
HOME TELEPHONE (INCLUDE AREA CODE): _____

OTHER PHONE OR FAX (IF ANY): _____

PARENT(S)/GUARDIAN(S) PHYSICAL ADDRESS IF NOT LIVING AT STUDENT'S
PRIMARY PHYSICAL ADDRESS:

PARENT(S)/GUARDIAN(S) MAILING ADDRESS IF NOT LIVING AT STUDENT'S
PRIMARY PHYSICAL ADDRESS:

HOME TELEPHONE IF DIFFERENT OF PARENT(S)/GUARDIAN(S) IF NOT LIVING AT
STUDENT'S PRIMARY ADDRESS:

OTHER PHONE OR FAX (IF ANY): _____

PERSON ENROLLING STUDENT: _____

NATIVE LANGUAGE OF PARENT/GUARDIAN/PERSON ENROLLING STUDENT:

(If English is not the native language, please check here if English is spoken and understood
by the parent/guardian/person enrolling student.)

OTHER CHILDREN IN FAMILY:

Number of boys older: _____ Number of boys younger: _____

Number of girls older: _____ Number of girls younger: _____

To the Person Enrolling the Student: Please complete the appropriate section A, B, C or D below, according to the situation best matching the student's circumstances:

Complete SECTION A (DOMICILE) if the student is living with a parent or guardian whose permanent home is the address given on page 1 of this application and is located in the district.

or

Complete **SECTION B** ("AFFIDAVIT" STUDENT) if *the student is living with a person domiciled in the district, other than the parent or guardian.*

or

Complete **SECTION C** (TEMPORARY RESIDENT) if *the student is living with a parent or guardian temporarily residing within the district.*

or

Complete **SECTION D** (SPECIAL CIRCUMSTANCES) if *the student's situation is not addressed by Section A, B or C* or if any of the circumstances in Section D apply.

SECTION A (DOMICILE): Complete this section if *the student is living with a parent or guardian* whose *permanent home* is the address given on page 1 of this application and is *located in the district*. If you are the student's guardian, or will be the guardian of a student from out of state following expiration of the required 6-month waiting period, you will be asked to provide official papers proving guardianship. You will not be asked to produce "affidavit student" proofs of the type requested in Section B below.

How long have you lived in this home?

Do you have any present intention of moving from this home? If so, when and to where?

Do you have residences(s) elsewhere, and, if so, where are they and when do you live there?

Please list four forms of proof (see attached list) you will provide to demonstrate that the address given on page 1 of this application is your permanent home.

1. _____
2. _____
3. _____
4. _____

(Continued on Next Page)

SECTION A (DOMICILE) CONTINUED:

If the student's parents are domiciled in different districts, regardless of which parent has legal custody, please answer the following questions:

Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy of this document.) _____

Does the student reside with one parent for the entire year? If so, with which parent and at what address? _____

If not, for what portion of time does the student reside with each parent and at what addresses?
If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application? _____

Please note: No district is required, as a result of being the district of domicile for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year, other than transportation based upon the home of the parent domiciled within the district to the extent required by law.

If you are claiming to be an emancipated student, are you living independently in your own permanent home in the district? If yes, please describe the proofs you will provide, in addition to those demonstrating domicile, to demonstrate that you are not in the care and custody of a parent or legal guardian. _____

Please note: Under New Jersey law, where a dwelling is located within two or more local school districts, or bears a mailing address that does not reflect the dwelling's physical location within a municipality, the district of domicile for school attendance purposes is that of the municipality to which the resident pays the majority of his or her property tax, or to which the majority of property tax for the dwelling in question is paid by the owner of a multi-unit dwelling.

END OF SECTION A

SECTION B (“AFFIDAVIT” STUDENT): Complete this section if *the student is living with a person domiciled in the district, other than the parent or guardian.*

Is the person domiciled in the district, supporting the student without remuneration as if the student were his or her own child, keeping the student for a longer time than the school term and assuming all personal obligations for the student relative to school requirements? Please explain. (You will be asked to file a sworn statement, along with a copy of the person’s lease if a tenant, or a sworn landlord’s statement if a tenant without written lease.)

Students are not eligible to attend school as “affidavit” students unless the student’s parent or guardian is not capable of supporting or providing care for the student due to family or economic hardship, and unless it is clear that the student is not living in the district solely for purposes of receiving a public education there. Please explain the circumstances applicable in this case, with special attention to the parent/guardian’s family and/or economic hardship. (The parent/guardian will be required to file a sworn statement with documentation to support the claims made.)

Please note: A student will not be considered ineligible because required sworn statements(s) cannot be obtained, so long as evidence is presented that the underlying requirements of the law are being met.

A student will not be considered ineligible when evidence is presented that the student has no home or possibility of school attendance other than with a non-parent district resident who is acting as the sole caretaker and supporter of the student.

A student will not be considered ineligible solely because a parent or guardian provides gifts or limited contributions, financial or otherwise, toward the welfare of the student, provided that the resident keeping the student receives no payment or other remuneration from the parent or guardian for the student’s actual housing and support. Receipt by the resident of social security or other similar benefits on behalf of the student do not render a student ineligible.

It is not necessary that legal guardianship or custody be obtained before a student will be considered for enrollment on an “affidavit” basis.

END OF SECTION B

SECTION C (TEMPORARY RESIDENT): *Complete this section if the student is living with a parent or guardian temporarily residing within the district, even if the parent has a domicile elsewhere.*

How long have you lived in this residence? _____

Do you have a domicile or residences(s) elsewhere, and, if so, where are they and when do you live there? _____

Please list four forms of proof (see attached list) you will provide to demonstrate that you are residing at the address given on page 1 of this application, and that such residence is not solely for the purpose of the student attending school in the district.

1. _____
2. _____
3. _____
4. _____

Please note: Under New Jersey law, where a dwelling is located within two or more local school districts, or bears a mailing address that does not reflect the dwelling's physical location within a municipality, the district of domicile for school attendance purposes is that of the municipality to which the resident pays the majority of his or her property tax, or to which the majority of property tax for the dwelling in question is paid by the owner of a multi-unit dwelling.

If the student's parents are domiciled in different districts, regardless of which parent has legal custody, please answer the following questions:

Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy of this document.) _____

Does the student reside with one parent for the entire year? If so, with which parent and at what address? _____

If not, for what portion of time does the student reside with each parent and at what addresses? _____

(Continued on Next Page)

SECTION C (TEMPORARY RESIDENT) CONTINUED:

If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application? _____

Please note: No district is required, as a result of being the district of temporary residence for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year, other than transportation based upon the home of the parent residing within the district to the extent required by law.

END OF SECTION C

SECTION D (SPECIAL CIRCUMSTANCES): Please indicate *if any of the following apply*. Please check the box to the left of the circumstance that applies.

The student is the child of a parent or guardian who has moved to another district as the result of being homeless.

The student has been placed in the home of a district resident other than the parent or guardian by court order. (You will be required to provide a copy of the order.)

The student has been placed in the district by the Division of Youth and Family Services acting as the student's legal guardian.

The student is a child of a parent or guardian who previously resided in the district and is a member of the New Jersey National Guard or the United States reserves ordered to active service in time of war or national emergency.

The student is kept in the home of a person domiciled in the district, other than the parent or legal guardian, and the parent/guardian a member of the New Jersey National Guard or the reserve component of the United States armed forces and has been ordered into active military service in the United States armed forces in time of war or national emergency. If this applies, when is the parent or guardian expected to return from active military duty?

The student resides on federal property? Where?

The student's circumstances do not appear to be addressed anywhere in this application. I understand that I will be contacted by (name of administrator or office) for further information.

END OF SECTION D

FORMS OF PROOF OF RESIDENCY

The following forms of documentation may demonstrate a student's eligibility for enrollment in the district. Particular documentation necessary to demonstrate eligibility under specific provisions in law will be indicated in the appropriate section of the registration form.

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency.
- Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location.
- Court orders, State agency agreements and other evidence of court or agency placements or directives.
- Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student.
- Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency.
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, legal guardian, person keeping an "affidavit student," adult student, person(s) with whom a family is living, or others as appropriate.
- Documents pertaining to military status and assignment.
- Any business record or document issued by a governmental entity.
- Any other form of documentation relevant to demonstrating entitlement to attend school.

The totality of information and documentation you offer will be considered in evaluating an application, and, unless expressly required by law, the student will not be denied enrollment based on your inability to provide certain form(s) of documentation where other acceptable evidence is presented.

You will not be asked for any information or document protected from disclosure by law, or pertaining to criteria which are not legitimate bases for determining eligibility to attend school. You may voluntarily disclose any document or information you believe will help establish that the student meets the requirements of law for entitlement to attend school in the district, but we may not, directly or indirectly, require or request:

- Income tax returns
- Documentation or information relating to citizenship or immigration/visa status, unless the student holds or is applying for an F-1 visa
- Documentation or information relating to compliance with local housing ordinances or conditions of tenancy
- Social security numbers

Please be aware that any initial determination of the student's eligibility to attend school in this district is subject to more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initially admitted student is later found ineligible. If your student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.

NCLB INFORMATION

The **No Child Left Behind Act** of 2001 (Federal Public Law 107-110), requires Tewksbury Township Board of Education employees to inquire about each student's gender, ethnicity, place of birth, previous school, and classification.

Gender: (circle) Male Female

Ethnicity: (circle) White
 Black
 Asian
 Hispanic or Latino
 American Indian or Native Alaskan
 Native Hawaiian or Pacific Islander
 Multi-Racial: Please Specify: _____

Birth City, State: _____

Birth Country: _____

Please provide original birth certificate. A copy will be made and retained for the district's records.

If the child is entering a grade other than Kindergarten, please fill in the following page:

SCHOOL RECORDS INFORMATION

District Entry Date: _____
Grade Entering: _____
Previous School: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____

PARENTAL PERMISSION TO RELEASE RECORDS FROM PREVIOUS SCHOOL: Student Name: _____ **Grade:** _____

Please send cumulative folder, health, psychological, Child Study Team and disciplinary records for my son/daughter to Tewksbury Elementary School/Old Turnpike School. Parental permission is not required for disciplinary records. If student is transferring from another NJ public school, please include NJSMART ID.

Parent Signature Date

Sending School, please send information to:

Grades K through 4:
Tewksbury Elementary School
109 Fairmount Road East
Califon, NJ 07830

908-832-28594 x2001
Fax: 908-832-6296

Grades 5 through 8:
Old Turnpike School
171 Old Turnpike Road
Califon, NJ 07830

908-439-2010 x0
Fax: 908-3160

EMERGENCY CONTACT INFORMATION

Student's Primary Contact(s): Relationship: (Circle One)

Parents
Aunt
Father
Father & Stepmother
Friend
Grandparent
Guardian
Mother
Mother & Stepfather
Nanny
Sibling
Uncle

Home Phone: _____

Contact 1 Name: _____ **Contact 2 Name:** _____

Contact 1 Cell: _____ **Contact 2 Cell:** _____

Contact 1 Work Phone: _____ **Contact 2 Work Phone:** _____

Email 1: _____ **Email 2:** _____

Is this person(s) allowed to pick up student? (Circle) Yes No

Is this person(s) a medical contact? (Circle) Yes No

Student's Secondary Contact(s): Relationship: (Circle One)

Aunt
Father
Father & Stepmother
Friend
Grandparent
Guardian
Mother
Mother & Stepfather
Nanny
Sibling
Uncle

Home Phone: _____ **Home Address:** _____

Contact 1 Name: _____ **Contact 2 Name:** _____

Contact 1 Cell: _____ **Contact 2 Cell:** _____

Contact 1 Work Phone: _____ **Contact 2 Work Phone:** _____

Email 1: _____ **Email 2:** _____

Is this person(s) allowed to pick up student? (Circle) Yes No

Is this person(s) a medical contact? (Circle) Yes No

Should district mail be sent to this address in addition to the primary address?

(Circle) Yes No

Student's Local Contact(s): Relationship: (Circle One)

This person will be called in the event of an illness or emergency and the Primary and Secondary Contacts cannot be reached. Please provide a local contact, meaning a person that could be at the school within approximately 20 minutes to pick up your child if he/she is ill or there is weather or other emergency.

Aunt
Father
Father & Stepmother
Friend
Grandparent
Guardian
Mother
Mother & Stepfather
Nanny
Sibling
Uncle

Home Phone: _____

Contact 1 Name: _____ **Contact 2 Name:** _____

Contact 1 Cell: _____ **Contact 2 Cell:** _____

Contact 1 Work Phone: _____ **Contact 2 Work Phone:** _____

Is this person(s) allowed to pick up student? (Circle) Yes No

Is this person(s) a medical contact – authorized to make medical decisions in the even of an emergency? (Circle) Yes No

Student's Local Contact(s): Relationship: (Circle One)

This person will be called in the event of an illness or emergency and the Primary and Secondary Contacts cannot be reached. Please provide a local contact, meaning a person that could be at the school within approximately 20 minutes to pick up your child if he/she is ill or there is weather or other emergency.

Aunt
Father
Father & Stepmother
Friend
Grandparent
Guardian
Mother
Mother & Stepfather
Nanny
Sibling
Uncle

Home Phone: _____

Contact 1 Name: _____ **Contact 2 Name:** _____

Contact 1 Cell: _____ **Contact 2 Cell:** _____

Contact 1 Work Phone: _____ **Contact 2 Work Phone:** _____

Is this person(s) allowed to pick up student? (Circle) Yes No

Is this person(s) a medical contact– authorized to make medical decisions in the even of an emergency? (Circle) Yes No

**FILL OUT THIS PAGE FOR STUDENTS ENTERING
KINDERGARTEN ONLY:**

School and Social Development:

Did your child attend a preschool program? Y: ___ N: ___ Name of School _____

Attended preschool from age ____ to ____ . Separates easily from mother? Y: ___ N: ___

Peer relationships (describe):

What is your child like? Describe his/her personality:

Describe his/her strengths, interests, abilities, etc.:

Describe his/her weaknesses of limitations:

Provide additional information or contact information for previous teacher(s):

Medical Forms should be attached after this page.

STUDENT'S PRIMARY CARE PHYSICIAN INFORMATION:

Doctor's Name: _____

Address: _____

Telephone: _____

Fax: _____

In the event of an emergency requiring hospital care, please indicate preferred hospital:

Parent Signature

Date: _____

TEWKSBURY TOWNSHIP SCHOOLS

**OLD TURNPIKE SCHOOL
171 OLD TURNPIKE ROAD
CALIFON, NEW JERSEY 07830**

**TEWKSBURY ELEMENTARY SCHOOL
109 FAIRMOUNT ROAD EAST
CALIFON, NEW JERSEY 07830**

CERTIFICATE OF IMMUNIZATION

Immunizations are **mandated** in school by chapter 14 of the NJ State Sanitary Code. Children entering kindergarten or first grade for the first time must receive 4 doses of DPT, with one dose given on or after the fourth birthday, **OR** a total of any 5 doses. They must also receive 3 doses of a polio vaccine, with one dose given on or after the fourth birthday **OR** any 4 doses. All children must also receive 2 doses of a measles containing vaccine as well as three doses of the hepatitis B vaccine. **Every child born on or after January 1, 1998 is required to have received on dose of the varicella (chicken pox) vaccine prior to entry into kindergarten or first grade.** Please indicate the month, day and year of each dose received:

DPT	_____	_____	_____	_____	_____
	(1)	(2)	(3)	(4)	(5/booster)
POLIO	_____	_____	_____	_____	
	(1)	(2)	(3)	(4)	
MMR	_____	_____			
	(1)	(2)			
HIB	_____	_____	_____	_____	
	(1)	(2)	(3)	(4)	
HEPATITIS B	_____	_____	_____		
	(1)	(2)	(3)		
VARIVAX	_____				

MANTOUX TEST

Children who are entering the district from a country outside the U.S., who are not on the exempt list (**attached**), must show evidence of a negative Mantoux test which was given in the past 6 months or documentation of a positive Mantoux test. . If your child has not received this test, one must be done within 30 days of entrance to school and documentation of the results provided.

MANTOUX _____ RESULTS: _____
(DATE GIVEN) (DATE READ)

PHYSICIAN SIGNATURE REQUIRED: _____

PARENT'S SIGNATURE _____ Student's Name _____

New Jersey Department of Health and Senior Services
MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE IN NEW JERSEY
N.J.A.C. 8:57-4: IMMUNIZATION OF PUPILS IN SCHOOL

Disease(s)	Meets Immunization Requirements	Comments
DTaP//DTP	<p>Age 1-6 years: 4 doses, with one dose given on or after the 4th birthday, OR any 5 doses.</p> <p>Age 7-9 years: 3 doses of Td or any previously administered combination of DTP, DTaP, and DT to equal 3 doses</p>	Any child entering pre-school, and/or pre-Kindergarten needs a minimum of 4 doses. A booster dose is needed on or after the fourth birthday, to be in compliance with Kindergarten attendance requirements. Pupils after the seventh birthday should receive adult type Td. Please note: there is no acceptable titer test for pertussis.
Tdap	Grade 6 (or comparable age level for special education programs): 1 dose	For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. A child is not required to have a Tdap dose until FIVE years after the last DTP/DTaP or Td dose.
Polio	<p>Age 1-6 years: 3 doses, with one dose given on or after the 4th birthday, OR any 4 doses.</p> <p>Age 7 or Older: Any 3 doses</p>	Any child entering pre-school, and/or pre-Kindergarten needs a minimum of 3 doses. A booster dose is needed on or after the fourth birthday to be in compliance with Kindergarten attendance requirements. Either Inactivated polio vaccine (IPV) or oral polio vaccine (OPV) separately or in combination is acceptable. Polio vaccine is not required of pupils 18 years or older.*
Measles	If born before 1-1-90, 1 dose of a live measles-containing vaccine on or after the first birthday. If born on or after 1-1-90, 2 doses of a live measles-containing vaccine on or after the first birthday.	Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs a minimum of 1 dose of measles vaccine. Any child entering Kindergarten needs 2 doses. Intervals between first and second measles-containing vaccine doses cannot be less than 1 month. Laboratory evidence of immunity is acceptable.**
Rubella and Mumps	1 dose of live mumps-containing vaccine on or after the first birthday. 1 dose of live rubella-containing vaccine on or after the first birthday	Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs 1 dose of rubella and mumps vaccine. Any child entering Kindergarten needs 1 dose each. Laboratory evidence of immunity is acceptable. **
Varicella	1 dose on or after the first birthday	All children 19 months of age and older enrolled into a child care/pre-school center after 9-1-04 or children born on or after 1-1-98 entering the school for the first time in Kindergarten or Grade 1 need 1 dose of varicella vaccine. Laboratory evidence of immunity, physician's statement or a parental statement of previous varicella disease is acceptable.
Haemophilus influenzae B (Hib)	<p>Age 2-11 Months: 2 doses</p> <p>Age 12-59 Months: 1 dose</p>	Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten: Minimum of 2 doses of Hib-containing vaccine is needed if between the ages of 2-11 months. Minimum of 1 dose of Hib-containing vaccine is needed after the first birthday. ***
Hepatitis B	<p>K-Grade 12: 3 doses or</p> <p>Age 11-15 years: 2 doses</p>	If a child is between 11-15 years of age and has not received 3 prior doses of Hepatitis B then the child is eligible to receive 2-dose Hepatitis B Adolescent formulation.
Pneumococcal	<p>Age 2-11 months: 2 doses</p> <p>Age 12-59 months: 1 dose</p>	Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten: Minimum of 2 doses of pneumococcal conjugate vaccine is needed if between the ages of 2-11 months. Minimum of 1 dose of pneumococcal conjugate vaccine is needed after the first birthday. ***
Meningococcal	Entering Grade 6 (or comparable age level for Special Ed programs): 1 dose	For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. *** This applies to students when they turn 11 years of age and attending Grade 6.
Influenza	Ages 6-59 Months: 1 dose annually	For children enrolled in child care, pre-school, or pre-Kindergarten on or after 9-1-08. 1 dose to be given between September 1 and December 31 of each year. Students entering school after December 31 up until March 31 must receive 1 dose since it is still flu season during this time period.

New Jersey Department of Health and Senior Services

MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE IN NEW JERSEY N.J.A.C. 8:57-4: IMMUNIZATION OF PUPILS IN SCHOOL

*** Footnote:** The requirement to receive a school entry booster dose of DTP or DTaP after the child's 4th birthday shall not apply to children while in child care centers, preschool or pre-kindergarten classes or programs.

The requirement to receive a school entry dose of OPV or IPV after the child's 4th birthday shall not apply to children while in child care centers, preschool or pre-kindergarten classes or programs.

**** Footnote:** Antibody Titer Law (Holly's Law)—This law specifies that a titer test demonstrating immunity be accepted in lieu of receiving the second dose of measles-containing vaccine. The tests used to document immunity must be approved by the U.S. Food and Drug Administration (FDA) for this purpose and performed by a laboratory that is CLIA certified.

***** Footnote:** No acceptable immunity tests currently exist for Haemophilus Influenzae type B, Pneumococcal, and Meningococcal.

Please Note The Following:

The specific vaccines and the number of doses required are intended to establish the minimum vaccine requirements for child-care center, preschool, or school entry and attendance in New Jersey. These intervals are not based on the allotted time to receive vaccinations. The intervals indicate the vaccine doses needed at earliest age at school entry. Additional vaccines, vaccine doses, and proper spacing between vaccine doses are recommended by the Department in accordance with the guidelines of the American Academy of Pediatrics (AAP) and Advisory Committee on Immunization Practices (ACIP), as periodically revised, for optimal protection and additional vaccines or vaccine doses may be administered, although they are not required for school attendance unless otherwise specified.

Serologic evidence of immunity (titer testing) is only accepted as proof of immunity when no vaccination documentation can be provided or prior history is questionable. It cannot be used in lieu of receiving the full recommended vaccinations.

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 <5 years of age, must receive the required vaccines within 17 months in accordance with the ACIP recommended minimum vaccination interval schedule. Pupils 5 years of age and older, must receive the required vaccines within 12 months in accordance with the ACIP recommended minimum vaccination interval schedule.

Grace Periods:

- **4-day grace period:** All vaccine doses administered less than or equal to four days before either the specified minimum age or dose spacing interval shall be counted as valid and shall not require revaccination in order to enter or remain in a school, pre-school, or child care facility.
- **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.

**COUNTRIES WITH AN INCIDENCE OF TB INSUFFICIENT TO REQUIRE MANTOUX
TUBERCULIN SKIN TESTING AS A REQUIREMENT FOR SCHOOL ENTRY IN NEW JERSEY**

Antigua and Barbuda
Australia
Austria
Barbados
Belgium
Bermuda
Canada
Cayman Islands
Cuba
Cyprus
Czech Republic
Denmark
Finland
France
Germany
Greenland
Grenada
Iceland
Ireland
Israel
Italy

Jamaica
Jordan
Lebanon
Luxembourg
Malta
Monaco
Montserrat
Netherlands
Netherlands Antilles
New Zealand
Norway
Oman
Puerto Rico
Saint Kitts and Nevis
San Marino
Sweden
Switzerland
Trinidad and Tobago
United Kingdom of Great Britain and Northern Ireland
United States of America
United States Virgin Islands

Students entering a U.S. school for the first time in New Jersey or transferring into a New Jersey school from ANY country NOT listed above must be Mantoux tuberculin skin tested unless they meet an exemption criterion listed on page 1, Section II. 1 or Section II. 2.

New Jersey Department of Education ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

Part A: HEALTH HISTORY QUESTIONNAIRE-Completed by the parent and student and reviewed by examining provider
Part B: PHYSICAL EVALUATION FORM-Completed by examining licensed provider with MD, DO, APN or PA

Part A: HEALTH HISTORY QUESTIONNAIRE

Today's Date: _____ Date of Last Sports Physical: _____

Student's Name: _____ Sex: M F (circle one) Age: ____ Grade: ____
 Date of Birth: ____/____/____ School: _____ District: _____
 Sport(s): _____ Home Phone: (____) _____
 Provider Name (Medical Home): _____ Phone: _____ Fax: _____

EMERGENCY CONTACT INFORMATION

Name of parent/guardian: _____ Relationship to student: _____
 Phone (work): _____ Phone (home): _____ Phone (cell): _____
 Additional emergency contact: _____ Relationship to student: _____
 Phone (work): _____ Phone (home): _____ Phone (cell): _____

Directions: Please answer the following questions about the student's medical history by **CIRCLING** the correct response. Explain all "yes" responses on the lines below the questions. Please respond to all questions.

1. Have you ever had, or do you currently have:

- a. Restriction from sports for a health related problem? Y / N / Don't Know
- b. An injury or illness since your last exam? Y / N / Don't Know
- c. A chronic or ongoing illness (such as diabetes or asthma)? Y / N / Don't Know
 - (1.) An inhaler or other prescription medicine to control asthma? Y / N / Don't Know
- d. Any prescribed or over the counter medications that you take on a regular basis? Y / N / Don't Know
- e. Surgery, hospitalization or any emergency room visit(s)? Y / N / Don't Know
- f. Any **allergies** to medications? **Y / N / Don't Know**
- g. Any allergies to bee stings, pollen, latex or foods? Y / N / Don't Know
 - (1.) If yes, check type of reaction:
 - Rash Hives Breathing or other anaphylactic reaction
 - (2.) Take any medication/Epipen taken for allergy symptoms? (List below.) Y / N / Don't Know
- h. Any anemias, blood disorders, sickle cell disease/trait, bleeding tendencies or clotting disorders? Y / N / Don't Know
- i. A blood relative who died before age 50? Y / N / Don't Know

Explain all "yes" answers here (include relevant dates):

List all medications here:

Medication Name	Dosage	Frequency

2. **Have you ever had, or do you currently have, any of the following *head-related* conditions:**

- | | |
|---|--------------------|
| a. Concussion or head injury (including "bell rung" or a "ding")? | Y / N / Don't Know |
| b. Memory loss? | Y / N / Don't Know |
| c. Knocked out? | Y / N / Don't Know |
| c. A seizure? | Y / N / Don't Know |
| d. Frequent or severe headaches (With or without exercise)? | Y / N / Don't Know |
| e. Fuzzy or blurry vision | Y / N / Don't Know |
| f. Sensitivity to light/noise | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

3. **Have you ever had, or do you currently have, any of the following *heart-related* conditions:**

- | | |
|--|--------------------|
| a. Restriction from sports for heart problems? | Y / N / Don't Know |
| b. Chest pain or discomfort? | Y / N / Don't Know |
| c. Heart murmur? | Y / N / Don't Know |
| d. High blood pressure? | Y / N / Don't Know |
| e. Elevated cholesterol level? | Y / N / Don't Know |
| f. Heart infection? | Y / N / Don't Know |
| g. Dizziness or passing out during or after exercise without known cause? | Y / N / Don't Know |
| h. Has a provider ever ordered a heart test (EKG, echocardiogram, stress test, Holter monitor)? | Y / N / Don't Know |
| i. Racing or skipped heartbeats? | Y / N / Don't Know |
| j. Unexplained difficulty breathing or fatigue during exercise? | Y / N / Don't Know |
| k. Any family member (blood relative): | |
| (1.) Under age 50 with a heart condition? | Y / N / Don't Know |
| (2.) With Marfan Syndrome? | Y / N / Don't Know |
| (3.) Died of a heart problem before age 50? If yes, at what age? _____ | Y / N / Don't Know |
| (4.) Died with no known reason? | Y / N / Don't Know |
| (5.) Died while exercising? If yes, was it during or after? (Circle one.) | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

4. **Have you ever had, or do you currently have, any of the following *eye, ear, nose, mouth or throat* conditions:**

- | | |
|---|--------------------|
| a. Vision problems? | Y / N / Don't Know |
| (1.) Wear contacts, eyeglasses or protective eye wear? (Circle which type.) | Y / N / Don't Know |
| b. Hearing loss or problems? | Y / N / Don't Know |
| (1.) Wear hearing aides or implants? | Y / N / Don't Know |
| c. Nasal fractures or frequent nose bleeds? | Y / N / Don't Know |
| d. Wear braces, retainer or protective mouth gear? | Y / N / Don't Know |
| e. Frequent strep or any other conditions of the throat (e.g. tonsillitis)? | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

5. **Have you ever had, or do you currently have, any of the following *neuromuscular/orthopedic* conditions:**

- | | |
|---|--------------------|
| a. Numbness, a "burner", "stinger" or pinched nerve? | Y / N / Don't Know |
| b. A sprain? | Y / N / Don't Know |
| c. A strain? | Y / N / Don't Know |
| d. Swelling or pain in muscles, tendons, bones or joints? | Y / N / Don't Know |
| e. Dislocated joint(s)? | Y / N / Don't Know |
| f. Upper or lower back pain? | Y / N / Don't Know |
| g. Fracture(s), stress fracture(s), or broken bone(s)? | Y / N / Don't Know |
| h. Do you wear any protective braces or equipment? | Y / N / Don't Know |

Explain all (yes) answers here (include relevant dates):

6. Have you ever had or do you currently have any of the following *general or exercise related conditions*:

- | | |
|---|--------------------|
| a. Difficulty breathing? | |
| (1.) During exercise? | Y / N / Don't Know |
| (2.) After running one mile? | Y / N / Don't Know |
| (3.) Coughing, wheezing or shortness of breath in weather changes? | Y / N / Don't Know |
| (4.) Exercise-induced asthma? | Y / N / Don't Know |
| i. Controlled with medication? (specify _____) | Y / N / Don't Know |
| ii. Experience dizziness, passing out or fainting? | Y / N / Don't Know |
| b. Viral infections (e.g. mono, hepatitis, coxsackie virus)? | Y / N / Don't Know |
| c. Become tired more quickly than others? | Y / N / Don't Know |
| d. Any of the following skin conditions: | |
| (1.) Cold sores/herpes, impetigo, MRSA, ringworm, warts? | Y / N / Don't Know |
| (2.) Sun sensitivity? | Y / N / Don't Know |
| e. Weight gain/loss (of 10 pounds or more)? | Y / N / Don't Know |
| (1.) Do you want to weigh more or less than you do now? | Y / N / Don't Know |
| f. Ever had feelings of depression? | Y / N / Don't Know |
| g. Heat-related problems (dehydration, dizziness, fatigue, headache)? | Y / N / Don't Know |
| (1.) Heat exhaustion (cool, clammy, damp skin)? | Y / N / Don't Know |
| (2.) Heat stroke (hot, red, dry skin)? | Y / N / Don't Know |
| (3.) Muscle cramps? | Y / N / Don't Know |
| h. Absence or loss of an organ (e.g. kidney, eyeball, spleen, testicle, ovary)? | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

7. **Females only:**

Age of onset of menstruation: _____ How many menstrual periods in the last twelve (12) months? _____

How many periods missed in the last twelve (12) months? _____

8. **Males only:**

Have you had any swelling or pain in your testicles or groin? Y / N / Don't Know

PARENT/GUARDIAN SIGNATURE

I certify that the information provided herein is accurate to the best of my knowledge as of the date of my signature.

Signature, Parent/Guardian or Student Age 18

Date of Signature:

THIS COMPLETED AND SIGNED HEALTH HISTORY MUST BE REVIEWED BY THE EXAMINING PROVIDER AT THE TIME OF THE MEDICAL EXAM.

ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM

Part B: Physical Evaluation Form

(Completed by the examining licensed provider MD, DO, APN or PA)

-STUDENT INFORMATION-

Student's Name: _____ Sport(s): _____
 Sex: M F (circle one) Age: _____ Grade: _____ Date of Birth: _____
 Address: _____
 City/State/Zip: _____ Home Phone: _____
 School: _____ District: _____
 Parent/Guardian's Full Name: _____

- EXAMINING PHYSICIAN/PROVIDER CONTACT INFORMATION-

If conducted by school physician check here

Name: _____ Phone: _____ Fax: _____
 Address: _____ City/State/Zip: _____

- FINDINGS OF PHYSICAL EVALUATION -

Height: _____ Weight: _____ Blood Pressure: _____ / _____ Pulse: _____ bpm.
 Vision: R 20/____ L 20/____ Corrected: Y / N Contacts: Y / N Glasses: Y / N

INDICATORS	NORMAL?	ABNORMAL FINDINGS/COMMENTS
General Appearance	YES	
Head/Neck	YES	
Eyes/Sclera/Pupils	YES	
Ears	YES	
Gross Hearing	YES	
Nose/Mouth/Throat	YES	
Lymph Glands	YES	
Cardiovascular	YES	
Heart Rate	YES	
Rhythm	YES	
Murmur	ABSENT	
If murmur present		Standing makes it: Louder Softer No Change
		Squatting makes it: Louder Softer No Change
		Valsalva makes it: Louder Softer No Change
Femoral Pulses	YES	
Lungs: Auscultation/Percussion	YES	
Chest Contour	YES	
Skin	YES	
Abdomen (liver, spleen, masses)	YES	
Assessment of physical maturation or Tanner Scale	YES	
Testicular Exam (Males Only)	YES	
Neck/Back/Spine:	YES	
Range of Motion	YES	
Scoliosis	ABSENT	
Upper Extremities: (ROM, Strength, Stability)	YES	
Lower Extremities: (ROM, Strength, Stability)	YES	
Neurological: Balance & Coordination	YES	
Hernia	ABSENT	
Evidence of Marfan Syndrome	ABSENT	

Most recent immunizations and dates administered:

Medications currently prescribed, with dose and frequency:

Medication Name	Dosage	Frequency

Additional observations:

General Diagnosis:

General Recommendations:

THE HISTORY PREPARED BY THE PARENT/STUDENT MUST BE REVIEWED BY THE EXAMINING PROVIDER AT THE TIME OF THE PHYSICAL EXAMINATION.

CLEARANCES: (See notes at bottom for conditions requiring attention and for a list of sports by level of contact)

- A. Student is cleared for participation in **all** sports without restriction.
 - B. Student is **withheld clearance** for participation in any sport until evaluation / treatment of:

 - C. Student is cleared for participation in **limited types** of sports which **exclude** the following types of sports contact: (CHECK ALL THAT APPLY)
 CONTACT/COLLISION NON-CONTACT/STRENUOUS
 LIMITED CONTACT NON-CONTACT/NON-STRENUOUS
- Due to: _____

HISTORY REVIEWED AND STUDENT EXAMINED BY:

Physician's/Provider's Stamp:

Primary Care Provider
School Physician Provider
License Type:
 MD/DO
 APN
 PA

PHYSICIAN'S/PROVIDER'S SIGNATURE: _____ Today's Date: _____
Date of Exam: _____

HISTORY REVIEWED BY:

Name _____ Today's Date: _____
SIGNATURE: _____ Review Date: _____

RESERVED FOR SCHOOL DISTRICT USE

NOTES TO THE EXAMINING PROVIDER

Conditions requiring clearance before sports participation include, but are not limited to the following:

Anaphylaxis; Atlantoaxial instability; Bleeding disorder; Hypertension; Congenital heart disease; Dysrhythmia; Mitral valve prolapse; Heart murmur; Cerebral palsy; Diabetes mellitus; Eating disorders; Heat illness history; One-kidney athletes; Hepatomegaly, Splenomegaly; Malignancy; Seizure Disorder; Marfan Syndrome; History of repeated concussion; Organ transplant recipient; Cystic fibrosis; Sickle cell disease; and/or One-eyed athletes or athletes with vision greater than 20/40 in one eye.

SAMPLES OF CLASSIFICATION OF SPORTS BY CONTACT			
Contact/Collision	Limited Contact	Non-Contact	
		Strenuous	Non-strenuous
Basketball	Baseball	Discus	Bowling
Diving	Cheerleading	Javelin	Golf
Field Hockey	Fencing	Shot put	
Football	High Jump	Rowing	
Ice Hockey	Pole vault	Running/Cross Country	
Lacrosse	Gymnastics	Strength Training	
Soccer	Skiing	Swimming	
Wrestling	Softball	Tennis	
	Volleyball	Track	

N.J.A.C. 6A:16-2.2 requires the school physician to provide written notification to the parent/legal guardian stating approval or disapproval of the student's participation in athletics based on this physical evaluation. This evaluation and the notification letter become part of the student's school health record.

Effects of physiologic maneuvers on heart sounds:

Standing	Increases murmur of HCM Decreases murmur of AS, MR MVP click occurs earlier in systole
Squatting	Increases murmur of AS, MR, AI Decreases murmur of MCH MVP click delayed
Valsalva	Increases murmur of HCM Decreases murmur of AS, MR MVP click occurs earlier in systole

Physical Stigmata of Marfan's Syndrome

Kyphosis
High arched palate
Pectus excavatum
Arachnodactyly
Arm span > height 1.05:1 or greater
Mitral Valve Prolapse
Aortic Insufficiency
Myopia
Lenticular dislocation

HCM = Hypertrophic Cardio Myopathy

AS = Aortic Stenosis

AI = Aortic Insufficiency

MR = Mitral Regurgitation

MVP = Mitral Valve Prolapse