

GLEN ROCK PUBLIC SCHOOLS



PLEASE READ CAREFULLY BEFORE PROCEEDING

The questions asked on the following pages will enable us to determine your student's eligibility to attend school in this district in accordance with New Jersey law. *Please be aware that N.J.S.A. 18A:38-1 and N.J.A.C. 6A:28-2 specify that a free public education will be provided to any student between the ages of 5 and 20 who is:*

- Domiciled in the district, i.e., living with a parent/guardian whose permanent home is located within the district. A home is permanent when the parent/guardian intends to return to it when absent and has no present intent of moving from it, notwithstanding the existence of homes or residences elsewhere.
- Living with a person, other than the parent/guardian, who is domiciled in the district and is supporting the student without compensation, as if the student were his or her own child, because the parent/guardian cannot support the child due to family or economic hardship.
- Living with a person domiciled in the district, other than the parent/guardian, where the parent/guardian is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered into active military service in the U.S. armed forces in time of war or national emergency.
- Living with a parent/guardian who is temporarily residing in the district.
- The child of a parent/guardian who moves to another district as the result of being homeless.
- Placed in the home of a district resident by court order pursuant to *N.J.S.A. 18A:38-2*.
- The child of a parent/guardian who previously resided in the district but is a member of the New Jersey National Guard or the United States reserves and has been ordered to active service in time of war or national emergency pursuant to *N.J.S.A. 18A:38-3(b)*.
- Residing on federal property within the State, pursuant to *N.J.S.A. 18A:38-7.7 et seq.*

Note that "guardian" means a person to whom a court of competent jurisdiction has awarded guardianship or custody of a child, provided that a residential custody order shall entitle a child to attend school in the residential custodian's school district subject to a rebuttable presumption that the child is actually living with such custodian; it also means the Department of Children and Families for purposes of *N.J.S.A. JBA:38-1(e)*.

Note that the following do not affect a student's eligibility to enroll in school:

- Physical condition of housing or compliance with local housing ordinances or terms of lease.
- Immigration/visa status, except for students holding or seeking a visa (F-1) issued specifically for the purpose of limited study on a tuition basis in a United States public secondary school.
- Absence of a certified copy of birth certificate or other proof of a student's identity, although these must be provided within 30 days of initial enrollment, pursuant to *N.J.S.A. 18a: 36-25.1*.
- Absence of student medical information, although actual attendance at school may be deferred as necessary in compliance with rules regarding immunization of students, *N.J.A.C. 8:57-4.1 et seq.*
- Absence of a student's prior educational record, although the initial educational placement of the student may be subject to revision upon receipt of records or further assessment by the district.

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, 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.

GLEN ROCK PUBLIC SCHOOLS



DOCUMENTATION REQUIRED FOR REGISTRATION

Student's Name: _____

- Copy of Student's Birth Certificate or Passport
- Completed Student Registration form
- Completed Genesis Parent Portal Request Form
- Permission for Student Participation in School Publicity Form
- District Telecommunications/Technology Acceptable Use Policy Form
- Home Language Survey
- Signed Google Apps Agreement
- Signed Request for Release of Records
- If you are the custodial parent of a divorced family, you *must* provide a copy of your custody agreement.
- If relevant, following documentation is needed for school information:
IEP, Section 504 Plan, last report card for placement purposes, etc.

Verification of Residency

- Copy of recorded deed or notarized copy of current lease or Affidavit of Resident of Glen Rock with deed attached
- Copy of recent (60 days or less) utility bill (PSE&G or water bill)
- If the utility bill is not in the name of the parent/guardian, (2) additional pieces of official mail showing parent/guardian name, address, and date are required such as:

Property tax bill

Car insurance bill

Medical insurance bill

Homeowner's/Renter's insurance bill

Bank or mortgage statement

Voter registration

Drivers license

Credit card bill

Cable TV bill

Medical Forms

In accordance with NJ State Law and the policies of the Glen Rock School District:

- Student Health History & Immunization Record
- Pre-Participation Physical Evaluation forms:
(*please complete regardless of participation in school athletics*)
 - History Form
 - Athlete with Special Needs: Supplemental History Form
 - Clearance Form
 - Physical Examination Form

GLEN ROCK PUBLIC SCHOOLS



STUDENT REGISTRATION FORM

PLEASE PRINT ALL INFORMATION AND SIGN THE END OF THIS FORM

STUDENT DATA (Please provide the legal name that appears on the Birth Certificate or Passport)

ENTRY GRADE: _____

First Name: _____ Middle Name: _____ Last Name: _____

Gender: Male Female

Birth Date (mm/dd/yyyy): _____

Place of Birth (City, State): _____ Country of Birth (If not U.S.): _____

Permanent Home Address: _____

Address at which child *currently* resides if different from above: _____

Home Telephone #: _____

Student Resides With: (please check *ONLY one*)

Both Parents/Guardians - Full Time

Both Parents/Guardians - Shared Time

One Parent/Guardian - Only

ETHNICITY (You can select multiple choices if applicable)

White Black (Non-Hispanic) Hispanic or Latino American Indian / Alaskan Native

Asian Hawaiian Native / Other Pacific Islander

Primary Language (*Most often spoken at home*): _____ Home Language (*First Acquired*): _____

FAMILY DATA

Parent 1 Guardian (*if guardian, court issued guardianship must be presented*) Mrs. Ms. Mr. Dr.

First Name: _____ Last Name: _____

Home Address (if different than student): _____

Marital Status: _____ Occupation: _____

Home Telephone #: _____ Email Address: _____

Cell Phone #: _____ Business Telephone #: _____

Parent 2 Guardian (*if guardian, court issued guardianship must be presented*) Mrs. Ms. Mr. Dr.

First Name: _____ Last Name: _____

Home Address (if different than student): _____

Marital Status: _____ Occupation: _____

Home Telephone #: _____ Email Address: _____

Cell Phone #: _____ Business Telephone #: _____

SPECIAL CIRCUMSTANCES

Please describe any *custody* or *residential circumstances* that may exist. Please provide appropriate documentation for these circumstances prior to student attendance.

SIBLINGS

First Name	Last Name (if different)	Date of Birth	School/Grade

EDUCATIONAL INFORMATION

Has this student previously attended a school in the Glen Rock Public School District? YES NO
List all schools that this student has previously attended - if more than two (2) schools, please provide additional information on a separate sheet.

	School #1	School #2
Name of School Last Attended:		
Address of School Last Attended:		
City and State:		
Telephone #:		
Date of Withdrawal:		
Grade Level(s) Completed at this School:		

EMERGENCY CONTACTS (Other than Parent/Guardian)

FIRST CONTACT

First Name: _____ Last Name: _____

Home Telephone #: _____ Cell Phone #: _____

Allowed to Pick up Student Medical Contact

SECOND CONTACT

First Name: _____ Last Name: _____

Home Telephone #: _____ Cell Phone #: _____

Allowed to Pick up Student Medical Contact

PLEASE SIGN AND DATE TO INDICATE THAT ALL INFORMATION YOU HAVE PROVIDED IS ACCURATE.

Signature: _____ Date: _____

Parent/Guardian

GLEN ROCK PUBLIC SCHOOLS



GENESIS PARENT PORTAL REQUEST FORM

PLEASE PRINT ALL INFORMATION AND SIGN THE END OF THIS FORM

Please fill out this form completely. In order to view your child's schedule, report card, and attendance information, you must have a Genesis Parent Portal account. Access to the Parent Portal will be granted when your information is entered into the system. After your account is created, you will receive an email from Genesis with a temporary password and instructions on how to login and change your password information. Please keep your password in a safe place for future reference.

Parent / Guardian Information

(Please Print Legibly)

Parent/Guardian Primary Email Address *(this is required as it will be your Login ID)*

Email _____

First Name: _____ Last Name: _____

Telephone # (____) ____ - _____

Relationship to child(ren) _____

Student Information

(Please Print Legibly)

Student #1

First Name: _____ Last Name: _____

Grade: _____ Date of Birth: ____/____/____ School: _____

Student #2

First Name: _____ Last Name: _____

Grade: _____ Date of Birth: ____/____/____ School: _____

Student #3

First Name: _____ Last Name: _____

Grade: _____ Date of Birth: ____/____/____ School: _____

Parent Signature _____ **Date** _____

If additional space is required, use the back of this form

GLEN ROCK PUBLIC SCHOOLS

MICHELLE GIURLANDO
DIRECTOR



COUNSELING DEPARTMENT
400 HAMILTON AVENUE
GLEN ROCK, NJ 07452-2398
(201) 445-7700 EXT. 8918

PERMISSION FOR STUDENT PARTICIPATION IN SCHOOL PUBLICITY

Dear Parent/Guardian,

Your child will be participating in many interesting and exciting events and activities during the coming school year, which may result in publicity both within the school community and beyond the District via mass and social media.

In an effort to share accomplishments of our students and staff, students' names and/or likeness, photographs, images, and/or other personally identifiable information may appear on, but not limited to, the following:

- Bulletin boards in classrooms/hallways
- Internal school publication
- School slide presentations
- Area media outlets including newspapers, radio and TV stations and their websites
- School videos
- The school or District websites
- The District Facebook page
- Schools' and District's Twitter feed
- The GRHS student TV news program via Glen Rock TV

As you are aware, there are potential dangers associated with the sharing of personally identifiable information on a website since global access to the Internet does not allow the District to control who may access such information. These dangers have always existed; however, the District's sole intent is to celebrate your child and his/her achievement and to publicize the interesting and exciting events occurring during the school year.

Pursuant to law, we will not post or share your child's name and/or likeness, photos/images/videos without your written consent. Please review the enclosed consent form and indicate your position with regard to your child's participation in publicity for BOTH items 1 and 2 below. You may rescind your decision(s) at any time by providing written notice to your school principal. Such rescission shall take effect upon receipt of your written notice by the school principal.

Sincerely,

Michelle Giurlando
Director of Student Personnel Services

GLEN ROCK PUBLIC SCHOOLS

MICHELLE GIURLANDO
DIRECTOR



COUNSELING DEPARTMENT
400 HAMILTON AVENUE
GLEN ROCK, NJ 07452-2398
(201) 445-7700 EXT. 8918

PARENT/GUARDIAN CONSENT FORM

1. INTERNAL PUBLICITY (*Please select one response*)

_____ **I GIVE** permission for the following student's name and/or likeness to be included in internal school publicity (i.e., school bulletin boards, internal slide presentations, and school publications).

_____ **I DO NOT** give permission for the following student's name and/or likeness to be included on internal school publicity (i.e., school bulletin boards, internal slide presentations, and school publications).

2. EXTERNAL PUBLICITY (*Please select one response*)

_____ **I GIVE** permission for the following student's name and/or likeness to be included in school publicity via mass media, GRHS student TV news, and the school district's social media, including the World Wide Web.

In granting permission, I understand that the school district may use my child's photographs/images/videos, name and/or likeness on the school district's website, social media, GRHS student TV news, mass media, including the World Wide Web. I am signing this consent form with the knowledge that any photography/images/videos, name and/or likeness of my child, that is posted or shared on the school district's website, social media, GRHS student TV news, mass media, including the World Wide Web, can be downloaded and reprinted by other entities and the news organizations, including print, electronic and broadcast media, and I therefore, release the Glen Rock Board of Education from any liability arising from use of my child's photographs/images/videos, name and/or likeness in the school district's website, social media, GRHS student TV news, mass media, including the World Wide Web. Additionally, I understand that there are potential dangers associated with posting or sharing of personally identifiable information on a website, since global access to the Internet does not allow for control of who may access such information.

_____ **I DO NOT** give permission for the following student's name and/or likeness to be included in school publicity via mass media, GRHS student TV news, and the school district's social media, including the World Wide Web.

Student Name

Grade

Signature of Parent/Guardian

Date

INTERNET SAFETY AND TECHNOLOGY

GLEN ROCK SCHOOL DISTRICT AGREEMENT WITH PARENTS/GUARDIANS AND STUDENTS
FOR USE OF THE DISTRICT'S TELECOMMUNICATIONS SYSTEM

To the Parents/Guardians and Students:

Internet access is now available to students and teachers in the Glen Rock School District via the district's telecommunications system. We are very pleased to bring this access to Glen Rock and believe the Internet offers vast, diverse, and unique resources to both students and teachers. Our goal in providing this service to teachers and students is to promote personal and academic growth and excellence in schools by facilitating resource sharing, innovation, and communication.

The use of a telecommunications system and the Internet is a privilege, increasingly essential to learning that offers new freedoms and demands new responsibilities. However, you must be aware that along with access to computers and people all over the world also comes the availability of material that is not of educational value in the context of the school setting. We are making every effort to prevent access to inappropriate material by using software designed to prohibit access to sites which do not have educational value, but it is impossible to control access to all materials. Nonetheless, we firmly believe that the valuable information and interaction available on the Internet far outweighs the possibility that users may find material not consistent with the educational goals of the district.

The terms and conditions upon which your child will be granted the right to use the district's telecommunications system and the Internet are set forth in the Glen Rock Board of Education Technology Policy and Regulation 2361, a copy of which are attached to this Agreement and incorporated herein by reference. Please be mindful of the fact that the use of the district's telecommunications system and the Internet is a privilege, not a right, and a student's failure to comply with all of the terms of this Agreement may result in a revocation or suspension of those privileges, may subject the student to a suspension/expulsion hearing before the Glen Rock Board of Education and/or may result in criminal and/or civil penalties.

STUDENT AGREEMENT

I have read and I understand the Glen Rock Board of Education Technology Policy and Regulation 2361 and this Agreement. By signing this Agreement, I hereby agree to abide by their terms. Should I violate the Agreement, I understand my access privileges may be revoked, school disciplinary action may be taken against me and/or criminal and civil appropriate legal action may be taken, and I accept all financial and legal liabilities that may result.

I release the Glen Rock Board of Education, its officers, employees, agents, servants, representatives and all organizations and individuals related to the Glen Rock School District telecommunications system from any and all liability or damages that may result from my use of the district's telecommunications system and the Internet. I specifically agree to indemnify and hold the Glen Rock Board of Education, its officers, employees, agents, servants and representatives harmless for any actions, claims, costs, damages or losses, including, but not limited to attorneys' fees, incurred by the Glen Rock Board of Education relating to, or arising out of my use of the district's telecommunications system and the Internet or any breach of this Agreement or the Glen Rock Board of Education's technology policy and regulation by me.

By signing this Agreement, I acknowledge that:

- I understand the use of the network and internet is a privilege not a right.
- I realize that the network and the computers are the property of the board and all work that I do on the network and internet is subject to review by the Glen Rock staff. I have no expectation of privacy.

INTERNET SAFETY AND TECHNOLOGY (exhibit continued)

- I have read and I understand this Agreement and the Glen Rock Board of Education's Technology Policy and Regulation 2361, and I agree to accept responsibility for my use of the district's telecommunications system and the Internet.

User's Name _____
Please Print

Signature _____ Date _____

PARENT OR GUARDIAN AGREEMENT

I, (print name) _____, as the Parent / Guardian of (print child's name) _____ have agreed to the terms and conditions of this Agreement regarding the use of the district's telecommunications system and the Internet and have read the Glen Rock School District Technology Policy and Regulation 2361. I understand that access to the telecommunications system and the Internet is designed for educational purposes, and I grant permission for my child to access the district's network and the Internet. However, I also recognize that some materials on the district's telecommunications system and/or the Internet may be controversial and objectionable and that it is impossible for the Glen Rock School District to restrict access to all controversial and objectionable materials. I will not hold the Glen Rock School District responsible for any materials, or the accuracy or quality thereof, acquired or viewed on this network by my child.

Further, I understand that improper or inappropriate use of the district's telecommunications system and the Internet by my child may result in revocation or suspension of my child's privilege to access the network and the Internet and the imposition of school discipline, criminal penalties and/or civil penalties, and I accept all financial and legal liabilities resulting therefrom.

I release the Glen Rock Board of Education, its officers, employees, agents, servants, representatives and all organizations and individuals related to the Glen Rock School District's telecommunications system from any and all liability or damages that may result from my child's use of the district's telecommunications system and the Internet. I specifically agree to indemnify and hold the Glen Rock Board of Education, its officers, employees, agents, servants and representatives harmless for any actions, claims, costs, damages or losses, including, but not limited to attorneys' fees, incurred by the Glen Rock Board of Education relating to, or arising out of my child's use of the district's telecommunications system and the Internet or any breach of this Agreement or the Glen Rock Board of Education's Technology Policy and Regulation by my child.

By signing this Agreement, I acknowledge that:

- I understand my child's use of the network and internet is a privilege not a right.
- I realize that the network and the computers are the property of the board and that all work that my child does on the network and internet is subject to review by the Glen Rock staff. I recognize that my child has no expectation of privacy.
- I have read and I understand this Agreement and the Glen Rock Board of Education policy and regulation 2361 Internet Safety and Technology, and I agree to accept their terms and conditions and the responsibility for guiding my child and conveying to him/her appropriate standards for selecting, sharing and/or exploring information.

[PLEASE CHECK THE APPLICABLE STATEMENT]

_____ **I DO NOT** grant my child permission to use the district's telecommunications system and the Internet while at school.

INTERNET SAFETY AND TECHNOLOGY (exhibit continued)

_____ I grant my child permission to use the district's telecommunications system and the Internet while at school.

Parent/guardian
Name _____

Please Print

Parent/Guardian
Signature _____ Date _____

Street Address _____

Home Phone _____ Cell Phone _____ Email _____

Adopted: July 24, 1997
Revised: December 18, 2008
NJSBA Review/Update: April 2017
Readopt:

GLEN ROCK PUBLIC SCHOOLS



HOME LANGUAGE SURVEY PARENT/GUARDIAN LANGUAGE QUESTIONNAIRE

Child's Name: _____ Date of Birth: _____
(first) (middle) (last)

Date of School Entrance: _____ Date of Entrance to the United States: _____

Person completing the survey: Mother Father Grandparent
 Guardian Other _____

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

1. What was the first language used by the student?

English _____ Other [specify] _____

2. At home, does the student hear or use a language other than English more than half of the time?

Yes _____ No _____

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

Yes _____ No _____

4. What language does the child speak to his/her parent [guardian] more than half of the time?

English _____ Other [specify] _____

5. When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?

Yes _____ No _____

6. Has the student recently moved from another school district / charter school where he/she was identified as an English language learner?

Yes _____ No _____

7. Do you believe that the student needs ELL services?

Yes _____ No _____

8. List all home languages spoken:

GLEN ROCK PUBLIC SCHOOLS



GOOGLE APPS FOR EDUCATION MIDDLE SCHOOL STUDENT AGREEMENT

Dear Parent/Guardian:

The Glen Rock School District has entered into a partnership with *Google Education*. This partnership allows your child to use certain Google applications in order to communicate, create, and collaborate online with teachers and classmates. The idea behind this initiative is to provide middle school students the opportunity to work with their peers on class assignments in a more productive manner.

By signing this agreement, you are giving permission for your child to participate in online collaborative assignments in his or her classes.

The District has control over the accounts and to which services it allows student access. Software version and computer platform (Mac, PC) will not affect your child's ability to use these services.

Please know that this account belongs to the school; it is not a private space and should not be used by students for *non-school related activities*. If this account is used improperly by the student, the middle school reserves the right to cancel the student account or take other disciplinary action at any time. The use of this Google account will be in support of and consistent with the educational goals of the Glen Rock School District, in conjunction with our code of conduct.

Sincerely,

Dr. Michael Parent

Glen Rock Middle/High School Principal

I give my child permission to participate in the aforementioned collaborative project.

Name of Student

Date

Parent/Guardian Signature

GLEN ROCK PUBLIC SCHOOLS

MICHELLE GIURLANDO
DIRECTOR



COUNSELING OFFICE
400 HAMILTON AVENUE
GLEN ROCK, NJ 07452-2398
(201) 445-7700 EXT. 8918
FAX (201) 389-5008

REQUEST FOR RELEASE OF RECORDS

TO WHOM IT MAY CONCERN:

_____ has registered in our school in the _____ grade. Will you please send us a transcript of work completed up to the time of withdrawal? We would appreciate receiving **test records, student disciplinary record(s), personality ratings, State Identification Number, Health Forms – including Immunization Record**, and any other pertinent information that will assist us in placing this student in the appropriate grade and course. It is very important that we also receive individual student GEPA, HSPA, and NJ-ASK reports for students transferring from schools in the State of New Jersey.

Legislation (*The New Jersey Law, P.L. 2002, Chapter 63, Senate No. 256*) signed into law on August 6, 2002 requires the transfer of student disciplinary records. When a student transfers from one public school district in New Jersey to another public school district in New Jersey, the district of last attendance must provide all information in the student's records pertaining to disciplinary actions taken by the district to the receiving district. The district of attendance must also advise the receiving district if it has received any information from the courts concerning juvenile offenses, but not disclose the actual information received. Thus alerted, the receiving district can then contact the relevant juvenile and court authorities for this information. Due to confidentiality restrictions, the district of last attendance cannot release this juvenile offense information directly to the new district.

Thank you for your cooperation.

Very truly yours,

Glen Rock Middle School Counseling Office

I GIVE MY PERMISSION FOR THE RELEASE OF THE ABOVE INFORMATION.

Parent's Signature

Date

GLEN ROCK PUBLIC SCHOOLS



PARENT/STUDENT ONE-TO-ONE CHROMEBOOK INITIATIVE

Middle School Students

Website URL: <https://glenrocknj.powermediallc.org/chromebook-agreement-middle-school/>

All Glen Rock Middle School students are issued a Chromebook for educational use. As part of the registration process, an *electronic* form, signed by both the student and parent, must be received by the Technology Department before a Chromebook is issued to a Middle school student. The annual user fee per Chromebook is **\$30.00**.

If you have not yet registered your Middle school child to receive their Chromebook, please click on the blue link above or copy and paste the link into your computer's browser to access the **Chromebook Agreement - Middle School Form**; please fill out the form, sign and submit your payment.

All questions regarding the one-to-one Chromebook initiative should be directed to the Technology Department at 201 445-7700 ext. 8900.

GLEN ROCK PUBLIC SCHOOLS

HIGH SCHOOL/MIDDLE SCHOOL
HEALTH OFFICE



400 HAMILTON AVENUE
GLEN ROCK, NJ 07452-2398
PH: (201) 445-7700 EXT. 8920
FAX: (201) 389-5048

Dear Parent/Guardian:

Good health is an important factor in your child's ability to secure the maximum benefits from education. In order that we may have better knowledge of the health of our students, and in accordance with New Jersey law and the Board of Education policy, each student must be examined upon entry into the school district. This examination must be done no more than 365 days *prior* to entry, and must state what, if any, modifications are required for full participation in the school program.

Each student's medical examination must be conducted by a healthcare provider chosen by the student's parent/guardian(s) at the provider's facility (the student's medical home). If the student does not have a medical home, arrangements may be made for the examination to take place at the school physician's office.

Kindly have the Physical Form completed by your child's physician and return it to the Health Office as soon as possible. This form must be received no later than thirty (30) days after entering the district.

If you have any questions, please call the Health Office.

Thank you for your cooperation.

Robin Leone

leoner@glenrocknj.org

Robin Leone, RN, CSN
High School Nurse

Stephanie Nerney

nerneys@glenrocknj.org

Stephanie Nerney, RN,
CSN Middle School Nurse

GLEN ROCK PUBLIC SCHOOLS

HIGH SCHOOL/MIDDLE SCHOOL
HEALTH OFFICE



400 HAMILTON AVENUE
GLEN ROCK, NJ 07452-2398
PH: (201) 445-7700 EXT. 8920
FAX: (201) 389-5048

HEALTH HISTORY

TO BE COMPLETED BY PARENT / GUARDIAN

Name: _____ Grade: _____

Date of Birth: _____ Place of Birth: _____

COMMUNICABLE DISEASE HISTORY (indicate month and year)

Chickenpox _____ German Measles _____ Strep throat _____

Measles _____ Scarlet Fever _____ Other _____

DISEASE HISTORY (indicate month and year of onset/episode)

Diabetes: _____ Urinary Tract/Kidney: _____

Convulsive Disorder: _____

Growth and Development Problems (type): _____

Skeletal/Joint Problems (type): _____

Asthma: _____ Allergies: _____

Hearing Deficit: _____ Vision Deficit: _____

Hospitalization (reason for and date): _____

Is your child receiving treatment for any condition? _____

Does your child require medication? _____

Is there any health concern you would like known in the Health Office? _____

I hereby authorize the release of pertinent medical information to be exchanged among appropriate professional staff involved in the care of the above named student.

Signature: _____ Date: _____

Parent/Guardian

GLEN ROCK PUBLIC SCHOOLS

MIDDLE SCHOOL

STEPHANIE NERNEY, RN, CSN
NERNEYS@GLENROCKNJ.ORG
PH: (201) 445-7700 EXT. 8920
FAX: (201) 389-5048



HIGH SCHOOL

ROBIN LEONE, RN, CSN
LEONER@GLENROCKNJ.ORG
PH: (201) 445-7700 EXT. 8920
FAX: (201) 389-5048

MIDDLE & HIGH SCHOOL HEALTH OFFICE

Dear Parents/Guardians:

Documentation that your child has received the required immunizations in order to begin 6th grade or subsequent grades needs to be submitted with the other medical information required.

This is a reminder informing you that the New Jersey Department of Health and Senior Services (DHSS) has recently revised the administrative rules with substantive changes to include the requirement of new vaccines for students attending sixth grade. The amended regulations state the following:

Every child born on or after January 1, 1997 and entering grade six on or after September 1, 2008 shall have received one (1) dose of Tdap given no earlier than the 10th birthday.

Children entering or attending grade six on or after September 1, 2008 who received a TD booster within the last 5 years shall not be required to receive a Tdap dose until five (5) years have elapsed from the last DTP/Dtap or Td injection.

Every child born on or after January 1, 1997 and entering or attending grade six on or after September 1, 2008 shall have received one (1) dose of a meningococcal-containing vaccine, such as the medically-preferred meningococcal conjugate vaccine.

The completed paperwork must be brought to the health office as soon as possible. Please make a copy of your documents prior to submitting them. Please speak with your physician regarding any questions. Thank you for your cooperation in this matter.

Student Name: _____

Date: _____

Date of Birth: _____

The above named student has received:

1. Tdap booster on: _____
Month/Day/Year

2. Meningococcal vaccine: _____
Month/Day/Year

Signature of Primary Provider

Print or Stamp of Primary Provider

GLEN ROCK PUBLIC SCHOOLS

IMMUNIZATION RECORD

Grades Pre-K – 12

Student Name: _____ Date of Birth: _____

Vaccine Type	Disease Date	1 st Dose Mo/Day/Yr	2 nd Dose Mo/Day/Yr	3 rd Dose Mo/Day/Yr	4 th Dose Mo/Day/Yr	5 th Dose Mo/Day/Yr	Mo/Day/Yr
Diphtheria, Tetanus, Pertussis vaccine (DTaP) or any combination of Td or DT							
Tdap (1 dose after 10 years old)							
Inactive Poliovirus (IPV) if oral vaccine, indicate OPV							
HIB (Haemophilus B conjugate vaccine)							
Prevnar (Pneumococcal conjugate Vaccine – PCV)							
Influenza							
MMR							
Measles					Measles Serology	Date:	Titer:
Mumps					Mumps Serology	Date:	Titer:
Rubella					Rubella Serology	Date:	Titer:
Varicella			Disease Date:		Varicella Serology	Date:	Titer:
Hepatitis B (3 doses)							
Hepatitis A (2 doses)							
Menactra (1 dose)							
Gardasil (HBV 3 doses)							

Medical Exemption Attached/Date: _____ Religious Exemption Attached/Date: _____

TB Screening (Mantoux Test)

	Date	Date	Date
Tested			
Read			
Result (mm)			

Signature of Licensed Medical Provider

Date

Complete this form for each student entering the district regardless of anticipated participation in school athletics.

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

Explain "yes" answers here

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

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

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9-2681/0410

■ 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 _____

■ 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:

Date Reviewed: _____

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 _____

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 by the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

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

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

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

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

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