	Fecha de matriculación inicial en CUALQUIER escuela de EE.UU. (mm/dd/aaaa) _____
Información de la escuela	
_____ / _____ /20 _____	_____
Fecha de comienzo en la escuela nueva (mm/dd/aaaa)	Nombre de la escuela y ciudad anterior
	Grado actual
Preguntas para los padres/encargados	
¿Cuál es el idioma natal del padre/la madre/los encargados? (encierre en un círculo) _____ (madre / padre / encargado) _____ (madre / padre / encargado)	¿Qué idioma(s) se habla(n) con su hijo? (incluya parientes -abuelos, tíos, tías, etc. - y encargados del cuidado) _____ infrecuentemente / algunas veces / frecuentemente / siempre _____ infrecuentemente / algunas veces / frecuentemente / siempre
¿Cuál fue el primer idioma que entendió y habló su hijo?	¿Qué idioma usa usted principalmente con su hijo?
¿Qué otros idiomas sabe su hijo? (encierre en un círculo todo lo que corresponda) _____ habla / lee / escribe _____ habla / lee / escribe	¿Qué idiomas usa su hijo? (encierre uno en un círculo) _____ infrecuentemente / algunas veces / frecuentemente / siempre _____ infrecuentemente / algunas veces / frecuentemente / siempre
¿Requerirá usted la información impresa de la escuela en su idioma natal? Sí <input type="checkbox"/> No <input type="checkbox"/>	¿Requerirá usted un intérprete/traductor en reuniones de padres y maestros? Sí <input type="checkbox"/> No <input type="checkbox"/>
Firma del padre/la madre/encargado: X	_____ / _____ /20 Fecha de hoy: (mm/dd/aaaa)

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 :		City:
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:	Principal's Signature:	Date:
Athletic Director's Name:	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 9 th 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

"Where Children Matter Most"

540 BROADWAY
LONG BRANCH, NJ 07740



DISTRICT MEDICAL FORMS



**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>)
Fainting (<i>desmayo</i>)	Stitches (<i>puntos</i>)
Head injury – serious (<i>golpe a la cabeza</i>)	Tuberculosis
	Weight - over/under (<i>sobrepeso/desnutrido</i>)

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

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

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 SSCHOOL

Provisional Admission:

Provisional admission allows a child to enter/attend school after having received a minimum of one dose or each of the required vaccines. Pupils must be actively in the process of completing the series. Pupils must receive the required vaccines within 12 months.

Grace Periods:

- **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 allowed a 30-day trace period in order to obtain past immunization documentation before provisional status shall begin.



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Departamento de Salud de Nueva Jersey

REQUISITOS MINIMOS DE VACUNAS PARA ASISTIR A LAS ESCUELAS DE NUEVA JERSEY NAC. 8:57-4: VACUNAS DE LOS ALUMNOS EN LA ESCUELA

Admission Provisional:

Admisión provisional permite a un niño entrar/atender a la escuela después de haber recibido un mínimo de una dosis de cada una de las vacunas requeridas. Los alumnos deben participar activamente en el proceso de completar la serie de vacunas. Los alumnos deben recibir las vacunas necesarias en un periodo de 12 meses.

Periodo de Garcia:

- **30-días de periodo de gracia:** Aquellos niños que están siendo transferidos de fuera del estado/ fuera del país. a la escuela, pre-escuela, o centro de cuidado de niños en Nueva Jersey puede permitirse un periodo de 30-días de periodo de gracia con el fin de obtener documentación de vacunas recibidas anteriormente antes de que el estado provisional comience.



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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, 2015. 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, 2015 so we can mail a “Physical Evaluation Form” which your doctor must complete and return by March 4th, 2016. 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 prescription for antibiotics and sent home. Follow up is then provided by the nurse practitioner.

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 # _____

KC/mc



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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 2015** 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 2015 para enviarle el formulario que deberá ser llenado y firmado por su doctor y enviarlo de vuelta para el 4 de enero del 2016. De otra manera el Doctor o la Enfermera Medico (Nurse Practitioner) de la escuela examinará 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 substancias, consejería de familia.** esta designado para “mantener a los estudiantes mental y físicamente saludables así ellos pueden completar su educación hasta el grado doce”.



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 necesiten 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 (imprenta)
Tylenol 650 mg. a mi hijo/a de High School _____ / _____

Nombre del Estudiante (imprenta) _____ 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 # _____

NOTE: The preparticipation physical examination must be conducted by a health care provider who: 1) is a licensed physician, advanced practitioner, 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* • 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		

*Consider 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 _____
 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 _____

Sudden Cardiac Death Pamphlet
Sign-Off Sheet

Name of School District: _____

Name of Local School: _____

I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet.

Student Signature: _____

Parent or Guardian
Signature: _____

Date: _____

Estado de Nueva Jersey

DEPARTAMENTO DE EDUCATION

Muerte Cardíaca Súbita – Panfleto

Hoja que debe firmar

Nombre del Distrito Escolar: _____

Nombre de la Escuela Local: _____

Yo/nosotros tenemos conocimiento que recibimos y revisamos el panfleto Muerte Cardíaca Súbita.

Firma del Estudiante: _____

Padre o Encargado

Firma: _____

Fecha: _____

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.



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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 Pre-participation 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 SCHOOL NURSE HERE].**

**ESTUDIANTE ATLETA -ACION DE SEGURIDAD
HOJA DE INFORMACION Y ACCION
PARA LOS PADRES O ENCARGADOS**

Antes de la participación en un equipo inter-escolar deportivo o escuadra inter-mural patrocinada por la escuela, cada estudiante atleta en los grados de 6 al 12 debe presentar un formulario de evaluación física completo (PPE) a la persona encargada en la escuela. Importante información con relación al PPE (examen físico) se describe abajo, y usted debería sentirse libre de compartir con el medico de su niño/a

1. **El PPE deberá ser completado SOLO por un médico con licencia, enfermera de practica avanzada (APN) o un asistente medico (PA) que haya completado el módulo de desarrollo profesional de evaluación cardiaca al Estudiante-Atleta.** Se recomienda verificar que su médico haya completado este módulo antes de hacer una cita para un PPE.
2. El requerido PPE deberá realizarse dentro de los 365 días antes de participar en la primera práctica oficial de la temporada de deportes. El formulario de PPE está disponible en inglés y español en <http://www.state.nj.us/education/students/safety/health/records/athleticphysicalsform.pdf>.
3. El padre o encargado deberá completar el formulario de historia médica (página uno), y poner la fecha del examen físico que se requiere arriba de esta página.
4. El padre o encargado debe completar el formulario de historia médica suplementario. El Atleta con Necesidades Especiales (página dos), si aplica, para un estudiante con deseabilidades que limitan la mayoría de actividades de su vida, y coloque la fecha de la examinación física requerida arriba de la página.
5. El medico autorizado, APN o PA quien hará el examen físico debe completar las restantes dos páginas del PPE, y poner la fecha de la examinación física en el Formulario de Examen Físico (página 3) y en el formulario de autorización (pagina 4)
6. El medico autorizado, APN o PA también deben firmar la declaración de certificación en el formulario de PPE que certifica la finalización del módulo de desarrollo profesional. El Consejo de Educación y escuela chárter o escuela privada, autoridad gubernamental deben retener la certificación original firmada en el formulario PPE para atestiguar la calificación del médico autorizado, APN o PA que ha realizado el examen físico.
7. El distrito escolar debe proveer una notificación escrita al padre o encargado, firmada por el doctor de la escuela, indicando la aprobación de la participación del estudiante en un equipo deportivo inter-escolar o escuadra inter-mural patrocinada por la escuela basado en la revisión del reporte médico, o proveer la razón de no aprobación de la participación del estudiante.
8. Para los estudiantes atletas que hayan tenido un examen médico completo en no más de 90 días antes de la primera practica oficial en la temporada de deportes, el formulario de preguntas actualizado de la Historia de Salud (HHQ) debe ser completado y firmado por el padre o encargado del estudiante. El HHQ debe ser revisado por la enfermera de la escuela y, si aplica, por el entrenador atlético de la escuela. El formulario HHQ está disponible en <http://www.state.nj.us/education/students/safety/health/records/HealthHistoryUpdate.pdf>.

Para más información por favor revise Preguntas Frecuentes las cuales está disponible en <http://www.state.nj.us/education/students/safety/health/services/athlete/faq.pdf>. También puede hacer la pregunta directo al **[DISTRITO ESCOLAR INGRESE SU NOMBRE Y LA INFORMACION DE CONTACTO DE LA ENFERMERA DE LA ESCUELA AQUI]**.

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

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(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
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
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: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
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: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
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)?		
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?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
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)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
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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LONG BRANCH PUBLIC SCHOOLS

Long Branch, New Jersey

Transportation Request

***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**

New Entrant Moved
 Change in Transportation
 SCHOOL _____
 GRADE _____

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. AM
 (Check sitter info below, if needed) PM

Dirección del Niño/Niña

Address of Child _____

Nombre de padre/madre

Parent's Name _____

Telefono

Phone # _____

Celular

Cell # _____

Firma

Parent's Signature _____

3 My child will go to a babysitter
 (within Long Branch School District) AM
 PM
 (Fill in additional sitter information)

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
 (transportation is not provided to/from home for wrap around care)

**CHILD MUST BE REGISTERED WITH THE WRAP-AROUND PROGRAM
BEFORE THEY CAN ATTEND.**

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