Evesham Township School District

Department of Special Services

Meland Administration Building, 25 South Maple Avenue, Marlton, NJ 08053

www.evesham.k12.nj.us · (856) 983-1800 · Fax # (856)988-0648

Nicole Espenberg – Director of Special Services / Child Study Teams

Dear Parent,

Thank you for expressing interest in our Preschool Disabilities Program. Prior to holding a meeting with the Child Study Team, the following must be returned to the Meland Administration Building:

- If not already completed, an Early Intervention and / or Parent Referral Letter requesting an Identification Meeting
- Four proofs of residency within the guidelines of the attached sheet
- Enclosed Preschool Intake Form
- Birth Certificate (Original must be brought to the administration building where a copy will be made)
- Immunization records
- Any custody papers if applicable

Once **ALL** documentation is received, an Identification Meeting will be set up with the Child Study Team. The purpose of this meeting is to determine if your child meets preliminary criteria for an evaluation. If an evaluation is warranted, the necessary evaluations will be planned with you at this meeting. Please be aware that if your child meets the criteria for the preschool disabilities class they ***WILL NOT*** be allowed to start without the physical and immunization records.

We look forward to hearing from you soon.

Sincerely,

Nicole Espenberg

Nicole Espenberg
Director of Special Services and
Child Study Teams

Evesham Township School District Registration Process
Preschool – Grade 8

Before a child can be permitted to enter the Evesham Township School District, the following three steps must be followed:

Step One: Make a registration appointment

Person seeking to enroll a student should:

- Sign student out of current school.
- Contact your child's neighborhood school office to schedule an appointment.
- A parent listed on the birth certificate or guardian with court issued documentation, must be present for the enrollment process.

Step Two: Complete enrollment paperwork

Enrollment paperwork is available on the district website and at the main office of each school.

- Parents should complete the enrollment documents prior to arriving for their appointment.
- Incomplete registration paperwork may lead to rescheduling an appointment.

Step Three: Bring the following documents to registration appointment

Please bring the following documents when enrolling:

- 4 Proofs of residence (see Approved Proof of Residency Documentation below).
- Student's most recent report card, transcript and withdrawal form from the previous school, if not already forwarded by previous school.
- Proof of the following immunizations, in accordance with New Jersey State Department of Health, signed by a physician:
    - Diphtheria, Whooping Cough and Tetanus (D.P.T.) - total of four doses, one dose of which must have been given on or after child's fourth birthday; or any combination of five doses.
    - Polio Vaccine – three doses, with third dose given on or after child's fourth birthday; or any combination of four doses.
    - Measles, Mumps and Rubella (M.M.R.) - two doses, both immunizations must be after the first birthday.
    - Hepatitis B – three doses, given at mandated intervals.
    - Varicella – one dose on or after the first birthday or proof of disease immunity.

  In addition to the above immunizations, preschool students (*up to 59 months of age*) are also required to have the following:
    - HIB - one dose, administered on or after the first birthday.
    - PCV - one dose, administered on or after the first birthday; two doses if administered prior to 12 months of age.
    - Influenza Vaccine - one dose administered annually between September 1st and December 31st of each year. Also required from January 1st to March 31st for children entering during that time. Not required for entrance after March 31st.

  In addition to the above immunizations, middle school students entering at grade 6 or higher who are at least 11 years of age are also required to have the following:
    - Meningococcal Vaccine – one dose.
    - Tdap Vaccine – one dose (unless less than 5 years have elapsed since the last tetanus vaccine).
- A current completed physical form. Physicals are required for all children entering a New Jersey school for the first time. The exam must have been performed within 365 days of the first day of school for the child. *Please choose the appropriate physical exam form for either Elementary (preschool to 5) or middle school (6-8). It should be taken to your physician and returned at the time of registration. If this is not possible, please have the appointment date available when registering.*
- It is also recommended your child have a dental examination before entering school.
- Student's original or certified copy of birth certificate (with parents' name).
- Special education information, with copy of current IEP, if not already forwarded by previous school.
- Custody agreement, if applicable.
- Copy of last report card and standardized testing results, if applicable for placement purposes.

EVESHAM TOWNSHIP SCHOOL DISTRICT
Registration Form

Name of Child _____ Grade _____ ☐ Male ☐ Female
(Last) (First) (Full Middle) (Generation)

Nickname _____ Date of Birth _____

Address of Child _____ City/State of Birth _____

Home Telephone # _____ Country of Birth _____

Mother's Name _____ Mother's Home Phone _____
(Last) (First)

Address, if different from child _____ Mother's Work Phone _____

Mother's e- mail Address _____ Mother's Cell Phone _____

Mother's Occupation _____ Mother's Place of Employment _____

Father's Name _____ Father's Home Phone _____
(Last) (First)

Address, if different from child _____ Father's Work Phone _____

Father's e- mail Address _____ Father's Cell Phone _____

Father's Occupation _____ Father's Place of Employment _____

Guardian's Name _____ Guardian's Home Phone _____
(If Other Than Parent) (Last) (First)

Address, if different from child _____ Guardian's Work Phone _____

Guardian's e- mail Address _____ Guardian's Cell Phone _____

Guardian's Occupation _____ Guardian's Place of Employment _____

Parent(s): ☐ Together ☐ Separated ☐ Divorced ☐ Remarried ☐ Single

Court Order Regarding Custody: ☐ Yes ☐ No
(If there is a court order in existence regarding custody, two copies are required.)

Are there any persons **not** permitted to pick up your child from school? ☐ Yes _____ ☐ No
(Person's Name)

If yes, please explain: _____

Deceased: Father _____ Mother _____

Child Resides With: Father _____ Mother _____ Stepfather _____ Stepmother _____

Other: (explain relationship) _____

What development do you live in? _____

Do you: ☐ Own your dwelling? ☐ Rent your dwelling? ☐ Other (explain) _____

Other Children in Family (If additional space needed, please use other side)

Name (Oldest to Youngest)	Date Of Birth Month / Day / Year	Place of Birth	Name of School/Grade Attended

Is another language besides English spoken in your home? ☐ Yes ☐ No If yes, what language? _____
Has your child ever received English as a Second Language (ESL) services? ☐ Yes ☐ No If yes, what grade(s)? _____
Has your child participated in or been recommended for a Gifted/Talented Program? ☐ Yes ☐ No
Has your child ever repeated a grade? ☐ Yes ☐ No
Does your child have an IEP or 504 Plan? ☐ Yes ☐ No (circle one)
If yes, has your child participated in the following: ☐ Speech Therapy ☐ Occupational Therapy ☐ Physical Therapy

Name of Previous School/ Preschool	Complete Address (Town, County, State, Country)	Phone Number	Dates Attended

Type of School: ☐ Public ☐ Private ☐ Home School

I hereby authorize the Evesham Township School District to investigate and confirm any and all statements made by me on this form. I am aware that if any statements contained on this registration form concerning residency are false, I may be assessed the tuition for the aforementioned child and prosecuted to the full extent of the law.

Parent's Name: _____
(Please print)

Parent's Signature: _____ Date: _____
(Please sign in ink)

For Office Use Only: School: ☐ HLB ☐ DES ☐ DMS ☐ FVE ☐ RBJ ☐ MES ☐ MMS ☐ RLR ☐ JHVZ

Building secretary will check off below each required item received during registration process. Parent/Guardian should be provided with a copy of the district Genesis Parent Portal letter at time of registration.

- ☐ Birth Certificate
- ☐ Proof of Residency:
  1. _____
  2. _____
  3. _____
  4. _____
- ☐ Proof of Immunization
- ☐ Physical
- ☐ Birth Certificate
- ☐ ETSD Registration Form
- ☐ NJSMART Information Form
- ☐ Health History and Questionnaire Form
- ☐ Other _____

Teacher _____
First Day on Roll _____
Transp Start Date _____
Grade _____
Zone _____
Ent Code _____
Bus Student _____
Walker _____

Building secretary enters all appropriate information into Genesis student database and generates user name and password for Parent Portal. After which, the building secretary activates the automatically generated email to the parent from the Genesis system.

Name of Child _____ Grade _____
(Last) (First) (Full Middle) (Generation e.g. Jr., Sr.)

NJ SMART INFORMATION

The state department has a mandate in relation to a statewide student data based system entitled NJ SMART. Each district is required to keep specific information on every student.

In order to help us enter the accurate fields of data, please complete the following information regarding your child:

1. **Race/Ethnicity background information, check all that apply:**
   - ☐ **White** (A person having origins of the original peoples of Europe, the Middle East or North Africa)
   - ☐ **Black or African American** (A person having origins in any of the black racial groups of Africa)
   - ☐ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
   - ☐ **American Indian or Alaska Native** (A person having origins in any of the original people of North and South America (including Central America) and who maintains a tribal affiliation or community attachment)
   - ☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
2. **Is the student Hispanic or Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) ☐ Yes ☐ No
3. **Military affiliation, check all that apply:**
   - ☐ **Not Military Connected** - Student is not military-connected
   - ☐ **Active Duty** - Student is a dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps, or Coast Guard
   - ☐ **National Guard or Reserve** - Student is a dependent of a member of the National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)
   - ☐ **Other** - _____
4. **If born outside of the United States, complete below:**
   Date of entry into U.S. _____ Date of entry into U.S. school _____

*NOTE: All descriptors are taken directly from the NJ SMART Student Data Handbook V4.1

Parent's Name: _____
(Please print)

Parent's Signature: _____ Date: _____
(Please sign in ink)

Reasons for referral – Please describe your child's area of need:

_____

_____

Do you feel there have been delays in your child meeting developmental milestones? If so, please describe: _____

_____

Please describe areas of strength that your child possesses:

_____

_____

Has your child had any previous evaluations or screenings (i.e. Early Intervention, neurological, speech, etc.)? _____

If so, please indicate the type of evaluation and the date(s): _____

_____

Does your child receive any services (currently or in the past) such as Early Intervention, private speech, etc? _____

If so, please indicate the type of services: _____

Has your child had any medical diagnosis (allergies)? If so, please indicate:

_____

Is your child on any medications at this time? ☐ Yes ☐ No If yes please list _____

_____

Has your child had frequent ear infections? Has she / he had trouble hearing? Please explain:

_____

Does your child have other "sensory processing issues"? _____

_____

Do you have any concerns with your child's eating habits or willingness to try new foods? _____

_____

Does your child have a scheduled bedtime? _____

Does he/she sleep through the night? _____

Does your child have difficulty transitioning between activities? _____

Can your child focus on one activity for a reasonable amount of time (5-10 minutes)? _____

_____

Does your child behave appropriately when out in public? _____

_____

Is your child involved in any structured playgroups or organized activity (i.e. dance, karate, gymnastics)? How was that experience?

_____

_____

Is your child currently in school? _____(**If no, please skip to page 4**)

School: _____ Phone: _____

Teacher's name: _____ Director / principal: _____

What days and hours does your child attend? _____

When did your child begin attending this school? (Month/year) _____

Has your child experienced any difficulties in school? _____

If so, please describe: _____

_____

_____

Has your child experienced difficulty interacting with peers or adults in school? If so, please describe:

_____

_____

Please ✓ the following if the statement applies to your child:

___Could not walk by 18 months	___Cannot throw a ball overhand	___Acts extremely fearful or timid
___Only walks on toes	___Cannot jump in place	___Acts extremely aggressive
___Does not speak at least 15 words	___Cannot ride a tricycle	___Is easily distracted
___Does not use 2-word sentences	___Difficulty holding a pencil	___Unable to concentrate on an activity for more than 5 minutes
___Cannot follow simple instructions	___No interest in interactive games	___Rarely uses fantasy or imitation in play
___Has lost skills that he / she once had	___Ignores other children	___Avoids or seems aloof with other children or adults
___Frequently trips or falls	___Does not respond to people outside of the family	___Cannot follow 2-part instructions
___Trouble climbing stairs	___Does not engage in fantasy play	___Cannot say first and last names
___Persistent drooling	___Resists sleeping	___Does not talk about daily experiences
___Unclear speech	___Resists using the toilet	___Has trouble taking off clothing
___Trouble manipulating small objects	___Resists self-feeding	___Is restless and fidgety
___Cannot copy a circle	___Does not use 3-word phrases	___Acts without thinking (impulsive)
___Cannot communicate in short phrases	___ Lashes out without any self-control when angry / upset	
___No interest in "pretend" play	___Seeks out rough play	
___Little interest in children or toys		
___Extreme difficulty separating from parent		
___Poor eye contact		
___Stares oddly at toys		
___Is bothered by loud sounds or strong lights		

Please provide us with additional comments about your child in the following areas:

Gross motor skills (includes walking, running, jumping, balance, coordination, etc)

Please describe how your child functions in this area:

_____

_____

Fine motor skills (includes using hands to complete activities, writing, coloring, cutting, etc)

Please describe how your child functions in this area:

_____

_____

Learning and academic readiness (includes identifying body parts, shapes, colors, letters and numbers, understanding stories that were read, etc.)

Please describe how your child functions in this area:

_____

_____

Social-emotional (includes the child's mood, how the child behaves, interest in toys and pretend play, interaction with peers, etc)

_____

_____

Self-help skills (includes independence with dressing, feeding, toileting, etc)

Please describe how your child functions in this area:

_____

_____

Speech-language (includes how your child communicates and understands what is spoken by others)

Please describe your child's functioning in this area including: talking to peers and adults, following directions from others, etc)

_____

_____

Approximately, what percentage of your child's speech do family members understand? _____

Approximately, what percentage of your child's speech do outsiders understand? _____

Thank you for taking the time to provide us with information about your child's development and we look forward to meeting with you and your child soon. Please feel free to attach any additional information that you would like to share or copies of report cards or previous evaluations.

Parent's Name: _____ Date: _____

Parent's Signature: _____

EVESHAM TOWNSHIP SCHOOL DISTRICT
MARLTON, NJ 08053

NEW STUDENT REGISTRATION HEALTH HISTORY and QUESTIONNAIRE
(To be completed by parent)

Student's Name _____ Date of Birth _____

Student's Health Status: past or present problems. *Check all that apply.*

____ Epilepsy /Seizures
____ Other neurological disorder
____ Diabetes
____ Asthma
____ Kidney disorders
____ Heart disease
____ Orthopedic problems
____ Fractures
____ Sickle cell
____ Mononucleosis
____ Arthritis
____ Cystic Fibrosis

____ Eczema/dermatitis
____ Other skin problem
____ Hemophilia
____ Meningitis
____ Hepatitis
____ Fainting
____ Headaches, frequent
____ Stomachaches, frequent
____ Sore throat, frequent
____ Constipation/Diarrhea
____ Concussion/Head Injury

____ Sleep problems
____ Tonsillectomy
____ Ear tubes inserted
____ Other surgery
____ Hearing problem
____ Hearing aid or other device
____ Vision problem
____ Glasses/contacts
____ Color blindness
____ Speech problem
____ Cancer

Food Allergies: Is your child allergic to any foods? Yes No
Explain any allergies: _____

Sting Allergies: Is your child allergic to any insect stings? Yes No
Explain any allergies: _____

Drug/Medication Allergies: Is your child allergic to any medications? Yes No
If yes, explain: _____

Does your child have any restrictions on his/her activities? Yes No

Premature birth? Yes No Newborn Complications _____

Medications that your child takes regularly: _____

If your child has any other health condition or concerns, please describe below:

_____

_____

_____

Parent Name: _____
(Please Print)

Parent Signature: _____ Date: _____
(Please Sign in Ink)

EVESHAM TOWNSHIP SCHOOL DISTRICT
MARLTON, N.J. 08053
PHYSICAL EXAMINATION for PRESCHOOL THROUGH 5TH GRADE
(To be completed by physician)

Name of Child _____ Date of Birth _____

IMMUNIZATIONS: **Please attach a copy of immunization record to this form.**

MEDICAL HISTORY

Allergies	_____	Diabetes	_____
Asthma	_____	Kidney Disorders	_____
Cardiac Disorders	_____	Neuromuscular Disorders	_____
Convulsive Disorders	_____	Congenital Defects	_____

Surgeries or injuries: _____

Any other significant medical or emotional issues: _____

_____

EXAMINATION

Height _____ Weight _____ ☐ Male ☐ Female

BP / (/) Vision R 20/ L 20/ Corrected ☐ Yes ☐ No Hearing _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Ears/Eyes/Nose/Throat		
Teeth		
Glands		
Heart		
Lungs		
Abdomen		
Hernia		
Genitourinary		
Skin		
Posture		
Nervous System		
Nutrition		
Speech		

General appearance _____

Does this child regularly take medication? _____

Cleared for all school activities (including physical education) ☐ Yes ☐ No
If no, reason/restrictions _____

_____

Comments or Recommendations _____

_____

_____ _____ _____

Doctor's Signature Date of Exam Office Stamp