



Plumsted Township School District

131 Evergreen Road
New Egypt, NJ 08533
Telephone (609) 758-6800 Ext. 4206
Fax (609) 758-6808
www.newegypt.us

Dear Parents and Guardians,

Let me take this opportunity to welcome you to the Plumsted Township School District. We are extremely proud of the accomplishments of students, teachers, and staff. Our registration process is easy to follow, and will enable us to provide the best experience for your child. To begin, please collect the following items, which are necessary to start the registration procedure:

- ☐ **Proof of Residency.** A copy of your mortgage agreement, H.U.D. settlement statement, affidavit of title, lease, deed, tax bill, or contract of sale (until closure of home) with your name on it will be accepted.
- ☐ **Health and Immunization Records.** Current records can be obtained from your previous school or pediatrician. These must be current with dates and translated into English. *Please note that the physical examination forms must be dated no more than one year (365 days) prior to the entry into New Egypt schools.* All the forms are enclosed in this registration packet.
- ☐ **Child's Proof of Age.** Birth certificate or passport in its original form or with seal; no photocopies are accepted.
- ☐ **Previous School Records.** School records should include report cards, IEPs (if applicable), and recent state test results.

To register your student:

1. Go to the district website (<https://www.newegypt.us/>) and click on "Registration" (top of the page) and download the necessary form.
2. Click on the link on the same web page to complete the Pre-Registration form. (or type: <https://genesis.newegypt.us/newegypt/openReg> into your web browser)
3. Contact Mrs. Lynn Kukoda at (609) 758-6800 Ext. 5005 to make an appointment to register your child.

Your child does not need to come with you for registration.

It is my hope that you will have a wonderful experience in our district.

Sincerely,

Mr. John Russo
Interim Superintendent

* Student Name: _____ Date of Birth: _____ Grade: _____ Sex: Male/Female

PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1 Name: _____

Parent/Guardian #2 Name: _____

FAMILY INFORMATION:

Check all people child lives with:

☐ Mother ☐ Father ☐ Guardian: _____

☐ Brothers (how many?) _____ Ages: _____ ☐ Sisters (how many?) _____ Ages: _____

Total number of people living in the household: _____

MEDICAL HISTORY:

Does your child have any health concerns the nurse needs to be made aware of? Yes No

If YES, please describe _____

Does your child have any allergic reaction (bad effect) from any of the following? (Check all that apply).

☐ Outdoor or indoor allergies (if yes, please list) _____

☐ Food allergies (if yes, please list) _____

☐ Medication or immunizations (if yes, please list) _____

☐ No, my child does not have any allergies that I am aware of.

Has your child been prescribed an Epi Pen? ☐ Yes ☐ No

Has your child ever used an Epi Pen? ☐ Yes ☐ No

Does your child currently take medications? ☐ Yes ☐ No if YES, list medication _____

Has your child ever been hospitalized or had surgery? ☐ Yes ☐ No if YES please specify _____

Does or has your child received medical care for any of the following (check all that apply):

☐ Asthma ☐ Heart Disease ☐ Seizure ☐ Concussion/Head Injury

☐ Diabetes ☐ Orthopedic ☐ Mental Health ☐ Other

MEDICAL PROVIDER INFORMATION

Primary Care Provider Name: _____ Phone # _____

Dentist Name: _____ Phone # _____

Child's Health Insurance: Private Insurance/Employer sponsored _____ NJ Family Care _____

Other _____ None _____

If you do not have a doctor or health insurance:

Would you like assistance finding a health care provider? _____

Would you like assistance obtaining health care insurance? _____

Check here if you want to discuss confidential information with the school nurse. ☐ Yes ☐ No

PARENT/GUARDIAN SIGNATURE _____ DATE _____



PHYSICAL EXAMINATION REPORT GRADES K – 12
(NOT for Sports Physicals- see last 2 pages of packet for info.)

Student's _____ BirthDate _____ School _____

Height _____ Weight _____ Blood Pressure _____

Vision _____ Hearing _____

DISEASE HISTORY: (Please specify type and age at onset)

	Type/ Age onset		Type/ Age onset		Type/ Age onset
Allergies		Operation or Injuries		Asthma	
Cong. Defects		Convulsive Disorder		Chickenpox	
Drug Sensitivities		Diabetes		Other Illnesses	
Hepatitis		Heart Disease		Rheumatic Fever	
Neuromuscular Disorder		Otitis Media		Strep Infections	
Mononucleosis					

PHYSICAL EXAMINATION:

Ears (Otoscopy)		Genetic-Urinary	
Eyes		Orthopedic:	
Lymph Glands		Structural	
Thyroid		Posture	
Nose		Feet	
Throat		Skin	
Teeth-Mouth		Nutrition	
Heart		Nervous System	
Lungs		Speech	
Abdomen		General Appearance	
Hernia		Other	

Examining Physician's Signature

Date

Physician's Stamp

I have examined this child and find him/her physically fit to participate in school activities.

PLEASE ATTACH A COPY OF IMMUNIZATION RECORD,

Or use the form on the next page

I. **TUBERCULOSIS TESTING**

A Mantoux TB skin test or interferon gamma release assay blood test for tuberculosis must be given to any student who transfers in from another country designated as high risk by the Department of Health. **Contact your school nurse to determine if tuberculosis testing is required for your child.**

II. **PHYSICAL EXAMINATION**

A. New Jersey Administrative Code 6A:16-2.2 requires an entrance physical examination upon enrollment into school. Parents are to provide this examination documentation.

1. If transferring from a New Jersey school, the sending school district shall ensure that documentation of the entry examination is forwarded to the receiving school district as per NJAC 6A:16-2.4 (d).
2. If transferring into a New Jersey school from out of state or out of country, the entry physical exam documentation shall be submitted within 30 days of entry.

B. It is also recommended that subsequent medical examinations of the student occur at least once during each developmental stage, early childhood, pre-adolescence and adolescence.

Vaccine Administration Record

Patient Name: _____

Birth date: _____ **Chart number:** _____

Vaccine Type	Date of Disease	1st Dose	2nd Dose	3rd Dose	4th Dose	5th Dose	6th Dose
DTP / DTap							
Tdap							
IPV / OPV							
MMR							
HIB **							
Hepatitis B							
Varicella							
Pneumococcal **							
Meningococcal							
Hepatitis A ***							
Influenza **							
Mantoux / IGRA							
Other							
** Required for preschoolers (2 months – 5th birthday only)				*** Not required			

Examining Physician's Signature

Date

Physician's Stamp

MINIMAL 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	(AGE 1-6 YEARS): 4 doses, with one dose given on or after the 4th birthday, OR any 5 doses. (AGE 7-9 YEARS): 3 doses of Td or any previously administered combination of DTP, DTaP, and DT to equal 3 doses.	Any child entering pre-school, pre-Kindergarten, or Kindergarten needs a minimum of four doses. Pupils after the seventh birthday should receive adult type Td. DTP/Hib vaccine and DTaP also valid DTP doses. Laboratory evidence of immunity is also acceptable.
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 does not need a Tdap dose until FIVE years after the last DTP/DTaP or Td dose.
POLIO	(AGE 1-6 YEARS): 3 doses, with one dose given on or after the 4th birthday, OR any 4 doses. (AGE 7 or OLDER): Any 3 doses.	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 of age or older. Laboratory evidence of immunity is also acceptable.
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. If entering a college or university after 9-1-95 and previously unvaccinated, 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. Previously unvaccinated students entering college after 9-1-95 need 2 doses of measles-containing vaccine or any combination containing live measles virus administered after 1968. Documentation of 2 prior doses is acceptable. Laboratory evidence of immunity is also acceptable. Intervals between first and second measles/MMR/MR doses cannot be less than 1 month.
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. Each student entering college for the first time after 9-1-95 needs 1 dose of rubella and mumps vaccine or any combination containing live rubella and mumps virus administered after 1968. Laboratory evidence of immunity is also 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 a 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 also acceptable.
HAEMOPHILUS INFLUENZAE B (Hib)	(AGE 2-11 MONTHS) ⁽¹⁾ : 2 doses (AGE 12-59 MONTHS) ⁽²⁾ : 1 dose	Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten. (1) Minimum of 2 doses of Hib vaccine is needed if between the ages of 2-11 months. (2) Minimum of 1 dose of Hib vaccine is needed after the first birthday. DTP/Hib and Hib/Hep B also valid Hib doses.
HEPATITIS B	(K-GRADE 12): 3 doses or 2 doses ⁽¹⁾	(1) 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. Laboratory evidence of immunity is also acceptable.
PNEUMOCOCCAL	(AGE 2-11 MONTHS) ⁽¹⁾ : 2 doses (AGE 12-59 MONTHS) ⁽²⁾ : 1 dose	Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten. (1) Minimum of 2 doses of Pneumococcal vaccine is needed if between the ages of 2-11 months. (2) Minimum of 1 dose of Pneumococcal vaccine is needed after the first birthday.
MENINGOCOCCAL	(Entering GRADE 6 (or comparable age level for Special Ed programs): 1 dose ⁽¹⁾ (Entering a four-year college or University, previously unvaccinated and residing in a campus dormitory): 1 dose ⁽²⁾	(1) For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. (2) Previously unvaccinated students entering a four-year college or university after 9-1-04 and who reside in a campus dormitory, need 1 dose of meningococcal vaccine. Documentation of one prior dose is acceptable.
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.

Gross Motor Skills
FOR KINDERGARTEN ONLY
To be completed by parent

Child's Name: _____

Date of Birth: _____

Please answer the following questions as a screening tool to assess how your child is performing with regards to age appropriate gross motor skills.

Circle: YES, NO or DON'T KNOW after each question.

If you have any concerns or comments please write them at the bottom of the page.

Can your child:

- | | | | |
|--|-----|----|------------|
| 1. Stand on one foot for 5 seconds? | YES | NO | DON'T KNOW |
| 2. Hop on one foot 3 times? | YES | NO | DON'T KNOW |
| 3. Walk downstairs alternating feet? | YES | NO | DON'T KNOW |
| 4. Catch a bounced playground ball? | YES | NO | DON'T KNOW |
| 5. Throw a small ball overhand? | YES | NO | DON'T KNOW |
| 6. Run well, changing directions and speeds? | YES | NO | DON'T KNOW |
| 7. Ride a bike with/without training wheels? | YES | NO | DON'T KNOW |
| 8. Begin to skip? | YES | NO | DON'T KNOW |
| 9. Kick a rolled ball? | YES | NO | DON'T KNOW |
| 10. Usually walk without slapping feet or on toes? | YES | NO | DON'T KNOW |

Comments: _____

Plumsted Township School District

PARENT'S STATEMENT OF RESIDENCY

I am the ____ Mother ____ Father of ____
(Child's Name)

I currently live and reside at:

Number ____

Street Name ____

Apt. # ____

Town ____

Zip ____

This address is in Plumsted Township.

My child resides with me at that address. I submit the following **Two (2)** forms for proof my residency:

____ Deed

____ Lease with signatures of tenant and landlord

____ Tax Bill (Current year)

____ Piece of mail showing home address (Electric, Phone, Gas, Bill, etc.)

____ Mortgage Agreement

____ Other ____

In the event an investigation should disclose that my child is not entitled by law to attend the Plumsted Township School District free of charge, I understand that the child will be dis-enrolled, and that I will be held responsible for the costs of tuition to the district for any periods of unlawful attendance. Such tuition will be based upon the per pupil costs of education for the portion of the year in which the child was unlawfully enrolled.

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THEM ARE WILFULLY FALSE, I WILL BE SUBJECT TO LEGAL ACTION.

DATE: ____

PARENT'S SIGNATURE: ____



Plumsted Township School District

CUSTODY FORM

To be completed per N.J.S.A. 18A:38-1 and N.J.A.C. 6A:22.3.1(a), to verify the custody and eligibility of the student. Complete copies of all custody orders entered by the Superior Court of NJ and/or by the courts of any other State must be submitted.

Student's name: _____ DOB: _____

Mother's Name:

Father's Name:

Person filling out this form:

Please read ALL of the following and check ALL lines that apply to this student's current situation:

_____ Student resides with both parents

_____ Parents are divorced

Legal Custody:

_____ Parents have joint legal custody

_____ Mother has sole legal custody

_____ Father has sole legal custody

Residential Custody:

_____ Parents have equal-time residential custody

_____ Mother has primary residential custody

_____ Father has primary residential custody

_____ Parents are separated

Legal Custody:

_____ Parents have joint legal custody

_____ Mother has sole legal custody

_____ Father has sole legal custody

Residential Custody:

- ☐ Parents have equal-time residential custody
☐ Mother has primary residential custody
☐ Father has primary residential custody

☐ **Parents were never married**

Continued on next page

Legal Custody:

- ☐ Parents have joint legal custody
☐ Mother has sole legal custody
☐ Father has sole legal custody

Residential Custody:

- ☐ Parents have equal-time residential custody
☐ Mother has primary residential custody
☐ Father has primary residential custody

☐ **Child has court-appointed guardian**

☐ **Child is in court-assigned foster care**

If parents are not married and/or not living together:

Is other parent living or deceased: _____

List name, address, home and work telephone of other parent:

Name: _____

Address: _____

Phone (home) _____ cell _____ work _____

Please initial each of the following:

☐ I understand that without evidence / court documentation to the contrary, both natural parents of a child have equal access to the child, and can release the child from school or withdraw / transfer the student to another district.

☐ I understand that without any evidence / court documentation to the contrary, both natural parents of a child have equal access under N.J.A.C. 6A:32-7 to all school records and information.

_____ I understand that the information furnished in this form will be relied upon by the school district as the basis for admitting the child to school, and for making determinations regarding custody and access issues, and that I am responsible to keep the school district advised of any subsequent changes in custody or other status affecting this child.

Signature of Parent/Legal Guardian

(Date)

(Printed Name of Parent/Legal Guardian)

Plumsted Township School District

Home Language Survey Parent/Guardian Language Questionnaire

Student's name:

Age: _____

[first] [middle][last]

Date of School Entrance

Person completing the survey: ☐ Mother ☐ Father ☐ Grandparent
 ☐ Guardian ☐ Other _____

Check or write in the correct response for each of the following questions about your child.

1. What language did the child learn when he/she first began to talk?
English_____Other [specify]_____
2. What language does the family speak at home most of the time?
English_____Other [specify]_____
3. What language does the parent [guardian] speak to the child most of the time?
English_____Other [specify]_____
4. What language does the child speak to his/her parent [guardian] most of the time?
English_____Other [specify]_____
5. What language does the child speak to her/her brothers and sisters most of the time?
English_____Other [specify]_____
6. What language does the child speak to his/her friends most of the time?
English_____Other [specify]_____

With the information gathered on survey, I acknowledge that my child may be assessed with the WIDA MODEL Placement Test to determine if they qualify for English language support services.

Signature: _____ Date: _____
[person completing the survey]



Plumsted Township School District

Student Record Request Form

FOR TRANSFERS ONLY

Student Name: _____ Date of Birth: _____

New Address: _____

Transferring School Name: _____

Transferring School Address: _____

Date of Withdrawal: _____ School Phone: _____ School Fax: _____

Grade Level at time of Withdrawal: (circle grade) PreK K 1 2 3 4 5 6 7 8 9 10 11 12

I, _____

(Please Print Name of Parent/Guardian)

hereby authorize the Plumsted Township School District to obtain all of the information listed below concerning the education of my child listed above. I certify that all information provided is true to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Pursuant to public law regulating the release of school records, we as officials of the Plumsted Township School District are requesting all of the following student records for the above student:

- ☐ Transfer Card
- ☐ Birth Certificate
- ☐ Transcript of Academic Record
- ☐ Standardized Test Results
- ☐ Grades at Time of Withdrawal
- ☐ Attendance Records
- ☐ Health/Immunization Records
- ☐ Discipline Records
- ☐ Special Education Records, IEP, 504

Please forward all requested information to the address circled below. Your timely response is greatly appreciated.

Dr. Gerald H. Woehr Elementary School Grades PreK to 5 44 North Main Street New Egypt, NJ 08533 Attn: Clara Rose Phone: 609-758-6800 ext. 3000	New Egypt Middle School Grades 6 to 8 115 Evergreen Rd. New Egypt, NJ 08533 Attn: Cheryl Combs Phone: 609-758-6800 ext. 2100	New Egypt High School Grades 9 to 12 117 Evergreen Rd. New Egypt, NJ 08533 Attn: Kimberly DiGangi Phone: 609-758-6800 ext. 1408
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Date of Initial Request: _____ Second Request Date: _____ Third Request Date: _____



Plumsted Township School District

CHILD STUDY TEAM REQUEST FOR RECORDS

Has your child ever been referred to and/or tested by a Child Study Team?

Yes _____ No _____

Has your child ever been classified as a Special Education Student?

Yes _____ No _____

Does your child receive Speech Services?

Yes _____ No _____

If either answer is yes, complete the information below.

To Whom It May Concern:

School _____

I hereby give permission to release any Special Education Documents to the Plumsted Township Child Study Team concerning my child.

Send to:

Mrs. Lynn Kukoda
115 Evergreen Road
New Egypt, NJ 08533

Student's Name

Date of Birth

Address

Parent/Guardian Signature

Date

This information will be treated with the utmost confidentiality and will be used only by professional people for the purpose of arriving at the best educational plan for your child.

**FOR NEW EGYPT MIDDLE SCHOOL AND NEW EGYPT HIGH SCHOOL
SPORTS AND ACTIVITIES REGISTRATION
For Grades 6-12 Only**

The Plumsted Township School District excited to announce that we are now offering the convenience of online registration for High School and Middle School Athletics through FamilyID (www.familyid.com).

FamilyID is a secure registration platform that provides you with an easy, user-friendly way to register for our programs, and helps us to be more administratively efficient and environmentally responsible. When you register through FamilyID, the system keeps track of your information in your FamilyID profile. You enter your information only once for each family member for multiple uses and multiple programs.

The following programs require a student registration for participation:

Baseball	Track & Field	Tennis	Drill Team	Soccer
Football	Wrestling		Basketball	
Cheerleading	School Musical	Bowling	Lacrosse	Field Hockey
Intramurals	Softball	Marching Band	Cross Country	
Other: Co-curricular Physical Activities (i.e. Volleyball & Ultimate Frisbee Club.)				

If you have any questions regarding this registration please contact Jim Sawicki, ATC at (609) 758-6800 ext. 1252.

BEFORE YOU REGISTER:

Please make sure that the athlete's Pre Participation Physical Exam is current (within 365 days). If not, you can get the forms to bring to your physician here:

(<http://www.state.nj.us/education/students/safety/health/records/athleticphysicalsform.pdf>)

Also, all High School athletes need a current ImPACT baseline concussion test on file with the Athletic Trainer. NEHS does ImPACT testing for our athletes before their freshman & junior years. Information on ImPACT testing can be found on [Mr. Sawicki's webpage](#).

INFORMATION NEEDED TO REGISTER:

It will be helpful to have the following information handy to allow for accurate completion of your online registration.

- (example: Doctor information, Health Insurance Information, Student ID)

REGISTRATION PROCESS:

A parent/guardian should register by clicking on this link:

[FamilyID Registration for Plumsted Township School District Athletics](#) or typing the following into your web browser:

<http://www.familyid.com/plumsted-township-school-district>

Follow these steps:

1. To find your program, click on the link provided by the Organization above and select the registration form under the word **Programs**.
2. Next click on the green **Register Now** button and scroll, if necessary, to the **Create Account/Log In** green buttons. If this is your first time using FamilyID, click **Create Account**. Click **Log In**, if you already have a FamilyID account.
3. **Create** your secure FamilyID account by entering the account owner First and Last names (parent/guardian), E-mail address and password. Select **I Agree** to the FamilyID Terms of Service. Click **Create Account**.
4. You will receive an email with a link to activate your new account. (If you don't see the email, check your E-mail filters (spam, junk, etc.).
5. Click on the link in your activation E-mail, which will log you in to FamilyID.com
6. Once in the registration form, complete the information requested. All fields with a red* are required to have an answer.
7. Click the **Save & Continue** button when your form is complete.
8. Review your registration summary.

9. Click the green **Submit** button. After selecting 'Submit', the registration will be complete. You will receive a completion email from FamilyID confirming your registration.

At any time, you may login at www.familyid.com to update your information and to check your registration(s). To view a completed registration, select the 'Registration' tab on the blue bar.

SUPPORT:

- If you need assistance with registration, **contact** FamilyID at: **support@familyid.com** or **888-800-5583 x1**.
- Support is available 7 days per week and messages will be returned promptly.

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION

1161 Route 130 North, Robbinsville, NJ 08691-1104

STUDENT-ATHLETE RESIDENCY AFFIDAVIT

Print Student's Full Name _____

School _____

Date _____

I, _____, of full age, being duly sworn to law, upon my oath depose and say:

1. I am the parent/legal guardian of the above listed student. (circle)

2. I currently reside at: _____

I have resided at the above address since: _____

3. The above-named student moved with me at my new address on: _____

4. Prior to moving to the new residence address listed above, I resided at the following address: _____

5. Prior to moving to the new address listed in #2 above, the student resided at the following address: _____

with named parent/legal guardian _____

6. I hereby authorize the New Jersey State Interscholastic Athletic Association ("NJSIAA") to investigate and confirm any and all Statements made by me in this affidavit. I agree to provide any additional information that may be requested by the NJSIAA.

7. I will notify the present school immediately, in writing, if any of the conditions recited herein are changed.

8. This residence may not be associated with, leased, or provided by anyone associated with the school or acting at the direction of the school, including but not limited to administration, staff, coaches, students, parents, booster clubs, or any organization having a connection with the school.

I hereby certify that the forgoing statements are true, and I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Parent/Guardian Signature _____

Print Parent/Guardian Full Name _____

STATE OF NEW JERSEY, COUNTY OF _____. The above-named affiant appeared before me, a notary public of the State of New Jersey, on the _____ day of _____, 20____ and I made known to him/her the contents of the above affidavit which was then sworn and subscribed to by said affiant before me on this date.

Notary Public: _____

Copies of this Affidavit must be sent to the New Jersey State Interscholastic Athletic Association upon request

EC Approved 4/1/20