

REGISTRATION

Please complete the following forms and

CALL to make an appointment with:

Linda Esposito

If you have any questions, please feel free to
contact me at 201-641-5833 ext. 123.

Thank you.

Linda Esposito

Robert L. Craig School

20 West Park St.

Moonachie, NJ 07074

ORIGINAL BIRTH CERTIFICATE, HEALTH RECORDS, A RECENT COPY OF STUDENT'S IMMUNIZATION RECORD AND THE BELOW MENTIONED PROOFS

REQUIRED PROOFS TO ESTABLISH RESIDENCY WITHIN THE MOONACHIE SCHOOL DISTRICT

The following list contains documents which may be used to establish residency within the Moonachie School District:

1. Mortgage, lease, or rental agreement evidencing an address within the District and
2. Two or more of the following, all of which must evidence an address within the District:
 - a) Utility bill in your name
 - b) Credit card bill in your name
 - c) Voter Registration in your name
 - d) Driver's License in your name
 - e) Vehicle Registration in your name
 - f) Bank Account in your name
 - g) Federal or State Income Tax Return
 - h) Child Custody Order placing the child within the residence

You must bring original documents for us to copy. **No photocopies** of these documents can be accepted.

Thank you.

Moonachie School District
Student Registration/Emergency Form

PLEASE PRINT ALL INFORMATION

Registration Date _____

First Name _____ Middle Initial _____ Last Name _____

Birth Date _____

Month/Day/Year

Ethnicity: _____ White _____ Black _____ Asian _____ Hispanic
 _____ American Indian/Alaskan _____ Hawaiian Islander/Pacific Islander

Current Grade Level _____ Gender _____ Male _____ Female

Birth City _____

Birth State _____

Birth Country _____

Entry date in the United States – (month/day/year) _____

Primary Language spoken at home _____

Secondary Language spoken at home _____

Registration Information (if applicable)

Previous County _____

Previous District _____

Previous School _____

Contacts

Female Guardian _____

Male Guardian _____

Relationship _____

Relationship _____

Address _____

Address _____

City _____ State _____

City _____ State _____

Zip Code _____

Zip Code _____

Home Phone # _____

Home Phone # _____

Guardian's Cell # _____

Guardian's Cell # _____

Guardian's Work # _____

Guardian's Work # _____

Guardian's e-mail _____

Guardian's e-mail _____

_____ Own home _____ Rent

_____ Own home _____ Rent

List any other siblings attending the Robert L. Craig School

Name _____

Grade Level _____

Name _____

Grade Level _____

Name _____

Grade Level _____

Emergency Contact (1)

Name _____

(First)

(Last)

Relationship to the Student _____

Address _____

(Street, City, State, Zip Code)

Home Phone # _____ Cell Phone # _____

Can child be picked up by this Emergency Contact Person? Yes No

Emergency Contact (2)

Name _____

(First)

(Last)

Relationship to the Student _____

Address _____

(Street, City, State, Zip Code)

Home Phone # _____ Cell # _____

Can child be picked up by this Emergency Contact Person? Yes No

Custody Issues/Security Alert

(i.e., restraining orders, special situations, etc.)

If yes, complete this page.

If no, continue to next page.

_____ Yes

_____ No

If yes, please explain:

Mother's Name _____

(Please Circle)

Allowed to see mother? Yes No

Allowed to go with mother? Yes No

Allowed to speak with mother? Yes No

Provide additional information _____

Father's Name _____

(Please Circle)

Allowed to see Father? Yes No

Allowed to go with Father? Yes No

Allowed to speak with Father? Yes No

Provide additional information _____

Does non-custody parent request a copy of child's report card? _____ Yes _____ No

Special Education Program

_____ Yes

_____ No

504 Program

_____ Yes

_____ No

ESL

_____ Yes

_____ No

If yes, please explain _____

(For School Use Only)

Proof of Residency

PSE&G bill, utility bill, credit card bill or loan statement

Copy of rental agreement, listing both owner's and renter's names _____

If homeowner, tax bill or mortgage statement _____

Document certifying birth date _____

Is the student eligible for bus transportation? _____ Yes _____ No,

First day attending Robert L. Craig School _____

Health Information

Health Alert _____ Yes _____ No

If yes, please explain:

Date of child's last Medical Examination: _____

Family Physician:

Address:

(Street, City, State, Zip Code)

Phone # _____

In case of an emergency, do you give permission to transport child to the hospital?

_____ Yes _____ No

Is your child covered by health insurance?

_____ Yes _____ No

ROBERT L. CRAIG SCHOOL

MOONACHIE, NJ

HEALTH HISTORY

NAME _____ DOB _____ AGE _____ SEX _____ M _____ F GRADE _____

PAST HISTORY (List with date and age)

1. Hospitalizations _____

2. Illnesses _____

3. Injuries _____

4. Medications _____

5. Allergies _____

6. Date of Last Health Care Visit _____ Name of Physician _____

7. Date of Last Dental Care Visit _____ Name of Dentist _____

PRENATAL HISTORY

1. Maternal age _____ Length of Pregnancy _____ Prenatal Care? YES NO

2. Habits: Smoked cigarettes _____ Alcohol Consumption _____ Drugs _____

3. High risk factors (circle): Infections, bleeding, high blood pressure, anemia, fever, trauma,
medications, weight gain, chronic disease, hospitalization, other _____

4. Labor and Delivery Length _____ Type _____ Birth weight _____

Problems _____

5. Neonatal Problems (circle): breathing, infections, RH factor, jaundice, transfusions, bleeding, congenital
anomaly, feeding difficulty, other _____

DEVELOPMENT (list dates)

1. Sat alone _____ 2. Crawled _____ 3. Stood _____ 4. Walked alone _____

5. Combined words _____ 6. Toilet trained _____ 7. Other _____

Family History

Biological mother's age: _____ Health _____

Biological father's age: _____ Health _____

Siblings:	Name	Sex	Age	Health
1.	_____			
2.	_____			
3.	_____			
4.	_____			

Maternal Grandparents

Grandmother's age: _____ Health _____

Grandfather's age: _____ Health _____

Paternal Grandparents

Grandmother's age: _____ Health _____

Grandfather's age: _____ Health _____

Familial diseases: (circle): Heart disease, stroke, hypertension, diabetes, asthma, allergies, anemia, arthritis, sickle cell disease, cancer, epilepsy, cataracts, glaucoma, kidney disease, TB, mental problems, mental retardation, learning problems, other _____

Parent's signature _____

Date _____

MOONACHE PUBLIC SCHOOL

MOONACHIE, NJ

PHYSICAL EXAMINATION

NAME _____ DATE OF BIRTH _____

ADDRESS _____ GRADE _____ EXAM DATE _____

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____ PULSE _____

VISION OD _____ OS _____ WITH/WITHOUT CORRECTION

EYELIDS _____ CONJUNCTIVA _____ PUPILS _____

EARS: HEARING RIGHT _____ LEFT _____ CANALS _____ EARDRUM _____

NASAL PASSAGE _____ TEETH _____ THROAT _____ TONSILS _____

NECK _____ HEART _____ LUNGS _____

ABDOMEN _____ GENITALIA _____ TANNER STAGE _____

OPERATIONS _____ SPINE _____

INJURIES _____

ALLERGIES _____

FULL PHYSICAL EDUCATION PROGRAM RECOMMENDED YES/NO

MEDICATIONS CURRENTLY TAKING _____

DPT _____ Tdap _____

OPV/IPV _____

MMR _____ Meningococcal _____

HBV _____ HEP A _____

VARIVAX _____ OTHER _____

PNEUMO _____

EDUCATIONAL RELEVANCE OF FINDINGS, IF ANY

PHYSICIAN'S SIGNATURE

PHYSICIAN'S STAMP

Home Language Survey

Student Information:

Student Name: _____

Date of Birth (YYYYMMDD): _____

Current Address:

Survey Questions:

1.) List all languages used in the student's home.

2.) Was the first language used by the student a language other than English?

_____ No _____ Yes

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

_____ No _____ Yes

4.) When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English **most of the time**?

_____ No _____ Yes

5.) When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English **most of the time**?

_____ No _____ Yes

Encuesta sobre el idioma que se habla en casa

Información del estudiante:

Nombre del estudiante: _____

Fecha de nacimiento (AAAA/MM/DD): _____

Dirección actual:

Preguntas de la encuesta:

1.) Escriban todos los Idiomas que se hablan en la casa del estudiante.

2.) ¿El primer idioma hablado por el estudiante fue un idioma distinto del inglés?

_____ No _____ Sí

3.) ¿El estudiante habla o entiende un idioma distinto del inglés?

_____ No _____ Sí

4.) Cuando se relaciona con otras personas en casa (por ejemplo: padres, encargados, hermanos), ¿el estudiante entiende o habla en un idioma distinto del inglés **la mayor parte del tiempo**?

_____ No _____ Sí

5.) Cuando se relaciona con otras personas fuera de casa (por ejemplo, amigos, cuidadores), ¿el estudiante entiende o habla en un idioma distinto del inglés **la mayor parte del tiempo**?

_____ No _____ Sí